	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> January 1, 2012
	<b>Section 1:</b> Selecting a Placement Option	<b>Version:</b> 4

<b>POLICY</b>
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The Child and Family Team (CFT) should identify the best placement option for the child, unless an immediate placement decision must be made due to an emergency removal.

The Indiana Department of Child Services (DCS) will consider the following factors when identifying placement options for a child:

1. The noncustodial parent’s ability and willingness to care for the child, before considering other out-of-home placements;
2. The possibility of other relatives as a placement, before considering other placement options;
3. The placement recommendation of the Child and Adolescent Needs (CANS) Assessment. See separate policy, [4.32 Child and Adolescent Needs \(CANS\) Assessment](#);
4. The least restrictive environment available to provide for the child’s individual needs;
5. Proximity to his or her own community. Whenever possible a child will be placed within his or her own community and school district and within close proximity to his or her parent, guardian, or custodian; and
6. **[REVISED]** DCS will place siblings together, unless there is a compelling reason that it would not be in the best interest of one (1) or more of the children.

The CFT will discuss the identified permanency plan at each meeting, in addition to the concurrent or alternative plan which will be used if the identified permanency plan is not successful, see separate policy [5.15 Concurrent Planning](#).

DCS must submit all placement recommendations to the court. See separate policies, [8.4 Residential Care Review and Approval](#), and [5.7 Family Team Meetings](#).

Code References

1. [IC 31-34-4: Temporary Placement of Child Taken Into Custody](#)
2. [IC 31-34-6: Detention of Alleged Child in Need of Services](#)
3. [IC 31-34-6-2: Placement with Family Member](#)

<b>PROCEDURE</b>
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When pursuing a placement, the Family Case Manager (FCM) will:

1. Conduct a diligent search for any noncustodial parents. See separate policies, [4.0 Diligent Search](#) and [5.6 Locating Absent Parents](#);
2. Conduct a criminal history background check if a noncustodial parent is identified as a potential caretaker and there are concerns regarding the noncustodial parent’s ability to

keep the child safe. See separate policy, [8.6 Conducting Background Checks for Unlicensed Placements](#);

3. Ask the family if the child is a member of or eligible for membership in an Indian (Native American) tribe;

**Note:** During the assessment, a [Family Network Diagram](#) is created to identify extended family members. The FCM should use this [Family Network Diagram](#) as a tool to support his or her search for potential relative placements.

4. **[REVISED]** Determine if the child is part of a sibling group that needs placement or is currently in placement:
  - a. Conduct an exhaustive search to identify a placement option that can accommodate the sibling group. If the FCM is unable to locate an initial placement, an ongoing diligent search will continue to be made,
  - b. Develop a permanency plan and concurrent plan, if applicable, which both includes the possibility of siblings being placed together, see separate policy [5.15 Concurrent Planning](#), and
  - c. If siblings will not be placed together initially, develop a Visitation Plan that is agreed upon by all parties. See separate policy, [8.12 Developing the Visitation Plan](#).
5. Determine if the child has any needs that will affect placement. See [Tool 8.B Separation and Loss](#);
6. **[REVISED]** Facilitate the convening of a CFT Meeting to discuss the needs of the child. Review the Placement Needs Summary and CANS services and placement recommendations to determine the most appropriate placement type for the child:
  - a. Relative Family, Foster Family Home, or
  - b. Residential treatment center, Psychiatric Residential Treatment Facility or State Hospital . This level of placement requires approval of the Residential Placement Committee.
7. **[REVISED]** Obtain approval by the DCS Local Office Director or designee for children placed in placement types that are different from what the CANS recommends. See separate policy, [4.32 Child and Adolescent Needs \(CANS\) Assessment](#).
8. Once the recommendation is approved by all required DCS local office staff, submit the recommendation to the court;
9. Coordinate and facilitate placement of the child. See separate policy, [8.9 Placing the Child in Out-of-Home Care](#);
10. **[REVISED]** Document the placement in the Indiana Child Welfare Information System;
11. **[REVISED]** Complete the Individual Child Placement Referral (ICPR) for all paid placements in the KidTraks system and ensure the ICPR is delivered to the placement resource; and
12. Within three (3) business days of placement, DCS will have an initial visit with the child and the placement resource.

Follow these additional steps based on the type of placement being pursued:

1. Relative and foster family home:
  - a. Identify all relatives who may be an appropriate resource for the child utilizing the completed [Family Network Diagram](#),
  - b. Ensure that criminal history background checks are conducted on all unlicensed relative resource homes. See separate policy, [8.6 Conducting Background Checks for Unlicensed Homes](#),
  - c. Identify foster families, if an appropriate relative cannot be located,

- d. Ensure that criminal history background checks have been conducted in accordance with appropriate background check policy, and
  - e. Contact the identified family and discuss the child's needs and the family's ability to care for the child.
2. Residential Placement: Follow all additional steps in separate policy, [8.4 Residential Care Review and Approval](#).

**[REVISED] Out of State Placements**

- 1. See separate policy, [9.1 Request to Place an Indiana Child in another State](#) for information that must be submitted to the Central Office Interstate Compact on the Placement of Children (ICPC) Office for out of state placement with a relative, in foster care or in a residential facility.

The Supervisor will:

- 1. Assist the FCM in determining the appropriate type of placement for the child; and

**[REVISED] Note:** Obtain approval by the DCS Local Office Director or designee for children placed in placement types that are different from what the CANS recommends. See separate policy, [4.32 Child and Adolescent Needs \(CANS\) Assessment](#).

- 2. Provide any additional assistance as needed to ensure that the child is placed timely.

<b>FORMS AND TOOLS</b>
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- 1. [Tool 8.B : Separation and Loss](#)
- 2. [Family Network Diagram](#)

<b>RELATED INFORMATION</b>
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**Placement with Family Member**

[IC 31-34-6-2](#) requires the court to consider placing a child with an appropriate family member before considering any other placement option.

**Out-of-Home Placement Philosophy**

Out-of-home care will be used only when there is no other alternative to ensure a child's safety and well-being from abuse or neglect. DCS will diligently work to maintain familial connections through visitation and shared activities while a child is in out-of-home care. The parent of a child in out-of-home care is also afforded an opportunity to build on family strengths and learn essential skills in providing a safe, nurturing environment to which their child may return.


**Eligible Placements**

DCS will claim federal (Title IV-E Foster Care, Title IV-A Emergency Assistance, Title IV-E Waiver) reimbursement on behalf of eligible children who are placed in DCS licensed, IV-E eligible placements. Eligible placement settings include but are not limited to licensed relative homes, foster family homes, child-caring institutions, emergency shelters, group homes, and private secure facility. Ineligible placement settings include those outside the scope of foster care, such as but not limited to unlicensed relative care, detention centers, correctional facilities, hospitals, and boot camps.

### **Child Placed with Non-Custodial Parent**

When a child is physically and legally removed from a Custodial Parent and placed directly with a Noncustodial Parent without any intervening out-of-home placement and DCS is given placement and care authority, removal has occurred from the Custodial Parent. The noncustodial parent would not be considered a placement in Indiana Child Welfare Information System.

When a child has been removed from the custodial parent and placed in out-of-home care (e.g. foster family home) at least one (1) day and is then placed with the non-custodial parent, this is considered a Trial Home Visit (THV). The Placement History screen in the Indiana Child Welfare Information System should indicate that the reason for the change in placement is THV and the Temporary Absence Tab should be completed. The non-custodial parent's home should not be entered in the 'Placement History' as a placement.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 2:</b> Consideration of Race, Color or National Origin. The Interethnic Placement Act (IEPA)	<b>Version:</b> 1

<b>POLICY</b>	<b>OLD POLICY: 403.32</b>
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In accordance with federal law, the Indiana Department of Child Services (DCS) will not delay or deny the placement of a child based on the race, color, or national origin of the resource family or the child involved.

**Note:** An exception may be made when compelling circumstances exist (i.e., the only way to achieve the best interest of the child is to consider cultural heritage).

1. As mandated by federal law, DCS will not consider requests by a parent, guardian, or custodian to place his or her child with resource parent(s) of a specific racial, ethnic, and/or cultural group, regardless of whether the child was voluntarily or involuntarily removed, unless the above note applies;
2. The DCS Local Office Director or designee will review and approve or deny all requests to consider the race, color, or national origin of either a child or resource parent(s);
3. Any DCS employee or agent who violates this policy is subject to immediate dismissal or contract revocation; and
4. DCS will follow a separate policy when working with Indian (Native American) children. See separate policy, [2.12 Indian Child Welfare Act \(ICWA\)](#).

Code Reference

[42 U.S.C. Sec. 1996b: Inter-ethnic Placement Act \(IEPA\)](#)

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will:

1. Determine whether the child's special needs can be met without a race or ethnicity-based placement decision. Any consideration of race or ethnicity must be in the context of an individualized placement decision, when a specific child and a specific family are being assessed for a potential placement;
2. Consult with the Supervisor about any identified compelling circumstances related to race and ethnicity that require consideration as soon as the child comes into out-of-home care;
3. Document the circumstances in the Indiana Child Welfare Information System (ICWIS) 'Case Log' and if necessary seek the advice of a medical or mental health professional;
4. Seek input from his or her Supervisor, if the Child and Family Team (CFT) believe there are compelling circumstances;
5. Ensure the case is staffed with the DCS Local Office Director and the Regional Manager, if the Supervisor believes there are compelling circumstances; and

6. Ensure all case information is forwarded to the DCS Local Office Director or designee for a final approval, if the Regional Manager believes there are compelling circumstances.

## **PRACTICE GUIDANCE**

N/A

## **FORMS AND TOOLS**

N/A

## **RELATED INFORMATION**

The Multiethnic Placement Act of 1994 (MEPA)-Inter Ethnic Placement Act (IEP) is consistent with good child welfare practice. Both MEPA-IEPA and good practice require: individual decision making, consideration for all the child's needs beginning from the time the child first comes into contact with DCS, consistent attention to all those needs throughout the child's relationship with the agency and in each placement decision, active recruitment of potential resource and adoptive parents from all segments of the community, development of a pool of resource and adoptive parents that respond to the needs of the children in care, and support and respectful treatment of all prospective parents. Good practice will improve permanence of children and decrease the chances that MEPA-IEP will be violated.


### **Compelling Circumstances**

1. Make individual decisions based on sound child welfare practice and the best interest of the child; and
2. Same-race placements are not required, nor are they prohibited. Similarly, transracial placements are not required, nor are they prohibited. Decisions should be based on a careful assessment of the characteristics and needs of each child and the potential caregivers of the child.

**Note:** For a Guide to MEPA-IEP, see the following website for additional information.  
<http://www.acf.hhs.gov/programs/cb/pubs/mepa94/mepachp4.htm>

### **Addressing Language Barriers**

A language barrier is not justification for consideration of race, color, or national origin. For example, a child who only speaks Spanish may need a Spanish speaking caregiver, but that requirement may be met without consideration of the caregiver's race, color, or national origin.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> July 1, 2012
	<b>Section 4:</b> Emergency Shelter & Residential Care Review and Approval	<b>Version:</b> 2

**POLICY: [REVISED]**

The Indiana Department of Child Services (DCS) will not place a child into a residential treatment facility prior to receiving approval from the Residential Placement Committee and the court. See separate policy, [8.1 Selecting a Placement Option](#).

**Exception:** DCS may place a child in a residential facility on an emergency basis prior to court approval, if:

1. Placement is needed because the child's safety and well-being is in imminent danger due to a medical or mental health condition; and
2. A less restrictive placement is not available or will not mitigate the danger.

**[NEW]** Emergency Shelter Care (ESC) is a program that provides emergency services to meet basic needs for safety, food, clothing, shelter, education, and recreation on a short-term basis, and allows access and admission on a 24-hour basis. It is only available for 20 days unless approved by the DCS Director. To be eligible for an extension, a waiver request should be submitted in writing prior to the 15<sup>th</sup> day of placement. These waivers will only be granted for exceptional circumstances.

**[NEW]** The DCS Local Office Director or designee will review all emergency residential placements within 24 hrs of placement and ensure the Family Case Manager (FCM) has requested court authorization for placement.

**[NEW]** FCM's will pursue the least restrictive, most family like setting available prior to requesting a child be placed in ESC. Residential Care and ESC should only be utilized if there are extenuating circumstances documented that prevent the child from being placed in the least restrictive most family like setting.

**[REVISED]** DCS will not recommend placing a child under the age of eight (8) in a residential facility, unless recommended by the Child and Family Team (CFT) or Case Plan Conference participants. The Deputy Director of Field Operations must approve all residential placements of children under the age of eight (8). See separate policy, [5.7 Child and Family Team Meetings](#).

Code Reference

N/A

**PROCEDURE**

**For Non-Emergency Residential Placements**

The FCM will:

1. Engage the CFT as partners in placement planning and decision-making. See separate policies, [8.1 Selecting a Placement Option](#) and [5.7 Child and Family Team Meetings](#);
2. **[REVISED]** Review the case information and the Child and Adolescent Needs and Strengths Assessment (CANS) result with the Supervisor and DCS Local Office Director to assure that one or more of the following conditions apply:
  - a. Less restrictive placements are not appropriate or there are no other placements available to meet the child's needs,
  - b. The child requires 24 hour supervision, and
  - c. This child is not able to function on a daily basis in a family home environment.
3. Present the Supervisor and the DCS Local Office Director with information regarding the child's needs and reason(s) for recommending residential placement. Include the name of the recommended facility, if known. See separate policy, [8.1 Selecting a Placement Option](#) to ensure that all steps are completed;
4. **[REVISED]** Obtain approval of the DCS Residential Placement Committee by presenting the following information at the scheduled review date: Completed Residential Placement Needs Summary form, a copy of the completed CANS and any other documentation available to support the proposed level of care (i.e. current psychological evaluation, current social history, current family network diagram etc.)

**[NEW] Note:** The above listed information should be provided via email or hard copy to the Residential Placement Committee members prior to the scheduled review date.

5. **[NEW]** Present the information to the Residential Placement Committee on the scheduled review date; and
6. Obtain court approval prior to making the residential placement.

The Supervisor will:

1. Review with the FCM the child's needs, the recommended facility (if known), and any additional information to support the recommendation for residential placement;
2. **[REVISED]** Assist the FCM in presenting information to the DCS Residential Placement Committee; and
3. **[REVISED]** Request permission from the Deputy Director of Field Operations, if the child is under eight (8) years of age and placement in a residential facility appears to be the most appropriate placement option.

### **[REVISED] For Emergency Shelter Care Placements**

The FCM will:

1. Ensure that the placement is approved by the LOD or designee;
2. Complete the CANS assessment pursuant to the time frames outlined in policy [4.32 Child and Adolescent Needs and Strengths Assessment](#);
3. Review the case information and CANS recommendations with the Supervisor and DCS Local Office Director within five (5) calendar days of placement to determine an appropriate placement recommendation based upon the needs of the child. See separate policy, [5.7 Child and Family Team Meetings](#);
4. **[NEW]** Seek court approval for placement within 48 hours of child entering the initial ESC placement;
5. **[NEW]** Consult with relevant parties to discuss the needs of the child and family so a plan for placement can be devised prior to the 20th calendar day; and
6. **[NEW]** Facilitate an additional case staffing with a Supervisor and Local Office Director to review input from other relevant parties and develop an alternative plan.



The Supervisor will:

1. Review the child's needs with the FCM to ensure that the child is receiving appropriate services at the residential facility;
2. **[REVISED]** Request permission from the Deputy Director of Field Operations, if the child is under eight (8) years of age and placement in a ESC appears to be the most appropriate placement option;
3. Ensure that there is an adequate plan in place in coordination with the ESC to step the child down to a less restrictive setting; and
4. **[NEW]** Coordinate with the ESC, FCM, and Local Office Director if the placement needs to extend beyond 20 days to ensure an extension is requested.

## PRACTICE GUIDANCE

**[NEW]** It is imperative that the FCM be thorough in efforts to locate the most appropriate placement for a child. FCM's should consult with the Regional Foster Care Specialist to exhaust all efforts for alternative placement options prior to making a recommendation for ESC. The Regional Foster Care Specialist can provide guidance on the possibility of using an emergency foster care placement.

FCM's should work with the facility to coordinate and facilitate a smooth transition of the child into placement. See separate policy, [8.9 Placing a Child in Out-of-Home Care](#). FCM's should follow up with the residential or ESC facility to develop a step down plan and facilitate the coordination for follow up care for the child. Discharge planning should start immediately upon admission of the child to the facility.

## FORMS AND TOOLS

N/A

## RELATED INFORMATION

### **[NEW]** Residential Placement Committee:

A committee that reviews the placement of a child in a child caring institution, a private secure facility, or a group home licensed by DCS to ensure that the placement is the most appropriate setting available and close to the parent's home, consistent with the best interests and special needs of the child. The committee is primarily comprised of DCS staff as well as Guardian Ad Litem's (GAL), Court Appointed Special Advocates (CASA), service providers, etc. The committee will evaluate if the child could be maintained in a lower level of care or if the facility is the residential treatment center that will best meet the needs of the child and family.


### **[REVISED]** IC 31-40-1-2(f)

Requires an out of state residential or group home placement to be pre-approved for payment by the DCS Director, or designee, prior to DCS's assumption of financial liability for such placement.

### **[NEW]** Emergency Shelter Care:

Is considered a short term placement that will only be utilized in crisis situations. The need for ESC placement should be resolved within 10 days, and the maximum stay should not exceed 20 days. Requests for placement to extend beyond 20 days must be sent by the residential

provider to the Deputy Director of Placement Support and Compliance with the rational and explanation of circumstances which justify the extension. The request for extension must be sent no later than day 15 and must only be sent for exceptional circumstances. For a diagnostic and evaluation within the ESC facility, the 20 day time frame still applies.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> July 1, 2012
	<b>Section 5:</b> Out of County Placements	<b>Version:</b> 3

**POLICY [REVISED]**

The Indiana Department of Child Services (DCS) will make every effort to place a child in out-of-home care within the county having wardship of the child, unless one (1) of the following circumstances exists:

1. The noncustodial parent resides in another county;
2. A suitable relative caregiver resides in another county;
3. Parental reunification is not an option and/or all efforts of parental reunification have failed and an alternative permanency placement for the child exists in another county;
4. The county of origin does not have an appropriate resource home available;
5. Placement in another county will allow a sibling group to be placed together; and
6. The child requires residential treatment and there is no facility in the county of origin that can meet the child's needs.

The DCS office in the county of origin may place a child in another county if permission is obtained from the DCS local office or the Regional Foster Care Specialist (RFCS) in the county that licensed the home. The RFCS will ensure permission has been obtained for placements outside of their region only. This does not apply to placements involving homes licensed by a Licensed Child Placing Agency (LCPA).

If the resource home is unlicensed, the receiving county has the responsibility for licensing of the home regardless of where the Child in Need of Services (CHINS) petition has been filed.

Code Reference

N/A

**PROCEDURE [REVISED]**

The Family Case Manager (FCM) will:

1. Engage the Child and Family Team (CFT) as partners in the placement planning and decision-making. See separate policies, [8.1 Selecting a Placement Option](#) and [5.7 Family Team Meetings](#);
2. Review the case information and the Child and Adolescent Needs and Strengths Assessment (CANS) result with the Supervisor, DCS Local Office Director (LOD) and the CFT to assure that a less restrictive placement is not appropriate or there is no other placement available to meet the child's needs;
3. Present the Supervisor and the LOD with information regarding the child's needs and reason(s) for recommending out-of-county placement (include the name of the recommended resource family home).
4. Develop a Visitation Plan for the child with the parent, guardian, or custodian. See separate policy, [8.12 Developing the Visitation Plan](#); and

5. Obtain court approval prior to making the out-of-county placement.

The Supervisor in the placing county will:

1. Review with the FCM the child's needs, the recommended resource family home, and any additional information to support the recommendation for out-of-county placement; and
2. Assure that all involved parties (e.g., FCM, RFCS, LOD and Regional Managers in the placing and receiving counties, etc.) know what arrangements have been made for supervision of the home and visitation of the child.

The RCFS will:

1. Review the case information and the Child and Adolescent Needs and Strengths Assessment (CANS) result with the FCM to assure that less a restrictive placement is not appropriate or there is no other placement available to meet the child's needs;
2. Present the Supervisor and the LOD with information regarding the child's needs and reason(s) for recommending out-of-region placement (include the name of the recommended resource family home).
3. Obtain court approval prior to making the out-of-region placement.

## **PRACTICE GUIDANCE [NEW]**

### **Licensing Out of County Homes**

If a relative resource home is located outside the county where the CHINS petition has been filed, DCS will require the county of the relative's residence to license the qualified relative home regardless of where the CHINS petition has been filed. DCS will license the qualified relative in the county where the relative's home is located.


## **FORMS AND TOOLS**

[Tool 8.A Placement Needs Summary](#)

## **RELATED INFORMATION [REVISED]**

### **Out of State Placements**

This policy does not apply to out-of-state or emergency shelter placements. See separate policy, 8.4 Emergency Shelter & Residential Care Review and Approval.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> July 1, 2012
	<b>Section 6:</b> Conducting Background Checks for Unlicensed Placements	<b>Version:</b> 4

**POLICY [REVISED]**

The Indiana Department of Child Services (DCS) requires background checks on unlicensed placements when considering placing a child in an unlicensed resource home on all persons who:

1. Live in the home; or
2. Work or volunteer in the home and has or will have direct contact, on a regular and continuing basis, with children who are or will be under the direct supervision of the unlicensed resource.

After a child is placed in an unlicensed resource home, DCS requires background checks on:

1. New household members who have an intent to reside in the home for 21 days or longer (the days do not have to be consecutive); checks are required prior to moving into the unlicensed resource home;
2. Current household members who turn or have turned 14 or 18 years old; or
3. New employees and/or volunteers; checks are required prior to beginning work or volunteering in that unlicensed resource home.

DCS will conduct the following background checks, which will vary based on the age of the subject of the check and the type of check being conducted (emergency vs. nonemergency), on unlicensed resource homes:

1. National Name-Based Criminal History Record Check (Emergency Name-Based Check);
2. Fingerprint-Based National Criminal History Check (Fingerprint-Based Check);
3. Child Protection Service (CPS) History Check;
4. Sex Offender Registry Check; and/or
5. Local Law Enforcement Agency (LEA) Records Check.

DCS will not conduct background checks on children under DCS care and supervision.

Fingerprint-Based Checks conducted for unlicensed placements cannot be used for foster family home licensure, adoption, employment or any other purpose. A new fingerprint-based check will be required for each new purpose.

**Emergency Unlicensed Placement**

An emergency placement is an unplanned placement with an unlicensed resource at or after the time of initial removal. This does not include a change in placement after the detention hearing, unless the court or DCS determines that an immediate emergency change in placement is necessary to protect the health or safety of the child **and** fingerprint results of the new unlicensed placement would not be available prior to the necessary change.

A child's parent is not considered a placement. Do not complete an Emergency Name-Based Check on a child's parent or that parent's household members.

A background check for an emergency unlicensed placement will consist of the following for those who live, work, or volunteer in the home:

1. For all persons age 18 and older, a(n):
  - a. Emergency Name-Based Check must be completed prior to placing the child(ren),

**Note:** See **Exceptions to Fingerprinting** section below.

- b. Fingerprint-Based Check must be completed within 72 hours of conducting an Emergency Name-Based Check, if the child(ren) are placed,
  1. If the subject of the check refuses to get fingerprinted within 72 hours remove the children; and
  2. Complete a [Follow-Up Action for Name-Based Check \(SF53424/CW3619\)](#) indicating the subject of the check refused to be printed.
- c. [Follow Up Action for Name-Based Check \(SF53424/CW3619\)](#) must be completed within 72 hours of conducting the Emergency Name-Based Check even if the child is not placed or the subject of the check cares for the child for any period of time,
- d. CPS History Check must be completed in Indiana and initiated in every state the subject of the check has lived in the last five (5) years either prior to placement or within 72 hours of placement,
- e. Sex Offender Registry Check must be completed either prior to placement or within 72 hours of placement in every state the subject of the check has lived in the last five (5) years, and
- f. LEA Records Check must be completed in every local police/sheriff jurisdiction the subject of the check has lived in the last five (5) years within 30 days of placing the child(ren).

2. For all persons age 14 – 17 years, a:
  - a. CPS History Check must be completed or initiated in every state the subject of the check has lived in the last five (5) years either prior to placement or within 72 hours of placement, and

- b. Sex Offender Registry Check must be completed in every state the subject of the check has lived in the last five (5) years, either prior to placement or within 72 hours of placement.
3. For all persons age 0 -13 years a CPS History Check must be completed or initiated in every state the subject of the check has lived in the last five (5) years either prior to placement or within 72 hours of placement

### **Non-Emergency Unlicensed Placements**

For unlicensed non-emergency placements, a background check will consist of the following:

1. For all persons age 18 and older:
  - a. Fingerprint-Based Check<sup>1</sup>,
  - b. CPS History Check in every state the subject of the check has lived in the last five (5) years,
  - c. Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years, and a
  - d. LEA Records Check in every local police/sheriff jurisdiction the subject of the check has lived in the last five (5) years.

**Note:** Do not attempt to use the Name-Based Check for nonemergency placements, foster care licensing, adoption, babysitters, minors, parents or parent's household members or for any other purpose other than an emergency placement.

2. For all persons age 14 – 17 years of age:
  - a. CPS History Check in every state the subject of the check has lived in the last five (5) years, and a
  - b. Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years.
3. For all persons age 0 -13 years CPS History Check must be completed prior to placement in every state the subject of the check has lived in the last five (5) years.

### **Exceptions to Fingerprinting**

The only exception to fingerprinting for an applicant is if he or she has a physical disability which makes it impossible to obtain the subject's fingerprint. The exception does not apply to subjects who are able to be printed but the quality of the fingerprints is poor. The exception can only be granted by the DCS Central Office Background Check Unit (COBCU) and is for limited and case-specific situations, such as the following:

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<sup>1</sup> If an unlicensed relative had a Fingerprint-Based Check within the last 12 months, a new check is not needed for a new relative placement except when an Emergency Name-Based Check is completed. If this occurs, a new fingerprint based check is necessary if children are placed.

1. When the subject of the check does not have fingers;
2. When a person trained to take fingerprints has documented that the subject's disabling condition prevents fingerprinting; or
3. When a qualified medical practitioner has documented the subject's disabling condition prevents fingerprinting.

For purposes of the exception for a physical disability, a "qualified medical practitioner" means the following:

1. A physician licensed under IC 25-22.5.
2. A physician assistant licensed under IC 25-27.5.
3. A physical therapist licensed under IC 25-27.
4. An advanced practice nurse licensed under IC 25-23.
5. A chiropractor licensed under IC 25-10.
6. A psychologist licensed under IC 25-33.

**Note:** Do not complete an Emergency Name-Based Check on applicants who may be approved for an exception to fingerprinting as the exception cannot be granted after the Emergency Name-Based Check is completed.

To receive an exception, the following must be sent to the COBCU:

1. A letter requesting the exception explaining the disabling condition; and
2. The required documentation from the person trained to take fingerprints, qualified medical practitioner, or evidence that the subject does not have fingers.

If the exception is granted, COBCU will complete the Indiana Limited Criminal History Check (LCH) on the subject of the check. If the subject lived in any other state in the last five years, contact COBCU for guidance on what type of check is needed in that state.

### **[NEW] Background Checks for Custodial and Noncustodial Parents and Those Living in the Same Household**

DCS may conduct criminal background checks on a child's parent, guardian, custodian or household member prior to reunifying a child with the family.

For a child's parent, guardian, custodian or household member a background check may consist of the following:

1. For all persons age 18 and older:
  - a. Fingerprint-Based Check,
  - b. CPS History Check in every state the subject of the check has lived in the last five (5) years,
  - c. Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years, and a
  - d. LEA Records Check from every local police/sheriff having jurisdiction where the subject of the check has lived in the last five (5) years.



**Note:** Do not attempt to use the Name-Based Check for nonemergency placements, foster care licensing, adoption, babysitters, minors, parents or parent's household members or for any other purpose other than an emergency placement.

2. For all persons age 14 – 17 years of age:
  - a. CPS History Check in every state the subject of the check has lived in the last five (5) years, and a
  - b. Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years.
3. For all persons age 0 -13 years CPS History Check may be completed prior to reunification in every state the subject of the check has lived in the last five (5) years.

**Note:** Background checks should not be completed on a child that is currently in the care of DCS.

**[REVISED]** Use discretion in completing Fingerprints, CPS History Checks, LCH Checks, Sex Offender Registry Checks, and LEA Records Checks. Some factors to consider are:

1. Child raises concern regarding the household;
2. Members of the Child and Family Team (CFT) have concerns regarding the household; and/or
3. The parent does not have regular visitation with the child(ren).

### **Extracurricular Activities**

DCS does not have the statutory authority to fingerprint individuals involved in the child's participation in extracurricular activities. These would include but are not limited to Scouting, Youth Groups, School Parties, Sleepovers, Roller Skating parties, and Birthday parties. See separate policy, [8.23 Extracurricular Activities](#). Discretion should be used when deciding whether CPS History Checks, Sex Offender Registry Checks and/or LCH Checks are needed.

### **Child Care**

Background checks have already been completed by the Indiana Division of Family Resources for licensed child care providers. No additional background check is needed.

DCS does not have the statutory authority to fingerprint in-home or out-of-home unlicensed babysitters that supervise the child(ren) irregularly. Examples of irregular child care include but are not limited to visiting or spending time, including overnights, with friends and/or relatives, going to the movies, grocery store or other similar activities. Discretion should be used when deciding whether CPS History Checks, Sex Offender Registry Checks and/or LCH Checks are needed.

Unlicensed out-of-home child care providers that supervise the child(ren) on a regular and continuing basis shall have the following background checks conducted for all household members of the child care provider's home:

1. CPS History Checks in every state the subject of the check has lived in the last five (5) years (all persons regardless of age);
2. Sex Offender Registry Checks in every state the subject of the check has lived in the last five (5) years- (Ages 14 years and older); and
3. LCH Records Checks (Age 18 years and older).

Fingerprint-Based Checks should not be conducted for unlicensed out-of-home child care providers.

Unlicensed in-home child care providers that supervise the child on a regular and continuing basis would be considered an employee or volunteer of the home and the background checks required for an employee or volunteer of the home (Fingerprint-Based Check, CPS History Check, Sex Offender Registry Check and a LEA Records Check) should be completed. Examples of regular and continuous child care include but are not limited to child care provided daily or on a consistent reoccurring schedule while the relative caregiver works or participates in other reoccurring scheduled obligations.

DCS will maintain the confidentiality of all information gained during the background check process, following all applicable state and federal laws. See separate policy, [2.6 Sharing Confidential Information](#).

#### Code References

1. [IC 10-13-3-31: Release of Data to Subject Person; Fee; Challenge of Data Authorized](#)
2. [IC 10-13-3-27.5: Record Check by Department of Child Services Under Exigent Circumstances](#)
3. [IC 31-9-2-22.5 Definition of a Criminal History Check](#)
4. [IC-34-18-6.1: Predisposition Report; Contents](#)
5. [IC 31-26-5 Family Preservation Services](#)
6. [IC 31-34-20-1.5 Placement in Household with Certain Individuals Prohibited; Exceptions; Criminal History Checks](#)
7. [240 IAC Article 6: Criminal History Record Information](#)

<b>PROCEDURE [REVISED]</b>
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For **emergency** and **nonemergency** placements, the Family Case Manager (FCM) will complete the following steps of the background check process for the persons that live, work, or volunteer in the home:

1. Verify the identity of each subject of the check, regardless of age by reviewing one (1) available and valid, government-issued identification document such as, but not limited to a:
  - a. Social Security card,
  - b. Birth certificate,
  - c. Passport,
  - d. Photo identification card, or
  - e. Drivers' license. See separate policy [2.9 Verifying Identity](#).
2. Have each subject of the check complete the [Application for Criminal History Background Check \(SF53259/CW3610\)](#) using their legal name as it appears on a current government issued picture I.D.
  - a. The subject of the check must sign and date the form, and
  - b. The FCM must place the original in the file after completion of the background check process.

**For Emergency Placements the following additional steps must be completed; if placement is a nonemergency, proceed to step 7 below:**

3. Request an Emergency Name-Based Check prior to placement for all household members 18 years of age or older consisting of:
  - a. Contacting the Indiana State Police (ISP) Headquarters at 317-232-8294, 1-800-622-4961, via email at [EDataOperationsCenter@isp.in.gov](mailto:EDataOperationsCenter@isp.in.gov), or via fax at 317-233-3057,
  - b. If emailing or faxing, submit a signed and dated [Application for Criminal History Background Check \(SF53259/CW3610\)](#) for each household member 18 years of age or older. If emailing, subject of email should read: "Application For Criminal History Background Check." The attached Application for Criminal History Background Check Form must contain the FCMs phone number where results will be called back,
  - c. The FCM must:
    1. Identify him or herself though an assigned password and question and identify the DCS local office of the request; and
    2. Convey name, date of birth (DOB), and Social Security Number (SSN) exactly as listed on the subject of the check's government issued identification.
  - d. If the Emergency Name-Based Check was called in and not faxed or emailed, then within 24 hours, transmit a signed and dated copy of the [Application for Criminal History Background Check \(SF53259/CW3610\)](#) for each household member. The Indiana State Police (ISP) will contact the FCM if the wrong name was checked.
4. If the Emergency Name-Based Check for emergency placement is completed but the child(ren) are not placed with the prospective placement for any period of time, even hours:

- a. Complete the [Follow Up Action for Name-Based Check Form \(SF53424/CW3619\)](#) indicating that no child was placed with this applicant, and
  - b. Scan and e-mail the form to [ISPRecords@isp.in.gov](mailto:ISPRecords@isp.in.gov) within 72 hours of the Emergency Name-Based Check. If e-mailing is not an option, fax it to the ISP Records Division at 317-233-8813.
5. If a child(ren) is placed, even briefly, follow-up fingerprinting is required within 72 hours for all those that were checked through the Emergency Name-Based Check process. **If the subject of the check refuses to be fingerprinted within the 72 hour time limit the child(ren) must be removed.**
  - a. Complete the [Follow Up Action for Name-Based Check Form \(SF53424/CW3619\)](#) detailing due diligence in at least three separate attempts to obtain prints and the subject's refusal. The form should include the dates and types of contact.
  - b. Scan and e-mail the form to [ISPRecords@isp.in.gov](mailto:ISPRecords@isp.in.gov). If e-mailing is not an option fax to Records Division at 317-233-8813.
6. If the fingerprinting process has begun and the subject was rejected but refuses to complete the printing process, send a copy of the completed [Follow Up Action for Name-Based Check Form \(SF53424/CW3619\)](#) to the COBCU via e-mail at [background.checkunit@dcs.in.gov](mailto:background.checkunit@dcs.in.gov) in addition to ISP Records Division.
7. Register any person age 18 years and older for the Fingerprint-Based Check, unless requesting an Exception to Fingerprinting, which consists of the FCM:
  - a. Completing the registration process for the subject of the check for electronic fingerprinting through the DCS approved fingerprint vendor and provide the subject with a copy of the registration confirmation number given at the end of the registration process,
  - b. Providing the subject of the check with the customized step by step instructions for registering for fingerprinting (If the FCM is unable to register the subject of the check see Registering for Fingerprints below),
  - c. Informing the applicants to use the same government issued identification when registering for fingerprints,
  - d. Ensuring the subject of the check is successfully fingerprinted,
  - e. Obtaining the results of the Fingerprint- Based Check, the COBCU will provide a letter via email to the DCS local office contact person handling all background check material and inform them of the Fingerprint Based Check Status.
    1. If fingerprints are rejected, follow the instructions on the Reprint Notice. A 'reprint' appointment must be scheduled. Do not start a new registration or DCS will be charged twice. Provide the subject of the check a copy of the reprint notice if they will be scheduling their 'reprint' appointment themselves.

2. For all other results see separate policy, [8.7 Evaluation of Background Checks for Unlicensed Placements](#).
8. Conduct of a Sex Offender Registry Check for all persons age 14 years and older and print the results via the Dru Sjodin National Sex Offender Public website at <http://www.nsopw.gov/Core/Portal.aspx>;  
  
**Note:** If you are searching a common name and results show multiple matches, narrow the search by state. If this occurs, search every state the subject has lived in for the past five (5) years.
9. Conduct a CPS History Check for all persons:
    - a. For Indiana:
      1. As the local office is the requesting agency, the FCM will complete Section A of the Indiana Request for Child Protective (CPS) History Check (SF52802/CW 2128);
      2. Have the subject of the check or representative if a minor, complete Section B Complete a search of the Indiana Child Welfare Information System, and hardcopy files if available, and reflect the results in Section C.
    - b. For all other states, conduct a CPS History check search for every other state the individual has lived for the past five (5) years, if applicable; locate information for a CPS administration or local office designee to process your search request at <http://www.cclid.ca.gov/AdamWalsh/2609.htm> Click on "[List of Contacts For Other State's Child Abuse and Neglect Registries](#)" If the person has CPS history in any state, refer to separate policy, [8.7 Evaluation of Background Checks for Unlicensed Placements](#), for further action required.
10. Conduct LEA Records Checks:
    - a. Request a records check from the LEA that responds to the subject of the check's current home address utilizing the [Application for Criminal History Background Check \(SF53259/CW3610\)](#), Section titled "For Law Enforcement Use Only",
    - b. Request search from the appropriate LEA corresponding to ALL other residential addresses the subject of the check has resided during the past five (5) years, and
    - c. Upon receiving the results of each check, see separate policy, [8.7 Evaluation of Background Checks for Unlicensed Placements](#).

## PRACTICE GUIDANCE

### **Undocumented Immigrants**

If the subject of the check is an undocumented immigrant, it is still essential to obtain their government identification, even if that identification is from their native country.

### **Notifying the FCM of Arrest, Convictions or Substantiation of Abuse or Neglect**

The subject of the check should notify the FCM within 24 hours of the arrest, conviction or substantiation of abuse or neglect of the subject, a household member, employee and/or volunteer. The FCM and Supervisor will evaluate the severity and seriousness of the offense on a case by case basis and contact COBCU if additional guidance is needed.

### **Registering for Fingerprints**

If the DCS local office is unable to complete the registration process for the subject of the check, the subject of the check is to be provided a copy of the step by step instructions for registering for fingerprinting through the DCS approved vendor that has been customized to the correct DCS local office, FCM's name, phone number and correct reason for printing, including the DCS billing code.

### **Searching CPS History**

Search all available hardcopy records and complete an Indiana Child Welfare Information System search.

## FORMS AND TOOLS

1. [Application for Criminal History Background Check, \(SF53259/CW3610\)](#)
2. [Request for a Child Protection Services \(CPS\) History Check, \(SF52802/CW2128\)](#)
3. [Follow-up Action for Name-Based Check \(SF 53424/CW3619\)](#)
4. [L-1 Instructions](#)
5. [Background Check Matrix for Unlicensed Placements and Foster Care](#)

## RELATED INFORMATION

### **Court Ordered Exception and/or Completion of Fingerprint Based Checks**

Neither the court nor any other person or organization has the authority to exclude the subject of the check from completing all required background checks. The only exception to this is if the COBCU grants an Exception to Fingerprinting outlined in this policy.

The court nor any other person or organization can require DCS to complete Fingerprint-Based Checks on those subjects over which DCS has no statutory authority to fingerprint nor can DCS be required to pay for the cost of such printing.

If the FCM believes at any time that DCS is being required to completed background checks outside the statutory authority, please contact the Deputy Director of Placement Support and Compliance for assistance.

## **Special Fingerprinting Issues**

### **Homebound**

If a subject of the check cannot leave his or her home for fingerprinting, the FCM should contact the COBCU for appropriate instruction and approval.

### **Unreadable Fingerprints and Reprint Notice**

Fingerprints may be rejected by ISP or the Federal Bureau of Investigations (FBI) for a number of reasons. Each rejection is evaluated individually. For each Reprint Notice issued the subject of the check must schedule a reprint appointment. Once the necessary number of rejections within the appropriate timeframe has been obtained, COBCU will request that a non emergency Name-Based National Criminal History Report be processed. Once the Name-Based Check has been requested the Fingerprint-Based Check processing time increases.

### **Checking the Status of a Fingerprint-Based Check Report**

The local office COBCU contact person is provided access to the administrative website to check the status of prospective placement prints. A username and password may be obtained by emailing the COBCU at [background.checkunit@dcs.in.gov](mailto:background.checkunit@dcs.in.gov).

### **Limited Criminal History (LCH)**

A LCH Check is a name based search of the ISP database that contains only felonies and Class A misdemeanor arrests within the State of Indiana and can only be conducted on individuals 18 years of age and older. This search should not be completed if fingerprinting or an emergency name based check is being completed. Completeness of this information is based upon local law enforcement participation. This search is available online at <https://secure.in.gov/apps/isp/lch/>. Results are immediate. Designated DCS local office staff has access. For assistance with username or password issues, please email [background.checkunit@dcs.in.gov](mailto:background.checkunit@dcs.in.gov).

DCS may provide a copy of the LCH Check to the subject of the check.

If any of the checks conducted by DCS reveal an inaccurate record, the record may be formally challenged. A Review Challenge of inaccurate information must be made to the arresting agency. For Indiana records the request should be made to ISP.


### **Emergency Name-Based Check**

The Emergency Name-Based Check is only for unlicensed relative resource homes being considered for Emergency Placements and prior to the placement being made. Indiana statute allows DCS the ability to access the Emergency Name-Based Check without fingerprints at the time of an emergency relative placement is being

considered. This check retrieves information from the Interstate Identification Index or “Triple I.” which is maintained by the FBI. The Emergency Name-Based Check is only used to provide immediate results for an emergency placement, with fingerprints required to follow within 72 hours to verify identity and results. Using the Emergency Name-Based Check for other reasons violates the law and DCS policy. Designated DCS local office staff must not share his or her password and/or challenge questions with anyone, including other DCS staff.

If the designated DCS local office staff has trouble using his or her user name and/or challenge question, the individual should send an email requesting help to [background.checkunit@dcs.in.gov](mailto:background.checkunit@dcs.in.gov).



	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> July 1, 2012
	<b>Section 7:</b> Evaluation of Background Checks for Unlicensed Placements	<b>Version:</b> 5

**POLICY [REVISED]**

The Indiana Department of Child Services (DCS) will evaluate the results of all background checks conducted for the purpose of unlicensed placements. See separate policy, [8.6 Conducting Background Checks](#). The final results will be placed in the child’s file and documented in the Indiana Child Welfare Information System.

**Fingerprint-Based National Criminal History Check of National and State Records Data Bases (Fingerprint-Based Check)**

The DCS Central Office Background Check Unit (COBCU) will evaluate the results and notify the assigned DCS local office contact person of the criminal history clearance status by emailing the Fingerprint-Based Check Status Letter.

The COBCU will conditionally disqualify all persons whose criminal history is incomplete and requires further verification.

**Note:** The subject of the check will remain in a conditionally disqualified status until the subject provides the COBCU with a copy of required verification of charges, including but not limited to court orders showing disposition and level of conviction, court order showing dismissal and/or arrest reports. Upon receipt of all necessary verifications, COBCU will reevaluate the status and issue an amended Fingerprint-Based Check Status Letter to the assigned DCS local office contact person by e-mail.

The COBCU will disqualify all persons whose criminal history report includes the following, although some may be eligible to file for a waiver (see Waivers section below):

1. Any misdemeanor related to the health and/or safety of a child;
2. Any felony;
3. Four (4) or more misdemeanor convictions; or
4. **[REVISED]** A juvenile adjudication for an act that if committed by an adult would be one of the 21 felonies listed in the waiver section below.

The COBCU will qualify all persons whose Fingerprint-Based Check Report has no criminal history or reflects arrests and/or convictions that do not result in a conditionally disqualified or disqualified status.

### **Child Protection Services History Check (CPS History Check)**

The FCM will review the completed CPS History Check results from Indiana, and if applicable, all other states of residency within the past five (5) years and determine if there are reports of any substantiation of abuse and/or neglect for the subject of the check. If there is substantiated CPS history in Indiana or the equivalent in another state, a waiver is required for placement. See section below regarding Waivers.

### **Sex Offender Registry Checks**

The FCM will evaluate the Sex Offender Registry Checks to determine if there are any matches. If there is a match, and a child is already placed in the home, remove the child immediately. If there has not yet been a placement, the subject of the check is not eligible to be considered as a placement resource. Notify the COBCU immediately. The COBCU will re-evaluate the Fingerprint-Based Check report.

### **Law Enforcement Agency (LEA) Records Checks**

The FCM will evaluate the results of the LEA Records Checks. If there is a felony, four (4) or more misdemeanors, or a misdemeanor that relates to the health and safety of a child, the FCM will contact the COBCU immediately. The COBCU will cross reference the LEA Records Check with the Fingerprint-Based Check Report to assure the LEA Records Check does not alter the Fingerprint-Based Check Status. At anytime the FCM believes the LEA Records Check may alter the status of the Fingerprint-Based Check Report, the FCM will contact the COBCU consultant that is listed on the Fingerprint-Based Check Status Letter for further action.

### **Waivers**

COBCU will accept a request for a waiver of disqualified juvenile history or of substantiated CPS History. COBCU will also accept a waiver of disqualifying criminal history if the subject of the check has not been convicted of a misdemeanor related to the health and safety of a child or has not been convicted of any of the felonies listed below:

1. [Murder \(IC 35-42-1-1\)](#);
2. [Causing suicide \(IC 35-42-1-2\)](#);
3. [Assisting suicide \(IC 35-42-1-2.5\)](#);
4. [Voluntary manslaughter \(IC 35-42-1-3\)](#);
5. [Reckless homicide \(IC 35-42-1-5\)](#);
6. [Battery \(IC 35-42-2-1\)](#) within the last five (5) years;
7. [Domestic battery \(IC 31-27-4-13\)](#);
8. [Aggravated battery \(IC 35-42-2-1.5\)](#);
9. [Kidnapping \(IC 35-42-3-2\)](#);
10. [Criminal confinement \(IC 35-42-3-3\)](#) within the last five (5) years);
11. [A felony sex offense under \(IC 35-42-4\)](#);
12. [Carjacking \(IC 35-42-5-2\)](#) within the last five (5) years;
13. [Arson Class \(IC 35-43-1-1\)](#) within the last five (5) years;
14. [Incest \(IC 35-46-1-3\)](#);
15. Neglect of a dependent ([IC 35-46-1-4\(a\)\(1\)](#)) and ([IC 35-46-1-4\(a\)\(2\)](#));
16. Child selling ([IC 35-46-1-4\(d\)](#));

17. **[NEW]** Operating a vehicle while intoxicated (IC 31-19-11-1) within the last five (5) years;
18. A felony involving a weapon within the last five (5) years under ([IC 35-47](#)) or ([IC 35-47.5](#));
19. A felony relating to controlled substances within the last five (5) years under ([IC 35-48-4](#));
20. An offense relating to material or a performance that is harmful to minors or obscene under ([IC 35-49-3](#)); and/or
21. A felony that is equivalent to a felony listed in subdivisions one (1) through (19) for which the conviction was entered in another state.

DCS will immediately remove a child from a home, if a child was placed in out-of-home care on an emergency basis, and the background check subsequently reveals that an individual living, working or volunteering in the home:

1. Has a disqualified criminal history or substantiated CPS history that is not waived by DCS and the placement cannot or is not authorized by the court; or
2. Has a disqualified criminal history or a substantiated CPS history where a waiver is not being actively pursued.

### **[NEW] REUNIFICATION BACKGROUND CHECKS**

For all background checks that are conducted on a parent, guardian, custodian or household member for purposes of reunification, the FCM will evaluate the results. The FCM will use critical decision making skills to decide whether it is safe for the child to return home.

**NOTE:** For fingerprint-based checks for the purposes of reunification, COBCU will provide a letter with a summary of the results to the assigned DCS local office contact person (COBCU will not provide a qualified, disqualified or conditionally disqualified letter). The FCM may contact the COBCU for a copy of the actual fingerprint results when needed.

### Code References

1. [IC 31-34-20-1.5: Placement in household with certain individuals prohibited](#)
2. [IC 31-34-4-2: Placement of child with relative caretaker; criminal history check required; exceptions](#)
3. [IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families](#)

<b>PROCEDURE</b>
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The FCM will complete the following steps:

1. For an Emergency Named-Based Check), evaluate results and determine appropriateness of the emergency placement. Ensure follow-up fingerprints are obtained or the [Follow-Up Action for Name-Based Check Form \(SF53424/CW3619\)](#) is completed;
  - a. If the check returns a conviction or an arrest without a disposition for:
    1. A misdemeanor related to the health and safety of a child; or

2. A felony that is not eligible for a waiver, placement cannot take place. See Waiver section for all felonies not eligible for a waiver.
- b. If the check returns a conviction or an arrest without a disposition for a criminal act that is eligible for a waiver, use discretion to determine if placement is in the best interest of the child. Consideration should include, but not be limited to:
  1. Any pre-existing relationship between the child and the relative caregiver;
  2. The age of the child in need of placement;
  3. The length of time since the arrest or conviction;
  4. The severity of the arrest or conviction;
  5. The total number of arrest or convictions;
  6. Other available background check results; and
  7. If the applicant is currently on probation or parole.
2. For a Fingerprint-Based Check, review the Status Letter received from COBCU. If the status is conditionally disqualified or disqualified, and the DCS local office believes the placement is in the child's best interest:
  - a. Provide a copy of the Fingerprint-Based Check Status Letter to the subject of the check.
  - b. If disqualified, contact the COBCU consultant listed on the Fingerprint-Based Check Status Letter to determine if the subject of the check is eligible to apply for a waiver. If eligible and the FCM supports the waiver, instruct the subject of the check that a request for a waiver must be submitted to the COBCU within 10 days of the date of the Fingerprint-Based Check Status Letter.

**Note:** For emergency placements, the child cannot remain placed unless the waiver is requested timely and granted. For nonemergency placements a child cannot be placed in the home until the waiver is requested and granted. If the court orders placement over DCS objections, the FCM must submit a waiver to COBCU within 10 days and work with COBCU to obtain the necessary dispositions.

- c. If conditionally disqualified, contact the COBCU consultant listed on the Fingerprint-Based Check Status Letter within 10 days of the date of the results letter. Provide the requested documentation to the COBCU consultant. Upon reevaluation, if the status is disqualified, refer to "b" above.

**Note:** Unless the subject of the check is actively working with the COBCU to resolve the conditional disqualification status the child cannot be placed or remain in the home.

### 3. Review the results of the CPS History Check

- a. If a substantiated CPS history is discovered and the local office believes this placement is in the child's best interest, the DCS local office will give the subject of the check a copy of the completed [Indiana Request for a Child Protection Services \(CPS\) History Check \(SF52802/CW2128\)](#) form showing substantiated history. See separate policy, [2.6 Sharing of Confidential Information](#).
  - b. For emergency placements, children cannot remain placed unless the subject of the check is actively working with the COBCU to obtain a waiver. A request for a waiver should be filed within 10 days of receiving the CPS history,
  - c. For non-emergency placements, children cannot be placed until a waiver is requested and granted,
  - d. If the court places a child over DCS objections, a waiver request should be filed with COBCU within 10 days of the order as noted in the court's Chronological Case Summary (CCS) entry.
4. Review the results of the Sex Offender Registry Check for a match to the subject of the check. If there is a match for the subject of the check, a child cannot be placed and any children already placed must be removed immediately;
  5. Review the results of the LEA Records Check and contact COBCU within five (5) days of the check for further evaluation if there is a felony, four (4) or more misdemeanors, or a misdemeanor that relates to the health and safety of a child. At anytime the FCM believes the LEA Records Check report may alter the status of the Fingerprint-Based Check, the FCM will contact the COBCU consultant that is listed on the Fingerprint-Based Check Status Letter for further action;
  6. To request a waiver of disqualified criminal history and/or substantiated CPS history submit the following to the COBCU by fax at 317-234-4633 or scan/e-mail at [background.checkunit@dcs.in.gov](mailto:background.checkunit@dcs.in.gov):
    - a. A signed letter from the subject of the check (parent or guardian may write if the subject of the check is a minor and they are unable to write their own letter; however, the minor child should sign if able) explaining in detail the situation involving the substantiation or criminal act and addressing:
      1. The length of time since the person committed the offense, delinquent act, or act that resulted in the substantiated report of abuse or neglect;
      2. The severity of the offense of abuse or neglect, including jail or prison time served and whether the subject of the check is currently on probation or parole;
      3. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan, if applicable; and
      4. The ability of the proposed applicant to provide for the child's safety and well-being.

- b. A signed letter on DCS letterhead or email from the FCM explaining:
    - 1. His or her observation of the subject of the check;
    - 2. If he or she supports the waiver and the reasons;
    - 3. If the child is already been placed in the subject's care; and
    - 4. How the child is related to the subject of the request.
  - c. An Indiana Request for a Child Protection Service History (CPS) History Check SF52802. If substantiation of abuse and/or neglect is found, there must be a 311 included for all substantiations reported on the above form. Also if the subject has resided outside the state of Indiana in the past five (5) years, the other state's CPS search results must also be submitted.
  - d. A screen print of the Sex Offender Registry Check completed from the required National Sex Offender website, if 14 years old or older
  - e. A copy of the written results of all LEA checks, if 18 years and older, and
  - f. A copy of the fingerprint based status letter that was e-mailed to the DCS local office, if requesting a CPS waiver only. This is required for checks completed for the purpose of a relative placement showing the fingerprint based status of qualified if 18 years and older.
7. Place a copy of the results for all background checks and any waiver letters in the child's file and document in the Management Gateway for Indiana's Kids (MaGIK) in the case contacts;
  8. DCS must submit the waiver decision to the court;
  9. See separate policy, [8.8 Preparing Child for Placement](#) if the decision is to approve the placement and the child is not currently placed; and/or
  10. Notify the family and develop alternate placement plans for the child if the decision is to deny the placement. See separate policy, [8.1 Selecting a Placement Option](#).

**Note:** A criminal history or CPS waiver granted for the purpose of an unlicensed relative placement may not be used for the additional purposes of foster family home licensure, adoption, employment or any other purpose. A new waiver request must be submitted and granted for each additional purpose.

The DCS COBCU will:

1. For Fingerprint-Based Checks, evaluate the report within five (5) business days of receipt and notify by e-mail the assigned DCS local office background check contact person regarding the Fingerprint-Based Check Status;
2. If conditionally disqualified or disqualified provide guidance, re-evaluate history based on the received documentation and issue a new Fingerprint-Based Check Status Letter when applicable; and
3. For waivers of disqualified criminal history and substantiated CPS history:

- a. Upon receipt of the complete waiver request packet, the COBCU will summarize, make a recommendation, and submit the request to the Deputy Director of Placement Support and Compliance, or designee,
- b. The Deputy Director of Placement Support and Compliance, or designee, will submit the recommendation to the Background Check Team for a joint decision.

**Note:** The Background Check Review Team consists of the Deputy Director of Placement Support and Compliance (or their designee), the DCS Local Office Director (LOD) and Regional Manager of the local office that has supervision of the child. The team decision may be made via phone or email.

- c. Notify by email the assigned DCS local office background check contact person of the waiver decision. A decision will be returned in approximately 10 working days and the status will either be “waiver granted” or “waiver not granted.”
4. For Exception to Fingerprint request, when the exception is granted, generate the Indiana Limited Criminal History (LCH) check and notify by e-mail the assigned DCS local background check contact person regarding the status.

## PRACTICE GUIDANCE

N/A

## FORMS AND TOOLS

1. [Application for Criminal History Background Check, \(SF53259/CW3610\)](#)
2. [Request for a Child Protection Services \(CPS\) History Check, \(SF52802/CW2128\)](#)
3. [Follow-up Action for Name-Based Check \(SF 53424/CW3619\)](#)
4. [Background Check Matrix for Unlicensed Placements and Foster Care Desk Guide](#)

## RELATED INFORMATION

### **Factors for the Local Office Worker and Background Check Review Team to Consider When Recommending and/or Approving the Background Check Waivers**

Information yielded on all background checks should be considered, including but not limited to the following:

1. The current home environment;

2. The ability of the proposed unlicensed resource family to provide for the child's safety and well-being;
3. The length of time that has passed since the conviction, juvenile adjudication, or CA/N substantiation;
4. The severity of the offense;
5. Evidence of the person's rehabilitation;
6. The duration and quality of the relationship between the child and the proposed unlicensed resource family; and
7. Any impact the denial of the placement may have on the ability to keep the sibling group together, if applicable.

### **Disclosing Fingerprint-Based Check Information**

Upon request, the DCS local office may receive a copy of the official criminal history transcript that contains criminal history reported by the Federal Bureau of Investigations (FBI) and the Indiana State Police (ISP). The subject of the Check is not to receive a copy of the official FBI or ISP transcript. DCS may verbally disclose the specific crimes to the subject of the check. If any of the checks conducted by DCS reveal an inaccurate record, the record may be formally challenged. A Review Challenge of inaccurate information must be made to the State Police and/or local law enforcement agency that posted the record. To refute inaccurate Indiana criminal history records or information, please request a Review Challenge from ISP.

### **Disqualified Fingerprint Status**

Disqualified status means that unless a waiver is granted the subject of the check is ineligible to be a:

1. Unlicensed relative;
2. Household member; or
3. An employee or volunteer of the home who has or will have direct contact, on a regular and continuing basis, with children who are or will be under the direct supervision of the unlicensed resource.

### **Conditionally Disqualified Fingerprint Status**

Conditionally Disqualified status means that until the conditionally disqualifying arrest or conviction is resolved and the status is changed to Qualified (or the status is changed to Disqualified and a Waiver is subsequently granted) the subject of the check is ineligible to be a:

1. Unlicensed Relative;
2. Household member; or
3. An employee or volunteer of the home who has or will have direct contact, on a regular and continuing basis, with children who are or will be under the direct supervision of the unlicensed resource.


Examples of reported information on a Fingerprint-based Check report that will lead to a conditional disqualification include but are not limited to an arrest without a disposition, a conviction without the level of the conviction being a misdemeanor or a felony, or a



conviction where additional information on the circumstances of the arrest and conviction are required.

**Qualified Fingerprint Status**

Qualified fingerprint status means that the subject of the check is eligible to be a placement option, household member, or have direct contact, on a regular and continuing basis, with children who are or will be under the direct supervision of the unlicensed resource, as long as the subject of the check passes all other background checks.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> March 1, 2011
	<b>Section 8:</b> Preparing Child for Placement	<b>Version:</b> 2

**POLICY**

Once it is determined that an out-of-home placement or a change in placement is needed, the Indiana Department of Child Services (DCS) will prepare a child to the fullest extent that time permits.

Code References

N/A

**PROCEDURE**

[REVISED] The Family Case Manager (FCM) will:

1. Engage the parent, guardian, or custodian in preparing the child for out-of-home placement or changes in placements whenever possible;
2. Attempt to coordinate one (1) or more preplacement visits to the proposed new home or facility, unless time does not allow (i.e., the removal is an emergency);
3. Ensure that the parent, guardian, custodian, and the child know if and how they will be able to maintain contact with each other;
4. Inform the child where he or she will be going, who will be caring for him or her, and whether any or all siblings will be going with him or her;
5. Assure that the parent, guardian, custodian, and the child(ren) know if and how sibling contact will be maintained, if there are siblings who will not be placed together;
6. Acknowledge the feelings of both the child and the parent, guardian, or custodian;
7. Encourage the child to take familiar objects (e.g., clothes, toys, bottles, cups, music tapes, photos of the parent, guardian, or custodian), unless the home is the site of a meth lab. See separate policy, [8.19 Clothing, Personal Items, and Permitted Per Diem Expenses](#) and refer to the [Indiana Drug Endangered Children Response Protocol](#);
8. Share any additional information with the child, as appropriate, based on the child's age and developmental level, such as informing the child of plans regarding reunification and alternate permanency plan. See separate policy, [5.15 Concurrent Planning](#);
9. Allow the child to say "good-bye" to his or her parent, guardian, custodian, and other household members whenever possible; and
10. If possible, given the circumstances, take any additional steps necessary to help the child prepare emotionally for the placement.

**PRACTICE GUIDANCE**

N/A

## FORMS AND TOOLS

1. [Tool 8.B: Separation and Loss](#)
2. [Indiana Drug Endangered Children Response Protocol](#)

## RELATED INFORMATION

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

Placement should never be taken lightly; it may very well represent the most serious emotional trauma that a child will experience, even for a child that has been abused or neglected. Time spent on preplacement activities can reduce trauma and problems that the child may later experience in placement. By preparing the child for placement, the worker is attending to the child in a very professional and humane manner.

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 that the FCM acknowledge these feelings. Additionally, efforts should be made as soon as possible 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.

For more information on this topic, see [Tool 8.B: Separation and Loss](#).


### **Preplacement Visits**

Unless time does not allow (i.e., the removal is an emergency), the FCM should attempt to coordinate one (1) or more preplacement visits to the proposed new home or facility.

Preplacement visits are an especially important element in the ultimate success of placements in substitute care. The process gives the child an opportunity to become more familiar with the new setting and routines prior to placement thus enabling the child to cope more successfully with the change. If possible, enlist the cooperation of the parent, guardian, or custodian to assist in this process. This participation may encourage the child to form a positive attachment to the resource parent(s).

The preplacement visit gives the resource parent(s) an opportunity to become acquainted with the child before the child establishes residence. It is also an opportunity for the parent, guardian, custodian, and resource parent(s) to become acquainted and to form the foundation for sound rapport and cooperation in future visitations.

When preplacement visits are not possible, the FCM should consider alternate activities such as driving to the home or facility and talking with the child for a while in the car before going inside; sharing photos or a scrapbook of the resource family; sharing a brochure of the facility where the child will be placed; etc.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> March 1, 2011
	<b>Section 9:</b> Placing a Child in Out-of-Home Care	<b>Version:</b> 3

<b>POLICY</b>
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**[REVISED]** The Indiana Department of Child Services (DCS) will provide the resource family with as much information about the child and his or her case as legally possible, including, but not limited to, the reason for removal, health care information, educational information, any alternate permanency plan, and any special needs to the extent known. See Related Information for additional details. See separate policy, [2.6 Sharing Confidential Information](#).

At the time of placement, DCS will provide the daytime phone number(s) of the assigned Family Case Manager (FCM) and the emergency after-hours phone number for the DCS local office to:

1. The resource family; and
2. The child, if appropriate, based upon the child's age and developmental status.

Code References

N/A

<b>PROCEDURE</b>
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Prior to placing the child, the FCM will:

1. Contact the resource family to confirm the placement; and
2. Conduct the required criminal history background checks, if the placement is in the home of an unlicensed relative. See separate policies, [8.6 Conducting Background Checks for Unlicensed Placements](#) and [8.7 Evaluation of Background Checks for Unlicensed Placements](#).

Upon arriving at the placement location, the FCM will:

1. Introduce the child to the resource family and inform the child when the FCM will return for a visit;
2. Confirm or clarify any information previously shared with the child and the resource family;
3. Advise the resource family to immediately decontaminate the child, if the child was removed from a meth lab and was not decontaminated prior to arriving at the placement location. See separate document, [Indiana Drug Endangered Children Protocol](#);
4. Provide the resource family with the following:
  - a. Full and accurate medical information (e.g., current conditions, history, a list of any medications the child is currently taking, and prescription information); [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) and medical authorization card; Medicaid number and any other insurance cards the child may have. See separate policy, [8.29 Routine Health Care](#),
  - b. Relevant court orders and the Case Plan (SF 2956/DCS 0046);

- c. Any clothing and personal belongings that the child brought with him or her and/or information regarding securing emergency clothing for the child. See separate policy, [8.19 Clothing, Personal Items, and Permitted Per Diem Expenses](#),
  - d. Any relevant school information, if the child is attending school (e.g., name of the school, child's grade level, name of the teacher). See separate policies, [8.22 School Transfers and Legal Settlement](#), and [8.20 Educational Services](#),
  - e. The daytime contact number(s) for the FCM and the emergency after-hours phone number for the DCS local office,
  - f. Notification of any scheduled court hearings and/or Child and Family Team (CFT) Meetings. See separate policy, [5.7 Family Team Meetings](#).
5. Provide the resource family with a copy of the [Acknowledgment of Out of Home Policies](#) form and policies listed on that form, review the policies with the resource family, and answer any questions;
  6. Obtain resource family signatures on the [Acknowledgement of Out-of-Home Policies](#) form;
  7. Prepare a report for the court that includes the child's current placement information; and
  8. Ensure that a plan for visitation between the child and his or her sibling(s) (if placed separately) is developed within five (5) days of removal. See separate policy, [8.12 Developing the Visitation Plan](#).

#### **PRACTICE GUIDANCE**


N/A

#### **FORMS AND TOOLS**

1. [Acknowledgment of Out-of-Home Policies](#)
2. [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) - Available only in hard copy
3. Visitation Plan
4. Case Plan (SF 2956/DCS 0046);

#### **RELATED INFORMATION**

N/A

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date</b> January 1, 2012
	<b>Section 10:</b> Minimum Contact	<b>Version:</b> 5

<b>POLICY</b>
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**[REVISED] Contact with Children in Out-of-Home Placement**

The Indiana Department of Child Services (DCS) will have **monthly** face-to-face contact with all children under DCS care and supervision regardless of placement type. Contact can occur on a monthly alternating cycle between the placement home, and other locations (e.g., school, relatives home, day care center, etc.).

**Contact During Critical Junctures**

During critical episodes involving the child or resource family (e.g., Trial Home Visits (THV), potential placement disruptions, new Child Abuse and/or Neglect (CA/N) allegations, potential runaway situations, pregnancy of the child, lack of parental contact, etc.), contact with the child, parent, guardian, custodian, and/or resource parent must be made weekly by the assigned Family Case Manager (FCM). The FCM will monitor and evaluate the situation. The FCM may convene a Child and Family Team (CFT) Meeting, to assess whether the situation warrants continued weekly visits. See separate policy, [5.7 Child and Family Team Meetings](#).

**Contact with Resource Families**

DCS will have face-to-face contact with resource families, at a minimum, every other month. DCS will communicate (e.g., face-to-face, telephone, e-mail) with the resource parent after the scheduled visitation to determine the post visitation reaction, activities, and emotions of the child. The visitation plan should state the frequency of the communication between the FCM and resource parent. It is essential that DCS communicates and partners with the resource family to discuss the progress and any concerns or comments about the reunification timeline at the next CFT Meeting.

**Contact with Children in Out of State Placement**

For children placed out of state through the Interstate Compact on the Placement of Children (ICPC), DCS must make a formal request, through the state utilizing the [Interstate Compact on the Placement of Children Request/100A \(SF106\)](#), for the receiving state to visit the child every other calendar month. DCS must have face to face contact once every four (4) months with Indiana children placed out of state through the ICPC program, and will request that the receiving state visit the child in the off months. The FCM should notify the receiving state interstate worker of the intent to visit.

**Contact with Child’s Parent, Guardian, or Custodian**

DCS will have face-to-face contact with the child’s parent or guardian according to the following minimum service level contact standards:

1. Low service level case - DCS will have one (1) face-to-face contact per month with the child’s parent, guardian, or custodian in their residence;

2. Moderate service level case - DCS will have two (2) face-to-face contacts per month with the child's parent, guardian, or custodian with one (1) contact being in their residence. One (1) of the two (2) contacts can be designated to a service provider;
3. High service level case - DCS will have three (3) face-to-face contacts per month with the parent, guardian, or custodian with one (1) contact being in their residence. Two (2) of the three (3) contacts can be designated to a service provider; and
4. Very High service level case - DCS will have four (4) face-to-face contacts per month with the child's parent, guardian, or custodian with two (2) contacts being in their residence. Three (3) of the four (4) contacts can be designated to a service provider.

DCS will ensure that sufficient time and opportunity is given to observe and evaluate the parent-child relationship during the parent-child visits for as often as necessary at least one (1) month prior to reunification. This observation will be documented in the Indiana Child Welfare Information System (ICWIS) within 'Contacts' and in the hard copy file. Any and all safety concerns that are identified must be reported to the Supervisor immediately. Child safety must always be addressed.

**Note:** During every visit with the parent, workers should be assessing for the presence of domestic violence through questioning and observation skills.

DCS must have a signed agreement with the service provider. The following list represents what must be in the agreement:

1. Purpose of the contacts;
2. Frequency of the contacts;
3. Starting date of the service;
4. Duration of the agreement;
5. Parties to be contacted;
6. Procedure for the feedback; and
7. A plan of action if risk is perceived.

#### Code References

N/A

### PROCEDURE

#### **Contact with the Child**

The FCM will see each child in out-of-home care at least monthly. At each visit with the child, the FCM will:

1. Assess the child's safety, health, and well-being. Does the child:
  - a. Have any visible injuries,
  - b. Appear to be ill, and/or
  - c. Appear to be emotionally unhealthy (withdrawn, angry, scared, etc.).
2. Choose a setting that affords the child an opportunity to speak freely and to discuss the following:
  - a. Any positive or negative feelings the child may have about the placement (e.g. the resource family members, other people who visit the home, etc.), and
  - b. The child's interests (e.g., friends, hobbies, extracurricular activities, etc.).

#### **Contact with the Resource Family**

The FCM will see the resource family at a minimum of every other month. At each visit with the resource family, the FCM will:

1. Utilize the [Visitation Checklist \(SF53557/CW3112\)](#) form to gather information and discuss any updates with the resource family;
2. Observe the overall condition of the home or facility, and discuss any areas of concern with the resource family;
3. Discuss the child's overall progress including behavioral management, school adjustment, etc;
4. Assist the resource family with problem-solving and accessing community resources as needed; and
5. Initiate an emergency removal if the child is in immediate danger. See separate policy, [4.28 Involuntary Removals](#).

Following each visit with the child and/or resource family, the FCM will:

1. Document the visit and any new information gained (e.g., health, educational services, etc.) in MaGIK within one (1) business day. See separate policies, [8.27 Maintaining Health Records - Medical Passport](#) and [8.20 Educational Services](#); and
2. For interstate cases, send the receiving state a [ICPC Supervision Report](#) of each visit made, and document in ICWIS both the reports of FCM visits and reports of visits from the receiving state. See separate policy, [9.9 Placement Updates and Supervision Reports](#).

### **Contact with the Child's Parent, Guardian, or Custodian**

The FCM will:

1. Determine the minimum service level contact based upon the service level of the case (see policy statement **Contact with Child's Parent, Guardian, or Custodian** above);
2. For moderate, high, and very high service level cases where an Licensed Child Placing Agency (LCPA) is providing the out-of-home care, establish a signed agreement regarding the delegation of some visits to that provider agency, in accordance with the policy statement **Contact with Child's Parent, Guardian, or Custodian** above; and
3. At each visit, assess family progress, discuss services the family needs or is receiving and provide assistance to the family as needed.

## **PRACTICE GUIDANCE**

Below is a suggested list of specific questions in the areas of Safety, Stability, Well-being and Permanency that the FCM should consider when completing a visit. These questions are taken from the Quality Service Review (QSR) Protocol (Version 2.1).<sup>1</sup>

1. **Safety** – Is the child free of abuse, neglect, and exploitation by others in his or her place of residence and other daily settings? Are there shared protective strategies with the team? Is the family utilizing informal supports and resources to keep the child(ren) free from harm? Have all team members been afforded the opportunity to provide input into the development of a [Safety Plan \(SF51455/CW0440\)](#), if applicable?
2. **Stability** – Does the child have consistent routines, relationships, etc.? Has the child experienced changes in their school setting?

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<sup>1</sup> Quality Service Review Protocol for Use by Certified Reviewers. "A Reusable Guide for a Child/Family-Based Review of Locally Coordinated Children's Services", April 2007.



3. **Well-being** – If there are identified special needs for the child, does the parent have the capacity and supports necessary to address these needs? Is the child achieving his or her optimal or best attainable health status? Is the child achieving key developmental milestones? Does the child express a sense of belonging and demonstrate an attachment to family and friends? Is the child achieving at a grade level appropriate for their age?
4. **Permanency** – Safety, stability and sufficient caregiver functioning are simultaneous conditions of permanency for a child or youth. Is the child's daily living and learning stable and free from risk of disruption? Was there a change in adults residing in the home? Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the past year?

## FORMS AND TOOLS

1. [Visitation Checklist \(SF53557/CW3112\)](#)
2. [Interstate Compact on the Placement of Children Request \(SF106\)](#)
3. [ICPC Supervision Report](#)- Available in ICWIS
4. [Visitation Plan](#)- Available in ICWIS
5. [Case Plan \(SF2956\)](#) – Available in ICWIS
6. [Safety Plan \(SF51455/CW0440\)](#)

## RELATED INFORMATION

### **Regular Contact is Paramount**

Regular contact with the resource family, the parent, guardian, custodian, and the child is the most effective way that DCS can:

1. Promote timely implementation of [Case Plans \(SF2956\)](#) for children and families served by DCS; and
2. Monitor progress and revise service plans as needed.

Regular contact with the child allows the FCM to:

1. Assess the child's health, safety, and well-being;
2. Develop and maintain a trusting and supportive relationship with the child;
3. Assess the child's progress in out-of-home placement;
4. Discuss the child's thoughts and feelings about being away from home and living with the resource family; and
5. Help the child prepare for family reunification, or another permanent living situation, if family reunification has been ruled out
6. **[REVISED]** Spend time with families and to build relationships with families. The Federal Government has established monthly contact standards because it believes that one of the most important ways to promote positive outcomes for children and their families is to ensure that monthly casemanager visits occur with all children under DCS supervision. This visit will occur each calendar month whether or not it has been less than 30 days since the last visit.


**Note:** Any concerns should be discussed with the resource family and the parent, guardian, custodian, and the child (as appropriate, based on the child's age and development).

**Choose an Appropriate Setting**

The FCM should choose a setting that allows the child to talk (i.e., candidly express) his or her feelings comfortably.

**Changes in a Parent's Personal Circumstances**

During contact with the family, changes noted regarding a parent's income, employment status, place of residence, diagnosis of physical, and/or mental illness should be documented in the case file and in ICWIS. Income and employment information should be noted on the Employment/Income Tab in ICWIS and change in address on the 'Profile Screen'. Illness that prevents the parent from providing care to the child should be documented on the 'Deprivation Screen'. These changes can have a direct impact on whether the child is considered deprived of parental care and support which is a requirement of eligibility for federal funding that covers the costs of substitute care and DCS's administrative costs

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> March 1, 2011
	<b>Section 11:</b> Parental Interaction and Involvement	<b>Version:</b> 2

**POLICY:**

The Indiana Department of Child Services (DCS) will encourage and support the maximum amount of interaction and involvement that is appropriate between the parent, guardian, or custodian given the need for child safety and well-being, unless otherwise ordered by the court.

**Note:** Visitation is only one (1) component of parental interaction. See Related Information for explanation of interaction and involvement. See separate policies, [8.12 Developing the Visitation Plan](#), and [8.13 Implementing the Visitation Plan](#).

Code References  
N/A

**PROCEDURE**

- In conjunction with the development of the [Visitation Plan](#) the Family Case Manager (FCM) will:
1. **[REVISED]** Facilitate the convening of the Child and Family Team (CFT) Meeting, within 30 calendar days of removal or decision to create a Concurrent Plan, to develop an alternative permanency plan in the event that reunification efforts are not successful. See separate policy, [5.15 Concurrent Planning](#);
  2. Facilitate the convening of the CFT Meeting to determine an appropriate level of parent, guardian, or custodian interaction and the corresponding level of involvement. See separate policy, [5.7 Child and Family Team Meetings](#);
  3. Assure that the child and parent, guardian, or custodian including the resource family and CFT members understand the maximum allowable parent, guardian, or custodian interaction and involvement. See matrix, page 2 of this policy; and
  4. Document the [Visitation Plan](#) in the Indiana Child Welfare Information System (ICWIS).
    - a. Reassess the level of interaction and involvement based upon the effects on the child, and
    - b. Reconvene the CFT Meeting, if the [Visitation Plan](#) needs to be changed based upon the reassessment. See separate policy, [5.7 Child and Family Team Meetings](#).

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. [Visitation Plan](#)- Available in ICWIS

**RELATED INFORMATION**

**What is Interaction?**

Visitation is what often comes to mind when people talk about **interaction** between the parent, guardian, or custodian and the child; however, visitation is only one (1) component of interaction. Interaction can be many things (e.g., phone calls, emails, letters; an exchange of meaningful items like drawings, photographs and gifts; etc.). These other forms of interaction take on increased significance if face-to-face contact is not regular or consistent.

**What is Involvement?**

The affect of a parent, guardian, or custodian's **involvement** in his or her child's life is very critical to the well-being of a child during an out-of-home placement. Examples of involvement include making important decisions about the child's:

1. Health care;
2. Education;
3. Extracurricular activities;
4. Hair length and styles;
5. Attendance at medical appointments;
6. School case conferences; and
7. Participation in CFT Meetings.


A parent who is not allowed any interaction with his or her child (e.g., no visits, no phone calls, no letters) may still be involved through one (1) or more of the examples given above.

The following matrix provides guidance regarding the levels of interaction and corresponding level of involvement:

<b>Interaction Level</b>	<b>Parent, Guardian, or Custodian and Child Interaction Description</b>	<b>Involvement Level</b>
HIGH	Frequent face-to-face contact and other forms of contact between the parent, guardian, or custodian and the child.	<ul style="list-style-type: none"><li>• Unsupervised attendance at child's health care appointments, hair appointments, school meetings, and extracurricular events.</li><li>• Making decisions regarding the child's education and extracurricular activities.</li></ul>
MEDIUM	Supervised face-to-face contact and other forms of contact.	<ul style="list-style-type: none"><li>• Supervised attendance at the child's health care appointments, hair appointments, school meetings, and extracurricular events.</li><li>• Making decisions regarding the child's education and extracurricular activities.</li></ul>

Table continued on the next page

Interaction Level	Parent, Guardian, or Custodian and Child Interaction Description	Involvement Level
LOW	<p>Parent, guardian, or custodian interaction is limited to activities that do not involve face-to-face contact with the child.</p> <ul style="list-style-type: none"> <li>• Limited supervised visits may be allowed depending on situation.</li> <li>• Letters, photographs, gifts, etc.</li> <li>• Phone calls may or may not be allowed depending on situation.</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement does not include face-to-face contact; however, the parent, guardian, or custodian continues to have the right to make decisions regarding the child's education and extra-curricular activities.</li> </ul>
None	<p>The parent, guardian, or custodian and child have no form of contact. Usually reserved for cases of extreme maltreatment where DCS is pursuing Termination of Parental Rights (TPR).</p> <p><b>Note:</b> TPR does not always mean there will be no contact, this is determined by the court.</p>	<ul style="list-style-type: none"> <li>• Involvement does not include face-to-face contact, however the parent, guardian, or custodian continues to have the right to make decisions regarding the child's education and extra-curricular activities</li> </ul>

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> March 1, 2011
	<b>Section 12:</b> Developing the Visitation Plan	<b>Version:</b> 4

<b>POLICY</b>
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The Indiana Department of Child Services (DCS) will develop a [Visitation Plan](#) for every child in out-of-home care within five (5) days of removal with input from the child and the child’s parent, guardian, or custodian: unless, no visitation has been ordered by the court and/or parental rights have been terminated. The [Visitation Plan](#) will be reviewed and adjusted at the initial Child and Family Team (CFT) Meeting or Case Plan Conference. See separate policy, [5.7 Child and Family Team Meetings](#).

DCS will determine if there is a preexisting visitation order for the noncustodial parent and obtain a copy if one exists for presentation to the court.

DCS will provide the court with a recommendation for visitation of the noncustodial parent if there is no preexisting order or if the preexisting order is not in the best interest of the child.

DCS will:

1. Assure that the initial face-to-face contact is made between the child and his or her parent, guardian, or custodian within 48 hours of removal; and

**Exception:** Phone contact may be made with Supervisor approval if extenuating circumstances exist (i.e. parent, guardian, or custodian is hospitalized).

2. Assure face-to-face contact is made between the child and his or her siblings within five (5) days of removal.

**Note:** Sibling visitation should be promoted for every child who receives foster care, including visitation when all siblings are not in foster care. The child, resource parent, Guardian ad Litem (GAL), Court Appointed Special Advocate, (CASA), or agency responsible for care, treatment, or supervision of the child may request sibling visitation.

The [Visitation Plan](#) provides parameters for visitation between the child and his or her parent(s), guardian, or custodian, sibling(s), family members, and other individuals with whom the child has formed significant relationships. All [Visitation Plans](#) will have the following:

1. Goal of reestablishing, maintaining, and/or strengthening the bond that exists between the child and his or her family;
2. Face-to-face contact with the parent, guardian, or custodian at least once per week and at least twice per week if the child is an infant (age 0-1) or toddler (age 1-2); unless the court has ordered otherwise;
3. Face-to-face contact with the child’s siblings at least once per week; and
4. Face-to-face contact with other adults with whom the child has a positive, significant relationship as long as deemed appropriate, and does not negatively affect the child.

This should not interfere with or disrupt the regular visitation of the parent, guardian, or custodian.

**Note:** All [Visitation Plans](#) must include alternative forms of contact (e.g., phone calls, cards, letters, photographs, recordings, etc.) to supplement face-to-face visits. If the court has ordered no face-to-face contact between the child and his or her parent, guardian, or custodian, alternative forms of contact may be requested, if appropriate to maintain and develop the parent-child bond. See separate policies, [8.11 Parental Interaction and Involvement](#) and [8.13 Implementing the Visitation Plan](#).

#### Code References

N/A

### **PROCEDURE**

**[REVISED]** The Family Case Manager (FCM) will:

1. Approve or deny all verbal or written requests for visitation with the child and document in the Indiana Child Welfare Information System (ICWIS) contacts within 3 (three) business days;

**Note:** The FCM must consult with Supervisor prior to denying sibling visitation requests.

2. Convene the CFT Meeting to assist in the development of the [Visitation Plan](#);
3. Ensure that the written [Visitation Plan](#) includes the following components:
  - a. A visitation goal,
  - b. Parameters of contact (who, what, how often),
  - c. Supervision (i.e. the degree of supervision necessary for each person who will visit and who may provide supervision). See [Tool 8.C - Supervision of Visits](#),
  - d. Visit logistics (e.g., location, time and length of visits, transportation, etc.),
  - e. Appropriate activities during visitation, in particular, developmental activities, parenting activities, and any special considerations and/or accommodations regarding visitation,
  - f. Alternative forms of contact (e.g. phone calls, cards, letters, photographs, or recordings to supplement face-to-face visits),
  - g. Provisions for contact with the noncustodial parent, if appropriate, and
  - h. Provisions for face-to-face contact and/or other forms of contact with persons whom the child has a positive, significant relationship, if appropriate and does not interfere or have a negative impact.
4. Engage the CFT in problem-solving regarding any barriers to visitation (i.e., transportation). See separate policy, [8.13 Implementing the Visitation Plan](#);
5. Utilize alternative forms of contact when circumstances prevent face-to-face visitation or make it an extreme hardship, (e.g., phone contact, email exchanges, audio and video recordings, drawings, cards, letters, etc.). Circumstances that may necessitate occasional or consistent use of alternative forms of contact include:
  - a. Parental incarceration,
  - b. Parents who reside in another state,
  - c. Parents who refuse face-to-face contact, and
  - d. Parents or siblings who are placed in residential treatment centers with restricted or no visitation.

6. Ensure that all parties understand the [Visitation Plan](#) fully, and obtain signatures of all parties involved in implementing the [Visitation Plan](#);
7. Review with all parties how the [Visitation Plan](#) will be implemented, monitored, and adjusted throughout the life of the case. See separate policy, [8.13 Implementing the Visitation Plan](#);
8. Facilitate the convening of the Child and Family Team (CFT) Meeting, within 30 calendar days of removal or decision to create a Concurrent Plan, to develop an alternative permanency plan in the event that reunification efforts are not successful. See separate policy, [5.15 Concurrent Planning](#);
9. Submit the completed [Visitation Plan](#) to the court for approval; if there is a preexisting order that conflicts with the [Visitation Plan](#); and
10. Ensure that the approved [Visitation Plan](#) is documented in the ICWIS Visitation Log.

### **Noncustodial Parent Visitation**

The FCM will:

1. Determine if there is an preexisting visitation order for the noncustodial parent and obtain a copy, if one exists, for presentation to the court;
2. Provide the court with a recommendation for visitation of the noncustodial parent if there is no preexisting order or if the preexisting order is not in the best interest of the child; and
3. Document approved [Visitation Plan](#) in ICWIS.

### **Visitation For Families Where Domestic Violence Has Been Identified**

The FCM will:

1. Work with the CFT to develop a [Visitation Plan](#) for the family;
2. Offer separate visitation time for the non-offending parent and the alleged domestic violence offender;
3. Consider recommending supervised visitation if the children are afraid of the alleged domestic violence offender or either parent has physically abused the child(ren);
4. Not inform the alleged domestic violence offender of the non-offending parent's visitation time; and
5. Ensure there is no overlap of parental visitation time.

**[REVISED] Note:** Ample time should be included for the non-offending parent to pick up or drop off the children or to arrive or leave the premises without being forced to interact with the alleged domestic violence offender. The non-offending parent should not be expected to transport the children to or from their visits with the alleged domestic violence offender.

## **PRACTICE GUIDANCE**

### **[NEW] Documenting Visits in the Visitation Log**

After monitoring a parent-child visit, it is essential to document whether the visit was “acceptable” or “unacceptable” in the ‘Visit Detail’ screen in ICWIS. “Acceptable” visits are those visits where the parent has complied with the terms established in the [Visitation Plan](#). “Unacceptable” visits are those visits where the parent has not complied with the terms established in the [Visitation Plan](#). For example, if the visitation plan requires the parent to bring snacks to the visit and the parent does not, then the visitation log may reflect that the visit was “unacceptable.”



## FORMS AND TOOLS

1. [Visitation Plan](#) - Available in ICWIS
2. [Tool 8.C – Supervision of Visits](#)
3. [Case Plan \(SF 2956\)](#) – Available in ICWIS

## RELATED INFORMATION

### **Importance of Maintaining Parent, Guardian, or Custodian Contact**

Children have the fundamental right to visit with their parents. Ideally, the relationship developed between a parent and child is one of bonding, healthy dependency, and nurturing. Each of these elements of the parent-child relationship is important for the emotional well-being of the child. Regular visits and contact will help the child not to feel abandoned by his or her parent, guardian, or custodian.

### **Importance of Maintaining Sibling Contact**


The longest lasting relationship a child shares is often that between their sibling. This bond helps a child develop his or her own unique identity. When siblings cannot be placed together, the ability to maintain contact with each other can help alleviate the emotional impact of removal for each child.

### **Visitation Goal**

The visitation goal should be consistent with the permanency goal outlined in the child's Case Plan.

### **Visitation Rights**

Parent(s), guardian, or custodian(s) and children retain the right of reasonable contact with each other, regardless of the permanency goal, unless parental rights have been terminated or the court has restricted contact. In addition, the juvenile court may appoint a GAL or CASA if a child receiving foster care requests sibling visitation.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2011
	<b>Section 13:</b> Implementing the Visitation Plan	<b>Version:</b> 5

<b>POLICY</b>
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The Indiana Department of Child Services (DCS) will ensure the implementation of the [Visitation Plan](#) for every child in out-of-home care.

DCS will seek a court order, if changes need to be made to the approved [Visitation Plan](#) for the following reasons:

1. Concerns for the child's safety and well-being;
2. Change or frequency of interaction (e.g., supervised visits to unsupervised visits);
3. The parent, guardian, or custodian states in writing that he or she no longer wishes to visit;
4. The decision has been made to transition to an alternative permanency plan. See separate policy, [5.15 Concurrent Planning](#); and
5. Visitation disputes by involved parties.

If DCS files a petition for Termination of Parental Rights (TPR), visits and services are to cease unless otherwise ordered by the court. See separate policy, [5.10 Family Services](#).

Code References

N/A

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will:

1. Arrange for visitation;
  - a. If the visits are supervised, supervise the visits or refer the family to a contract agency or provider that specializes in visitation, and
  - b. If the visits are unsupervised, ensure that a visitation schedule is developed with agreement of all parties.
2. Monitor and document the progress of the visits through:
  - a. Supervising visits, and/or
  - b. Written communication with the supervising staff/agency.
3. Monitor and facilitate positive interaction and communication if applicable, between the parent, guardian, or custodian and the resource parent(s) according to separate policy, [8.16 Resource Parent\(s\) Role](#);
4. Monitor and document any reactions the child is having to separation from his or her parent, guardian, or custodian, siblings, and other persons of significance. See separate policy, [8.10 Minimum Contact](#);

5. **[REVISED]** Document whether each visit is ‘acceptable’ or ‘unacceptable’, include missed visits, in the Indiana Child Welfare Information System (ICWIS) Visitation Log, and provide this information to the court. (See Practice Guidance);
  6. Assess the effectiveness of the [Visitation Plan](#) in meeting the identified goal(s);
  7. Reconvene the Child and Family Team (CFT) Meeting as needed to determine if any changes are required or to assist the family in overcoming any barriers to visitation such as:
    - a. Transportation issues,
    - b. Safety concerns,
    - c. Intermittent visitation, and
    - d. Failure to visit. See separate policy, [5.7 Child and Family Team Meetings](#).
  8. Update the written [Visitation Plan](#) to reflect any significant changes (e.g., location changes, changes in level of interaction, court ordered changes, etc.);
  9. If a parent, guardian, custodian, or other adult with whom the child has a significant relationship disagrees with the [Visitation Plan](#) and those disagreements cannot be resolved, notify in writing the person disputing the [Visitation Plan](#) of legal rights and options which include the ability to:
    - a. Seek representation, and
    - b. File a petition requesting judicial review and modification of the [Visitation Plan](#).
- Note:** Disagreements should be documented during the resolution period. Visitation will continue in some form, unless ordered by the court to discontinue or an interim [Visitation Plan](#) is provided to all parties.
10. Notify all parties of any changes to the [Visitation Plan](#);
  11. Facilitate the convening of the CFT Meeting, within 30 calendar days of removal or decision to create a Concurrent Plan, to develop an alternative permanency plan in the event that reunification efforts are not successful. See separate policy, [5.15 Concurrent Planning](#); and
  12. Do not continue to offer services (including visitation) to the parent after TPR is filed unless otherwise ordered by the court. See separate policy, [5.10 Family Services](#).

### **During Supervised Visitation For Families Experiencing Domestic Violence**

The FCM will assure the alleged domestic violence offender does not:

1. Interrogate the child(ren) as to the location or activities of the non-offending parent. There should be no discussion about past domestic violence incidents or any of the circumstances of the removal;
2. Discuss or question the child(ren) about their counseling or therapy; and
3. Use any form of physical discipline or intimidation. There is to be no rough physical contact.

<b>PRACTICE GUIDANCE</b>
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#### **[NEW] Documenting Visits in the Visitation Log**

After monitoring a parent-child visit, it is essential to document whether the visit was “acceptable” or “unacceptable” in the ‘Visit Detail’ screen in ICWIS. “Acceptable” visits are those visits where the parent has complied with the terms established in the [Visitation Plan](#). “Unacceptable” visits are those visits where the parent has not complied with the terms

established in the [Visitation Plan](#). For example, if the visitation plan requires the parent to bring snacks to the visit and the parent does not, then the visitation log may reflect that the visit was “unacceptable.”

## FORMS AND TOOLS

1. [Visitation Log](#) - Available in ICWIS
2. [Tool 8.C - Supervision of Visits](#)
3. [Visitation Plan](#)- Available in ICWIS

## RELATED INFORMATION

### **Transportation**

The FCM should engage the CFT to help resolve any transportation issues that make it difficult for the parent, guardian, or custodian to visit the child. Sources of transportation may include the child’s relatives, family friends, faith-based transportation services, etc. If alternative transportation can not be acquired and the cost of paid transportation would cause the child’s family undue hardship, DCS will pay for the most cost efficient means of local transportation. See separate policy, [5.7 Child and Family Team Meetings](#).


### **Noncompliance**

The FCM will engage the CFT to discuss the situation (e.g., family’s risks, strengths and needs), if the parent, guardian, custodian, or the child does not comply with the [Visitation Plan](#).

**Note:** Regarding parent, guardian, or custodian “no-shows”: DCS is obligated to continue to offer visits to the parent, guardian, or custodian, until a court order is issued stopping visitation. If the parent, guardian, or custodian exhibits a pattern of repeated “no-shows,” the FCM can require the parent, guardian, or custodian to call to confirm shortly before each visit. This measure may avoid false hopes on the part of the child, and wasted effort on the part of those providing transportation.

### **Visitation When Child and Family Do Not Communicate in Spoken English**

In some cases, a child and his or her family may communicate in a language other than spoken English (e.g., Spanish, Sign Language, etc.). In order for the person supervising the visit to understand the conversation and adequately assess the quality of the interaction between the child and the individual, an interpreter may be required. The visit must still occur, even if an interpreter is unavailable.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2011
	<b>Section 14:</b> Social Networking and Internet Usage	<b>Version:</b> 1

**POLICY [NEW]**

The Indiana Department of Child Services (DCS) will protect the confidentiality and safety of all children who have been removed from their parent, guardian or custodian and are under the care and supervision of the agency.

Children age 13 or older under the care and supervision of DCS who have been removed from their parent, guardian, or custodian may be permitted to use the Internet for social networking purposes. Children under the care and supervision of DCS will be appropriately supervised by the child’s resource parent and/or residential facility when using the Internet on any form of technology that has Internet capabilities (e.g. desk top computers, laptops, cellular phones, Ipads, Ipod touch).

Children under the care and supervision of DCS who have been removed from their parent, guardian, or custodian may not be pictured, described and/or identified as foster children in public/mass media (see related information) for any purpose, including recruitment, resource parent education, and public awareness without the consent of DCS. DCS will consent only if the following apply:

1. DCS has determined that such exposure will not be harmful to the child and will not result in exploitation of the child;
2. The child’s parent(s), guardian, or custodian(s) have signed a release;

**Note:** If Termination of Parental Rights (TPR) has been finalized, the release is not required.

3. The child if age 13 or older, has given written permission; and
4. The resource parents and/or residential facility agree to utilize privacy settings to restrict the general public from viewing their profiles or Internet sites.

Code References:  
N/A

**PROCEDURE**

The Family Case Manager (FCM) will ensure:

1. That parental and child consent is given prior to the use of social networking or internet sites.

2. That resource parents and/or residential facilities have been advised to seek permission from DCS prior to describing or placing any pictures of children under the care and supervision of DCS on any social networking or Internet sites.
3. That a conversation is held with resource parents and/or residential facilities regarding utilization of privacy settings to restrict the general public from viewing the social network profiles of children under the care and supervision of DCS or Internet sites in which such children may be represented or referenced.

## **PRACTICE GUIDANCE**

Supervisory techniques to use when children will be using the Internet include, but are not limited to:

1. Utilizing the Child Family Team (CFT) Meeting process to address social networking and Internet usage with the CFT;
2. Checking the history of the websites viewed;
3. Using parental control tools (individual Internet service providers can provide guidance in this area);
4. Keeping the computer in a common or public area of the home;
5. Educating children and caregivers about not posting or sharing personal information about themselves online, as well as the consequences of doing so;
6. Prohibiting the posting of pictures with identifying information of children online (i.e names on jerseys, school information, letterman's jackets, location);
7. Informing children to advise his or her FCM or resource parent if someone makes any kind of contact with them that is sexual, unsolicited or threatening; and
8. Emphasizing no tolerance for any type of cyber bullying.

## **FORMS AND TOOLS**

N/A

## **RELATED INFORMATION**

### **Social Networking**


Refers to online communities of individuals who share interests and/or activities, or who are interested in exploring the interests and activities of others. This may include but is not limited to MySpace, Facebook, Twitter, and LinkedIn.

### **Public Mass Media**

Refers collectively to all media technologies, including the Internet, television, newspapers, YouTube, and the radio which are used for mass communications.

### **Cyber Bullying**

Refers to the use of information and communication technologies to support deliberate, repeated, and hostile behavior by an individual or group that is intended to harm others.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> March 1, 2011
	<b>Section 15:</b> Services for the Resource Family	<b>Version:</b> 2

**POLICY**

The Indiana Department of Child Services (DCS) will offer services to the resource family to:

1. Support the resource family’s care of the child;
2. Assure that the child’s needs are being met; and
3. Address issues that may lead to placement disruption.

DCS will provide ongoing training to licensed resource family homes on a variety of topics. See separate policy, [12.14 In-service Training](#).

Code References

NA

**PROCEDURE**

[REVISED] The Family Case Manager (FCM) will:

1. Ensure that the resource family is notified of all Child and Family Team (CFT) Meetings or Case Pan Conferences. See separate policy [5.7 Child and Family Team Meetings](#);
2. Discuss the concurrent plan, if applicable, with the resource family (pre-adoptive family). See separate policy, [5.15 Concurrent Planning](#);
3. Provide the resource caregiver with the current copy of the [Case Plan \(SF2956\)](#);
4. Maintain regular contact with the resource family. See separate policy, [8.10 Minimum Contact](#); and
5. Refer the resource family for Family Preservation Services, if there are issues that may lead to placement disruption. See separate policy, [5.10 Family Services](#).

The Foster Care Specialist will assure that the licensed resource home has information on available trainings and training requirements. See separate policy, [12.14 In-service Training](#).

**PRACTICE GUIDANCE**


N/A

**FORMS AND TOOLS**

1. [Tool 8.C Supervision of Visits](#)
2. [Case Plan \(SF2956\)](#) – Available in ICWIS

**RELATED INFORMATION**

N/A

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> March 1, 2011
	<b>Section 16:</b> Resource Parent(s) Role	<b>Version:</b> 2

<b>POLICY</b>
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The Indiana Department of Child Services (DCS) will require the resource family to:

1. Participate in supporting the [Case Plan \(SF2956\)](#) goals;
2. Participate in supporting the Concurrent Planning for permanency. See separate policy, [5.15 Concurrent Planning](#);
3. Provide a positive and nurturing environment for the child;
4. Provide for the child's basic needs (e.g., food, clothing, and shelter). See separate policy, [8.19 Clothing, Personal Items, and Permitted Per Diem Expenses](#);
5. Maintain discretion when sharing information regarding the child and the child's family;
6. Encourage and support the maximum amount of interaction between the parent, guardian, or custodian and the child, with consideration given to:
  - a. The child's comfort level,
  - b. Safety concerns, and
  - c. The needs of the child.
7. Refrain from speaking negatively about any member of the child's family or other persons with whom the child has a significant relationship;
8. Encourage the child to express feelings about his or her situation (e.g., feelings regarding the initial separation, abuse or neglect suffered, reunification (if applicable), visitation, etc.);
9. Maintain a neutral attitude when discussing visitation or other parent, guardian, or custodian interaction with the child.
10. Participate as a member of the Child and Family Team (CFT). See separate policy, [5.7 Family Team Meetings](#); and
11. Participate in court hearings when notified.

Code References

N/A

<b>PROCEDURE</b>
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Regarding the resource family role, the Family Case Manager (FCM) will:

1. Review and discuss the above policy statement with the resource family; and
2. **[REVISED]** Provide the resource family with one copy of the [Acknowledgement of Out-of-Home Policies](#) form and place the original signed signature page in the case file.

<b>PRACTICE GUIDANCE</b>
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N/A




## FORMS AND TOOLS

1. [Case Plan \(SF2956\)](#) – Available in ICWIS
2. [Visitation Plan](#)- Available in ICWIS
3. [Acknowledgement of Out-of-Home Policies](#)

## RELATED INFORMATION

### **Supporting the Child's Positive Identification with His or Her Family of Origin**

One of the most important resource family roles is to support the child's positive identification and positive relationship with the child's family of origin. This is true regardless of the amount of parent, guardian, or custodian interaction and involvement prescribed by the [Case Plan \(SF2956\)](#) and [Visitation Plan](#). A child identifying with his or her family is very important, regardless of the permanency goal. The relationship between the child and his or her family has a long-term affect on the child's self-esteem and future emotional well-being. See separate policy, [8.11 Parental Interaction and Involvement](#) for a detailed matrix that describes the levels of interaction between children and their parent, guardian, or custodian, and the corresponding levels of involvement that the parent, guardian, or custodian will have in their child's life.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 17:</b> Respite Services for Resource Families	<b>Version:</b> 1

<b>POLICY</b>	<b>OLD POLICY: 403.42</b>
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The Indiana Department of Child Services (DCS) will encourage resource families to use respite care services if identified as a necessary support service. DCS defines respite care as a transfer of caregiving responsibilities with the specific intent of providing relief to the resource family in stressful or emergency situations.

**Note:** DCS does not consider field trips and sleepovers to be Respite Care.

All respite care must be preapproved by the Family Case Manager (FCM) assigned to the child, unless emergency circumstances exist.

**Note:** If emergency circumstances exist, the resource parent(s) must call the Supervisor of the assigned FCM, or call the 24-hour contact number for the DCS local office and inform the intake worker of the emergency and where the child will live and for how long.

DCS will not pay for the cost of respite care; exchange in per diem or reciprocal respite services should be arranged between the resource family and the respite care provider.

For all children in substitute care, DCS will require that the respite care provider be a licensed resource family home or licensed child caring institution. The DCS Local Office Director or a designee must grant exceptions to this in writing.

When the child lives in a therapeutic foster family home and certain special needs foster family homes (i.e. medically fragile), DCS will require that the respite care be provided by a licensed therapeutic foster home or a licensed facility equipped to meet the therapeutic needs of the child. DCS will not count children in respite care towards the licensed capacity of the care provider.

DCS will require that the resource family provide the respite care provider with the following information about each child to be cared for:

1. The full name and date of birth;
2. The Medicaid card or other insurance information;
3. The medical needs, including detailed medication instructions, if applicable;
4. A daytime phone number for the assigned FCM;
5. A 24 hour contact phone number for the DCS local office on-call person;
6. A contact phone number where the substitute caregiver can be reached;
7. Any pertinent information relating to the child's behavior;
8. Any known allergies; and
9. Any restrictions in contacting the parent, guardian, or custodian, etc.

## Code References

NA

### **PROCEDURE**

The FCM will:

1. Document all requests for respite care services in the Indiana Child Welfare Information System (ICWIS) 'Contacts';
2. Review all requests for respite care and seek input from the Supervisor, Child and Family Team (CFT) members and/or convene a CFT Meeting if there are any concerns regarding the length of the planned respite care, the frequency of requests, etc. See separate policy, [5.7 Child and Family Team Meetings](#);
3. Recommend use of respite care when there are signs of extensive resource family stress and/or potential for a placement disruption;
4. Notify the resource family if the request for respite has been approved, if not approved, provide an explanation as to why;
5. Assist the resource family with locating and/or coordinating the respite care;
6. Verify with the respite care provider the arrangements that have been made (e.g., length of stay, drop off and pick-up times, etc.);
7. Ensure that the respite care provider receives all necessary information to adequately care for the child (e.g., Medicaid number, physician name and number, FCM contact information, etc); and
8. Record the respite care as a temporary absence on the 'Placement Details' screen in ICWIS.

The FCM will ensure that the resource family:

1. Requests the use of respite care at least three (3) business days in advance, unless emergency conditions exist. Requests may be in writing or oral;
2. Makes all arrangements with the respite care provider (e.g., length of stay, drop-off and pick-up times, pre-care visits, any agreements regarding payment for respite care, etc.); and
3. Prepares the child for respite care (e.g., pre-care visits, explaining respite care to the child, etc.).

### **PRACTICE GUIDANCE**

N/A

### **FORMS AND TOOLS**


N/A

### **RELATED INFORMATION**

#### **Why is Approval Necessary?**

DCS must review all respite care requests because:

1. DCS is responsible for the care and custody of the child; therefore, DCS needs to be able to locate the child at all times; and
2. Review of respite care use allows DCS to identify potential placement concerns. Frequent respite care use could signal that the placement is not appropriate.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 18:</b> Discipline in Resource Homes	<b>Version:</b> 1

<b>POLICY</b>	<b>OLD POLICY: 404.34</b>
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The Indiana Department of Child Services (DCS) **prohibits** the use of the following types of **punishment** by resource families including but not limited to:

1. Corporal punishment<sup>1</sup>;
2. Physical exercise (e.g., push-ups, running);
3. Requiring or using force to make the child take an uncomfortable position;
4. Verbal remarks that ridicule the child and/or his or her family;
5. Denial of an emotional response;
6. Denial of essential services (e.g., health care, food, clothing, bedding, sleep, mail, or family visitation, etc.);
7. Threats of removal or denying reunification;
8. Shaking;
9. Placement in a locked room; and/or
10. Holding with physical, mechanical, or chemical restraints.

DCS allows the following techniques for discipline by resource families. See Related Information for additional details.

1. Verbal and written contracts (i.e., to agree upon desirable behaviors);

**Note:** DCS strongly encourages the use of lesser forms of discipline including contracts and behavior management, before corrective action is used.

2. Behavior management through incentives and rewards; and

**Note:** The resource family with input from the Family Case Manager (FCM), Child and Family Team (CFT), and other professionals (e.g., child's psychologist) will develop a behavior management program for the child as needed.

3. Corrective action for undesirable behaviors.

**Note:** Corrective action **does not** include physical discipline. See Related Information for details on corrective action.

DCS **allows** the use of physical restraint<sup>2</sup> by a resource family **only** when the family has received specific training in the use of physical restraint and only when the force is reasonable and necessary to:

<sup>1</sup> Corporal punishment: Physical hitting or any type of physical punishment inflicted in any manner upon the child's body.

<sup>2</sup> Example: A protective hold. This does not include mechanical restraint.

1. Stop a child who is threatening physical injury to himself, herself, other persons, and/or property; and/or
2. Remove a weapon from a child as a matter of self-defense or defense of others and when authorized use of physical restraint is documented in the child's [Case Plan \(SF2956\)](#).

The resource family will notify DCS within one (1) business day of all instances where physical restraint are used.

**Exception:** If injury occurred to anyone (child or resource family) DCS will be notified immediately.

DCS will work with the CFT to explore alternative solutions, including, but not limited to, placement in a more restrictive setting if physical restraint becomes necessary on a routine basis.

#### Code References

N/A

### PROCEDURE

The FCM will:

1. Ensure that when a child is placed in out-of-home care, the resource family is familiar with and understands the DCS discipline policy;
2. Ensure that when requested, the resource family receives assistance with creating, implementing, and enforcing discipline plans (including contracts, behavior management, and corrective action). See Related Information for details. See [Tool 8.C: Corrective Action](#);
3. Communicate with the child and the resource family regarding the progress of the child's behavior and response to discipline;
4. Seek supervisory input regarding appropriate actions when discipline issues arise that are beyond the scope of this policy. Consider every appropriate alternative before considering a placement disruption and placement of the child in a more restrictive setting. See separate policies, [8.17 Respite Services for Resource Families](#), and [8.38 Placement Changes](#); and
5. Ensure that the resource family receives, understands, and signs a copy of this policy.

### PRACTICE GUIDANCE

N/A

### FORMS AND TOOLS

1. [Tool 8.C - Supervision of Visits](#)
2. [Case Plan \(SF2956\)](#) – Available in ICWIS

## RELATED INFORMATION

### **General**

Discipline involves teaching children that their behavior results in certain consequences; positive behavior leads to positive consequences and negative behavior leads to negative consequences. An awareness of this helps children control their own behavior. The most important factor in the effectiveness of discipline is the child and resource family relationship. The resource family may not have a long-term relationship with a foster child; therefore, trust may not exist between the child and the resource family. Consequently, certain discipline techniques may not be effective initially and/or may lead to mistrust between the child and the resource family.

### **Discipline Guidelines for Resource Parents**

When used appropriately, **contracts**, **behavior management**, and **corrective action** can be effective methods for encouraging internal control and self-responsibility in children. When any form of discipline is used on a child, the following guidelines are recommended for resource families:

1. Discipline should be consistent with the child's developmental stage;
2. Use encouragement and praise whenever possible to reinforce positive behaviors;
3. Do not take any kind of corrective action while angry. Wait until your anger subsides before implementing discipline;
4. Set clear limits, rules, and expectations; communicate these to the child;
5. If possible, have the child take responsibility for his or her actions and correct his or her behavior or the situation;
6. Give the child choices and involve him or her in the decision-making. This helps a child develop internal controls; and
7. As a rule, the younger the child, the more immediate the consequences should be for inappropriate behavior.

For more information on contracts, behavior management, and corrective action see [Tool 8.C Corrective Action](#).


### **Providing Assistance and Support to Resource Families**

The FCM should assure that the resource family receives support and guidance on creating, implementing, and enforcing discipline plans, if the resource family requests it. The FCM can provide the support and guidance directly if he or she has experience dealing with discipline challenges and is comfortable doing so. Otherwise, the FCM should enlist the help of outside sources such as the child's therapist and refer the resource family to support groups and other community-based resources. When enlisting the help of outside sources, the FCM should provide a copy of this policy (8.18 Discipline in Resource Homes) to assure the provider does not recommend forms of discipline that are prohibited by DCS.

### **Child Threatening Others With A Weapon**

If the child has a weapon and is threatening others with it, but not actually attacking anyone, the resource family should try to avoid confrontation by:

1. Giving the child space;
2. Removing other persons from the area; and
3. Obtaining appropriate assistance to disarm the child.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> January 1, 2012
	<b>Section 19:</b> Clothing, Personal Items, and Permitted Per Diem Expenses	<b>Version:</b> 5

**POLICY [REVISED]**

When removing a child from his or her home the Indiana Department of Child Services (DCS) will make every effort to allow a child to take clothing and/or personal items, (e.g., photographs, a blanket, a favorite toy or book, video games, game systems , CD player, etc.). Any and all clothing and/or personal items removed and/or purchased or acquired for the child is the property of the child and/or 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 items (i.e. clothing, personal items, etc.) brought with the child must be documented and maintained in the [Clothing/Personal Items Inventory List](#).

**Exceptions:** If a child is removed from a home that is the site of a meth lab, personal items and clothing will not be removed. See [Indiana Drug Endangered Children \(DEC\) Response Protocol](#).

**[REVISED]** DCS will ensure that a child is provided with adequate clothing if he or she does not have clothing at the time of initial removal. DCS will only provide the licensed foster family with a one time Initial Clothing and Personal Items Allotment of up to \$200.00 based on an immediate assessment of child’s current clothing need by the Family Case Manager (FCM) at the time of removal.<sup>1</sup> After the initial clothing allotment is expended, the foster family 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.

**[NEW]** The foster parent may receive an additional amount of properly claimed travel expenses incurred for a child placed in the foster home when the foster parent travels over 162 miles in a month for the below purposes:<sup>2</sup>

1. Travel between the foster family home and the school in which the child was enrolled before placement and continues to be enrolled while residing with the foster family if the school is not required to provide transportation under applicable state law.
2. 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) and visits to facilitate the transition to another placement;
3. Travel to and from the following types of health related appointments:
  - b. Doctor (primary care physician and any specialists)
  - c. Dentist (including orthodontist)
  - d. Health clinic

<sup>1</sup> DCS will not provide residential facilities with Initial Clothing and Personal Items Allotment as referenced in this policy.

<sup>2</sup> DCS will not reimburse residential facilities for travel expenses as referenced in this policy.



- e. Hospital/Emergency Room (including foster visits during child inpatient episodes)
  - f. Occupational and Physical Therapy
  - g. Behavioral Health Counselor and Therapist
4. 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 meetings
    - e. Foster parent training sessions
    - f. Behavioral Health Counselor and Therapist
  5. Other travel approved in writing in advance by the DCS. The above travel must be consistent with the child's case plan or a court order to be claimable.

**[REVISED] Note:** DCS will reimburse the foster parent once they exceed the monthly mileage allowance. The foster parent must document travel from the 1<sup>st</sup> mile.

DCS will not pay for the child to take trips with the foster family.

DCS will upon the request of the foster parent make foster care liability insurance available.

**[REVISED]** Each child in a licensed foster care placement will be eligible to receive an annual Personal Allowance of up to \$300 starting on the 8<sup>th</sup> consecutive day of placement<sup>3</sup>. These funds may be expended annually for items for the child such as but not limited to musical instruments, sporting equipment, electronic devices (e-readers, laptops, etc.), high chairs, car seats, other baby equipment, prom dress or other special occasion clothing, school pictures, summer school, other school related events /fees, equipment and fees associated with extracurricular activities (including activities for young children), toll fees, bus passes, and parking fees related to miscellaneous travel for the child. The Personal Allowance should be exclusively used for purchasing items directly for the child.

The Personal Allowance shall not be utilized to purchase items for the child such as: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (gas, visa, Wal-Mart, etc.), cash, checks or money orders. DCS will reimburse the personal allowance upon receipt of a properly claimed invoice with a receipt attached. If the child moves placements mid-year, the new foster parent can be reimbursed for any personal allowance that is remaining for the year. The Personal Allowance resets at the beginning of each calendar year and requires a referral by the FCM.

**[NEW]** DCS will pay an annual Special Occasion Allowance to licensed foster parents in addition to the per diem for all children in out of home care up to \$50 for birthdays and up to \$50 for the holiday season in December.<sup>4</sup> In order for the foster parent to receive reimbursement for these funds, the child must be in the foster parent's care on the day of their birthday and December 25th. These items include but are not limited to toys, video games or other electronics, salon services, clothing, jewelry, sporting equipment, birthday party, tickets to an event, etc. Items not allowable are: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (gas, visa, Wal-Mart, etc.), cash, checks or money orders. DCS will reimburse the special occasion allowance upon receipt of a properly claimed invoice with a receipt attached with no referral being required.

<sup>3</sup> DCS will not provide a Personal Allowance to residential facilities as referenced in this policy.

<sup>4</sup> DCS will not pay a Special Occasion Allowance to residential facilities as referenced in this policy.

**[REVISED]** In special circumstances, additional funding may be approved if the FCM, Supervisor, or DCS Local Office Director submits an appeal in advance for additional funds to allow the foster parent to cover unusual circumstances and situations.

Code References

1. [IC 20-50-3 Transportation for Students in Foster Care](#)

<b>PROCEDURE</b>
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The Family Case Manager will:

1. Ensure all appropriate clothing and/or personal items go with the child at the time of removal or placement change whenever possible;
2. If clothing and/or personal items will not be taken with the child, explain the reason why in a manner appropriate for the child's age and development, notify the Supervisor, and document this on the [Clothing/Personal Items Inventory List](#) and in the Indiana Child Welfare Information System in contacts;
3. If it is not possible to take the child's clothing and/or personal items at the time of removal, make efforts to pick them up within 48 hours;
4. Complete a thorough inventory of the child's clothing and/or personal items at placement and changes. Inventory of the child's clothing and/or personal items should be:
  - a. Taken anytime the child is removed from their home;
  - b. Reviewed with and signed by the foster parent acknowledging what items belong to the child and were brought with and/or for the child.
5. Request that the Supervisor evaluate the clothing and/or personal items situation and authorize the purchase of additional clothing;
6. If the child does not have adequate clothing and/or personal items at the time of removal complete a referral for the a one-time Initial Clothing and Personal Items Allotment to assist the foster family in acquiring clothing and/or personal items for the child;

**[REVISED] Note:** Additional purchases should not be authorized in the event a child is moved from one foster home to another unless an appeal is requested. All items that belong to the child must be returned with the child in the event he or she is no longer placed in the foster home. The [Clothing/Personal Items Inventory List](#) should be reviewed and signed by the foster parent when a child is removed from their home for the purpose of ensuring all items are returned with the child.

7. **[NEW]** Complete a referral for the use of Personal Allowances to assist in reimbursement efforts for the foster family if a need is identified and the item(s) requested is an allowable expense and funds have not previously been depleted for the child. Questions regarding a family's usage of allowances should be directed to the local Regional Finance Manager (RFM).

**[NEW] Note:** Prior to completing referrals for the use of Personal Allowance funds, the FCM should verify that the requested amount does not exceed the child's available Personal Allowance balances.

**[REVISED]** Appeals for Additional Funding:

1. The FCM will complete the [Appeal for Additional Funding](#) <sup>5</sup>form detailing the unusual circumstances and situations prior to the expenditure of any funds and submit to the Supervisor for approval or denial;
2. The Supervisor will review and approve or deny the appeal for additional funding. The Supervisor will immediately notify the FCM if the request is denied. If the Supervisor approves the appeal for additional funding, it will be submitted to the DCS Local Office Director for approval or denial.
3. The DCS Local Office Director will approve or deny the appeal of additional funding. If the DCS Local Office Director approves the appeal for additional funding, the written request will be sent to the Regional Manager (RM) and if approved the RM will send a copy to the RFM.
4. The RM will notify the Local Office Director of the final determination via written correspondence.

## **PRACTICE GUIDANCE**

### **Condition of Clothing**

All clothing should be appropriate for the season, in good condition, free from damage and stains, and should fit the child appropriately. Second-hand clothing items that meet these guidelines are acceptable.

### **Packing Clothing and Personal Items**

Every attempt should be made to pack the child's clothing and/or personal items in some form of luggage (e.g., suitcases, duffle bags, etc.). Sturdy boxes may be used if luggage is unavailable. However, garbage sacks and other disposable bags are not appropriate and should be used only as a last resort. Use of such items may cause a child to believe that his or her possessions are not valued.

### **Failure to Return All of Child's Clothing and Personal Items**

At the end of a placement, if a foster family fails to return all of the clothing and/or personal items that the child had during placement; then, the FCM should assure that a report is made to the LCPA or DCS local office for appropriate licensing action.

## **FORMS AND TOOLS**

1. [Indiana Drug Endangered Children Response Protocol](#)
2. [Clothing/Personal Items Inventory List](#)
3. [Appeal for Additional Funding](#)
4. [Foster Family Resource Guide](#) (for instructions on invoicing the above items)
5. [Foster Parent Travel Invoice SF54836](#)
6. [Foster Parent Travel Invoice Instructions](#)

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<sup>5</sup> Birthday/Holiday/Personal Allowances for children in Residential Care must be submitted to the RM for review through the appeal process.

## RELATED INFORMATION

### **Foster Care Per Diem**

The foster parent should utilize the per diem to cover reasonable costs of caring for the child including, but not limited to:

1. Food;
2. Clothing (replacement clothing, repairs, mending, alterations, etc.);
3. Shelter;
4. Supervision that substitutes for daily supervision;
5. School supplies (paper, pens, calculator, etc.);
6. Child's personal incidentals on an ongoing basis (soap, shampoo, toothpaste, toothbrush, over the counter medicine).

**[REVISED]** Foster parent per-diem is not intended and should not be expected or represented to cover costs that would be ordinarily incurred by the foster parent in the absence of a foster care placement; such costs include and are not limited to the foster parent's rent, mortgage, car payment, or routine housing maintenance cost.

### **Initial Clothing and Personal Items Allotment**

Defined as a dollar amount, up to \$200, that is to be paid for use by the foster parent to meet the immediate needs of the child when the child is initially removed from his or her home and placed in out-of-home care. An Initial Clothing and Personal Items Allotment referral or voucher can be requested within 60 days after the initial removal. If the foster family receives a voucher from DCS, the foster family has 30 days to utilize the voucher for the child.

### **[NEW] Special Occasion Allowance**


Funds made available to licensed foster parents in addition to per diem annually for each child in out of home care. The special occasion allowance is up to \$50 dollars for a child's birthday and up to \$50 for the holiday season in December.

### **[REVISED] Personal Allowance**

Funds made available to licensed foster parents annually for each child in out of home care on the 8<sup>th</sup> consecutive day of placement. The personal allowance is up to \$300 dollars and is based on the individual needs of the child. The annual Personal Allowance can be reimbursed in increments, up to \$300.

### **[REVISED] Foster Care Liability Insurance**

Protection and coverage provided to foster parents upon request; the insurance covers certain risks associated with caring for children under the 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.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> January 1, 2012
	<b>Section 20:</b> Educational Services	<b>Version:</b> 5

**POLICY [REVISED]**

The Indiana Department of Child Services (DCS) will assure that all children in out-of-home care are referred for an initial educational evaluation to determine if an Individualized Education Plan (IEP) is needed to meet the child’s educational needs. DCS must obtain a copy of the educational records for each school aged child in out-of-home care. The Child and Family Team (CFT) or Case Plan Conference will be utilized to review and discuss the educational needs of each child and to develop a plan to assist in the referral process and ensure that the child’s educational needs are met. See separate policy, [5.7 Child and Family Team Meetings](#).

DCS will encourage the child’s parent, guardian, or custodian to invite the child’s teacher, school social worker, and any other identified educational supports to participate as a member of the CFT.

DCS will assure that every school aged child in out-of-home care is enrolled in school full time, unless one (1) of the following circumstances exists:

1. The youth is eligible for and actively pursuing a General Education Development (GED) certificate;
2. An alternate education plan has been recommended by the child’s home school and approved by the court;
3. The youth has graduated from high school or obtained a GED certificate; or
4. The youth has a medical condition which prohibits them from attending school.

DCS will make every effort to allow the child to remain in the same school that the child attended while living with his or her parent, guardian, or custodian.

**[REVISED]** DCS will document all plans to maintain educational stability for children in out-of-home care on the [Case Plan \(SF2956/DCS0046\)](#) and provide this information to the court. This information should include but is not limited to:

1. If the child will attend the same school previously attended prior to each placement change; or
2. If the child must transfer schools:
  - a. Efforts made to allow the child to remain at the school he or she attended at the time of removal or each placement change,
  - b. Why it is in the best interest of the child to transfer schools,
  - c. The distance of the school the child will be attending from the child’s current placement,
  - d. Arrangements for enrollment with new school including transfer of education records,
  - e. The child’s current placement,
  - f. The current residence of the child’s parent, guardian, or custodian so that the court may determine legal settlement, and

- g. The school and the school corporation where the child will attend school while in out-of-home care.

DCS will not authorize children in out-of-home care to enroll in non-accredited educational programs that are not recognized by the Indiana Department of Education (DOE).

DCS will not pay for the costs associated with private schooling. See Related Information for suggestions on responding to requests for private schooling for children in out-of-home care.

DCS will encourage the child's parent, guardian, or custodian to provide consent to release the child's educational records to the resource parent to ensure that the child receives appropriate educational services. Per Indiana state law, the child's educational records may only be provided to the resource parent after written consent is received from the parent, guardian, or custodian.

DCS requires that a child released from out-of-home care after his or her 18th birthday is provided, at no cost, with a copy of his or her educational record.

DCS will ensure that DCS wards in the 6<sup>th</sup> through 12<sup>th</sup> grade are enrolled in the 21<sup>st</sup> Century Scholars program.

DCS will ensure that all youth are provided with information about:

1. Pell grants;
2. Chafee grants;
3. Federal supplemental grants;
4. The Free Application for Federal Student Aid (FAFSA);
5. Individual Development Accounts (IDA); and
6. The State Student Assistance Commission.

See separate policies, [8.21 Special Education Services](#), [8.22 School Transfers and Legal Settlement](#), and [11.6 independent Living/Transition Plan](#).

#### Code References

1. [IC 20-33-2: Compulsory School Attendance](#)
2. [511 IAC 7-38-1: Access to and Disclosure of Educational Records](#)
3. [20 USC 1232g \(b\)\(1\)\(E\)](#)
4. [42 USC 675\(5\)\(G\)](#)
5. [IC 21-12-6 Twenty-first Century Scholars Program; Established](#)
6. [IC 21-12-6.5 Eligibility for Twenty-First Century Scholars Program for Foster Care Youth](#)
7. [IC 4-4-28 Individualized Development Accounts](#)
8. [IC 20-50-3 Transportation for Students in Foster Care](#)
9. [IC 20-50-2 Tutoring and Mentoring for Homeless Children and Foster Care Children](#)
10. [IC 20-51-2 Certified School Scholarship Programs](#)

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will:

1. Work with school personnel to assure that the child is registered for school;

2. Assure that the appropriate school corporations are notified. Notice is required under IC 20-26-11-9. See separate policy, [8.22 School Transfers and Legal Settlement](#);
  3. Provide the resource family with any available educational information (e.g., the name of the school the child last attended, the child's current grade level, and a summary of academic progress);
  4. Refer the child for testing to identify any special education needs and/or related services the child may need. If it is determined that the child needs individual tutoring, contact the school about this service. See separate policy, [8.21 Special Education Services](#);
  5. Assure that educational goals and issues are included in the child's [Case Plan \(SF2956/DCS0046\)](#);
  6. Collaborate with the CFT to assess the effects of each placement on the child's school attendance and academic performance and attempt to minimize school disruptions. See Related Information below and see separate policy, [5.7 Child and Family Team Meetings](#);
  7. Recommend and encourage the child's parent, guardian, or custodian to include the child's school social worker, counselor, or another school representative to participate as a member of the CFT;
  8. Document the information regarding educational stability for each placement in the 'Placement Information' on the [Case Plan \(SF2956/DCS0046\)](#) and provide that information to the court;
  9. Assist the parent, guardian, or custodian, and/or resource parent (s) in the completion of forms for free or reduced lunch, and textbooks;
  10. Provide children in the 6<sup>th</sup> through 12<sup>th</sup> grades with information about the 21<sup>st</sup> Century Scholar programs; and
  11. Ensure that a completed application for the 21<sup>st</sup> Century Scholar program is submitted for all 6<sup>th</sup> through 8<sup>th</sup> graders in out-of-home care by June 30<sup>th</sup>. Applications for the 21<sup>st</sup> Century program may be obtained by calling toll free 1-888-528-4719, by visiting [www.scholars.in.gov](http://www.scholars.in.gov), or through the youth's school. The application process requires the FCM to:
    - a. Assist the youth in completing the application,
    - b. Sign application to verify the youth is in foster care, and
    - c. Have the youth and caregiver sign an [Acknowledgement of Receipt of Information about Various Educational Programs \(ACRCPT070901FRM\)](#). Give the youth and caregiver a copy and place the original in the youth's case file.
  12. Ensure that youth in 9<sup>th</sup> through 12<sup>th</sup> grade who have not already enrolled in the 21<sup>st</sup> Century Scholars program submit an application. Applications for students in grades 9 through 12 must also be accompanied by [21<sup>st</sup> Century Scholars Program Enrollment Letter](#);
  13. Provide youth with information regarding Pell grants, Chafee grants, federal supplemental grants, the Free Application for Federal Student Aid (FAFSA), and the State Student Assistance Commission at the Child and Family Team (CFT) Meeting held at age 17. See separate policies, [11.6 Transition Planning and Services](#) and 11.X Post-Secondary Education.
- Note:** This information may be provided earlier if the youth will be applying to colleges prior to age 17.
14. Provide youth who have obtained over \$400 in earned income with information about opening an IDA. See separate policy, [11.15 Post-Secondary Education](#);

15. Update the youth's address with 21<sup>st</sup> Century Scholars annually; and
16. Ensure that the youth signs the 21<sup>st</sup> Century Scholars Affirmation Statement during their senior year of high school. See <http://www.in.gov/ssaci/2384.htm> for more information.

## **PRACTICE GUIDANCE**

### **Transportation for Students in Care**

If the child in out-of-home care has been placed with a resource family in the same school district but outside the attendance area for the school where the child was previously attending, and the child continues to attend the school the child attended or would have attended before the placement, then the school district must provide transportation to and from the child's school and home where the child is currently placed. If the resource family home is in an adjoining school district, and the child continues to attend school in the child's original school district, the child's original school district and the school district of the resource family are jointly responsible for providing transportation to and from the child's school and home where the child is currently placed per IC 20-50-3-5.

### **Documenting Educational Stability in ICWIS**

The information regarding educational stability should be documented in the 'Placement Information' of the [Case Plan \(SF2956/DCS0046\)](#). The FCM should answer the question 'Has the child been placed in proximity to the school in which the child was enrolled at the time of placement?' Then provide all other required educational stability details in the 'Explain' area next to the question.

## **FORMS AND TOOLS**

1. [Case Plan \(SF2956/DCS0046\)](#) - Available in ICWIS
2. [Acknowledgement of Receipt of Information about Various Educational Programs \(ACRCPT070901FRM\)](#) – Available in ICWIS
3. [21<sup>st</sup> Century Scholars Program Enrollment Letter](#)

## **RELATED INFORMATION**

### **Minimizing School Disruptions**

School disruption can cause extreme emotional stress for a child and may affect his or her academic performance, development, and/or overall well-being. There are ways the FCM can attempt to minimize the effects on the child, including:

1. Placing the child with a resource family living in the same school district;
2. Assisting the resource family living in a different district with arranging transportation for the child, so that he or she can continue to attend the same school;
3. Delaying a change in placement until the end of a school semester or year, so long as waiting does not endanger the child's safety and/or well being;
4. Scheduling medical and court appointments during non-school hours, whenever possible; and/or
5. Contacting other schools in the same or an adjoining school district regarding the requirement for and the availability of school-provided transportation between the school and the resource family home.



### **School Corporation**

Any public school corporation established by, and under the laws of, the state of Indiana. The term includes, but is not necessarily limited to, any:

- (1) school city;
- (2) school town;
- (3) school township;
- (4) consolidated school corporation;
- (5) county school corporation;
- (6) metropolitan school district;
- (7) township school corporation;
- (8) united school corporation; or
- (9) community school corporation.

### **Private Schools**

The CFT should review requests for a child to attend private school. See separate policy [5.7, Child and Family Team Meeting](#). The team should consider whether any of the following conditions apply:

1. The child attended the private school prior to being removed from his or her home;
2. The child has documented educational, medical, and/or psychological needs that would be better served by a specific private school; and/or
3. The child is placed in a residential facility that runs an in-house school or educational program.

If private schooling is requested, the CFT should consider funding options including, but not limited to, payment of tuition by the child's parent, guardian, or custodian and scholarships offered by the school. See separate policy, [5.7 Child and Family Team Meetings](#).

### **GED Information and Eligibility**

GED information and eligibility requirements can be obtained from any local school corporation, or the Department of Education website ([www.doe.in.gov](http://www.doe.in.gov)). On the website, type "GED" in the Search field to bring up information about pursuing a GED in Indiana.

Youth interested in obtaining a GED should be informed that obtaining a GED can limit their post-secondary education options and funding.

### **Education Records**


Education records include a range of information about a student that is maintained in schools. Examples include but are not limited to:

1. Date and place of birth, parent(s) and/or guardian addresses, and where parents can be contacted in emergencies;
2. Grades, test scores, courses taken, academic specializations and activities, and official letters regarding a student's status in school;
3. Special education records;
4. Disciplinary records;
5. Medical and health records that the school creates or collects and maintains;
6. Documentation of attendance, schools attended, courses taken, awards conferred, and degrees earned; and
7. Personal information such as a student's identification code, social security number, picture, or other information that would make it easy to identify or locate a student.

Personal notes made by teachers and other school officials that are not shared with others are not considered education records. Additionally, law enforcement records created and maintained by a school or district's law enforcement unit are not education records.

**Legal Settlement and Termination of Parental Rights**

If parental rights are terminated, the court should re-determine legal settlement. If the child is in his or her permanent placement, then the address of that placement should be provided to the court. If the child is not in his or her permanent placement, the address of the current resource parent(s) should be provided to the court. The address of the DCS local office should only be provided for the purpose of determining legal settlement if no other address can be used.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> February 1, 2010
	<b>Section 21:</b> Special Education Services	<b>Version:</b> 2

**POLICY**

The Indiana Department of Child Services (DCS) will ensure that that a plan is developed to address any identified educational needs of all children in out-of-home care at the initial Child and Family Team (CFT) Meeting or at the Case Plan Conference.

DCS will work with the Indiana Department of Education (DOE) to ensure that all children in out-of-home care receive educational services to meet their individual needs.

1. DCS will ensure that all children that have identified special education needs and have a developed Individualized Education Program (IEP) on file are receiving the services outlined in the IEP;
2. DCS will ensure that all children who have not been identified as requiring special education services, but display signs that a disability may exist are referred for appropriate testing; and
3. **[NEW]** The child's parent, guardian, or resource parent will utilize the CFT to assist with making decisions related to disabilities that may impact the child's education. In the event that the child's parent, guardian, or resource parent is unable to perform this role, DCS will collaborate with the Court and DOE to ensure that the child is appointed an Educational Surrogate Parent (ESP) to represent the child in matters relating to education.

**[REVISED]** Code References

1. [IC 20-18-2-9: Individualized Education Program](#)
2. [IC 20-35-1-4: Division](#)
3. [IC 20-35-6: General Provisions](#)
4. [511 IAC 7: Special Education](#)

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Assist the child's parent, guardian, or resource parent in requesting the child's school to complete an initial educational evaluation to determine if any disability exists that could impact the child's education, and if the child is in need of special education and/or related services;
2. **[NEW]** If the educational evaluation indicates the need for a new or modified IEP, participate in developing and implementing the appropriate IEP for the child and obtain a hardcopy for the child's file;
3. **[NEW]** Discuss the need to monitor the IEP with the child's parent, guardian, or resource parent, ensure that the IEP is enforced, and ensure that the overall educational needs of the child are being met; and

4. **[NEW]** If the child is in a residential placement, identify the need for an ESP and, if one is needed, work with the DCS Local Office Attorney and the child's current school for appointment of an ESP.

**Note:** Employees of DCS are prohibited from serving as an ESP for any child involved in an open DCS case.

5. Encourage the child's parent, guardian, or custodian to invite the ESP if applicable to participate as a member of the CFT. See separate policy, [5.7 Family Team Meetings](#); and
6. Attend the child's IEP Conference and provide relevant input:
  - a. The FCM must obtain a copy of the finalized IEP for the child's case file,
  - b. Encourage the child's parent, guardian, or ESP to work with the schools to coordinate the development of a Transition IEP, and
  - c. Encourage the child's parent, guardian, or custodian and resource family to attend all educational meetings and reviews.

#### **PRACTICE GUIDANCE**

N/A

#### **FORMS AND TOOLS**

N/A

#### **RELATED INFORMATION**

##### **[REVISED] What is an Educational Surrogate Parent?**

An ESP is a specially appointed advocate, who has been trained to assume the responsibility of representing the child in the special education decision-making process.

##### **When to Request a Surrogate Parent**

An ESP should be requested if the child's parent, guardian, or resource parent is unable to adequately represent the child.

##### **Individuals with Disabilities Education Act (IDEA)**

IDEA guarantees that persons ages 3-22 with disabilities receive appropriate public education through the development and implementation of an individualized IEP. The IEP is designed to meet the assessed educational needs of each student. It assures that testing and evaluation materials, procedures, and interpretation of results are not biased, and that every student with disabilities will be educated within the least restrictive environment appropriate to meet the student's needs.

##### **Evaluation Process**


In order for a child to be eligible for special education and related services, the child must first be determined to have a disability. Parents, teachers, or other school officials who suspect that the child may have a disability would request that the child be evaluated by a multi-disciplinary team to determine if the child has a disability and needs special education or related services as a result of the disability. Generally speaking, IDEA requires that a child be evaluated within 50

days once the parent has given consent for the evaluation. Exceptions to the timeline exist if the child moves from one district or state to another district or state after the evaluation was requested or if the parent refuses to make the child available for the evaluation. Under those circumstances, districts are required to make sufficient progress to ensure that a timely evaluation is conducted.

**[NEW] Transition IEP**

IDEA requires that transition planning begin at the earliest age appropriate. For each student with a disability, beginning at age 14 (or younger, if determined appropriate by the school's case conference committee), the IEP must include a statement of the student's transition service needs that focuses on the student's course of study (such as advanced academic courses, technical training, or intensive employment preparation). Thus, beginning at age 14, the school's case conference committee, in identifying annual goals and services for a student, must determine what instruction and educational experiences will help the student prepare for the transition from school to adult life. A statement of transition service needs should relate directly to the student's goals after high school and show how planned activities are linked to these goals.

The IEP must be updated annually. It may also be updated more frequently if a need arises. If the student is not making expected progress toward the annual goals and in the general curriculum, the school's case conference committee must meet and revise the IEP.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 22:</b> School Transfers and Legal Settlement	<b>Version:</b> 1

<b>POLICY</b>	<b>OLD POLICY: 404.331</b>
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The Indiana Department of Child Services (DCS) will partner with the resource family and the Child and Family Team (CFT) to arrange for a child in out-of-home care to remain at their home school. See separate policy, [5.7 Child and Family Team Meetings](#).

DCS will provide the court with the following addresses:

1. The child's current placement; and
2. The current residence of the child's parent, guardian, or custodian so that the court may determine legal settlement<sup>1</sup>.

The DCS local office will notify in writing the school corporation where the child has legal settlement and/or the school corporation where the child will be attending school:

1. Within 10 days of initial placement or change in placement, regarding where the child will attend school; and
2. Annually, regarding whether the child's current school placement is anticipated to continue in the ensuing school year.

Code References

1. [IC 20-26-11: Legal Settlement and Transfer of Students](#)
2. [IC 31-34-20-5: Determination and reporting of legal settlement of child](#)
3. [IC 31-34-21-10: Review of child's legal settlement](#)

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will:

1. Assist the resource family in arranging transportation in an effort to allow the child to remain at his or her home school;
2. Using the [Notification of Change of Placement in School Corporation \(SF47412\)](#) form, notify the appropriate school corporation if transportation cannot be arranged and the child is unable to remain at his or her school of legal settlement;

**Note:** The [Notification of Change of Placement in School Corporation \(SF47412\)](#) form is to be completed only if the child transfers to a new school outside of the school corporation of legal settlement. This is required because the school corporation of legal settlement is required to pay transfer tuition to the new school corporation where the child will attend school.

3. Provide the court with the following addresses:

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<sup>1</sup> Legal settlement defines which school corporation has responsibility for payment of the child's education expenses.

- a. The child's current placement, and
  - b. The current residence of the child's parent, guardian, or custodian so that the court may determine legal settlement.
4. If the parent, guardian, or custodian moves, notify the court of the new address, so that the court can re-determine" legal settlement". This may be done as part of a progress report to the court.

The Regional Manager will assure that before June 30 of each year, the appropriate school corporations are notified of whether the child's placement is anticipated to continue in the subsequent school year, using the [Annual Notification of Continuation of Placement in School Corporation \(SF49812\)](#) form.

<b>PRACTICE GUIDANCE</b>
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N/A

<b>FORMS AND TOOLS</b>
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1. [Notification of Change of Placement in School Corporation \(SF47412\)](#) – Available in ICWIS
2. [Annual Notification of Continuation of Placement in School Corporation \(SF49812\)](#)

<b>RELATED INFORMATION</b>
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**Legal Settlement**

[IC 31-34-20-5](#): and [IC 31-34-21-10](#): require the court to make findings regarding the legal settlement of all children placed in residential or other out-of home placement. Legal settlement defines which school corporation has responsibility for payment of education costs. If the child is placed in a school within the school corporation where the child has legal residence, no transfer tuition is required. However, if the child is placed in a school corporation different from the school corporation where the child has legal settlement, the school corporation where the child has legal settlement is required to pay transfer tuition.

**If the Child's Parent, Guardian, or Custodian Moves**

The person completing the [Notification of Change of Placement in School Corporation \(SF47412\)](#) or the [Annual Notification of Continuation of Placement in School Corporation \(SF49812\)](#) should include the current address of the child's parent, guardian, or custodian and the school corporation of legal settlement, most recently determined. The school corporation of legal settlement and/or the Indiana Department of Education will address any conflicts.


### **Legal Settlement and Termination of Parental Rights**

If parental rights are terminated, the court should re-determine legal settlement. If the child is in his or her permanent placement, then the address of that placement should be provided to the court. If the child is not in his or her permanent placement, the address of the current resource parent(s) should be provided to the court. The address of the DCS local office should only be provided for the purpose of determining legal settlement if no other address can be used and the DCS local office is located with in the same school district as the child attends.

### **Date of Court Order**

The FCM must include the date the court agreed to the recommended placement on the [Notification of Change of Placement in School Corporation](#) or the [Annual Notification of Continuation of Placement in School Corporation](#) to the school corporations.



	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 23:</b> Extracurricular Activities	<b>Version:</b> 1

<b>POLICY:</b> <b>[NEW]</b>	<b>OLD POLICY:</b> N/A
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The Indiana Department of Child Services (DCS) will partner with the resource family of a child in out-of-home care to allow the child to participate in extracurricular activities.

DCS will ensure that the activity is age-appropriate, reasonably safe, provides appropriate supervision, and has limited or no risk of harm or injury.

DCS will require that the resource family of a child in out-of-home care notify the child's Family Case Manager (FCM) in writing (email is acceptable) or by phone of any extracurricular activities that the child will participate in.

DCS will ensure that the child's parent, guardian, or custodian and the court are informed of all extracurricular activities that the child will participate in.

DCS retains the right to deny the child's participation in an extracurricular activity if it is deemed not to be in the best interest of the child.

Code References

N/A

<b>PROCEDURE</b>
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The FCM will:

1. Discuss with the resource parent about the child's participation in the extracurricular activity and ensure that the resource parent has current information regarding the child's history (medical, social, prior participation) so that the resource parent can make an informed decision to allow the child to participate;
2. Ensure that any extracurricular activity that the child participates in:
  - a. Is age-appropriate,
  - b. Is reasonably safe,
  - c. Provides appropriate supervision, and
  - d. Has limited or no risk of harm or injury.
3. Convene a Child and Family Team (CFT) Meeting, if there are any concerns regarding the extracurricular activity (safety, age-appropriateness, adult supervision, etc.) to discuss the activity and make a recommendation regarding the child's participation. See related policy, [5.7 Child and Family Team Meetings](#);

**Note:** If the child's extracurricular participation involves an overnight activity or event, see separate policy, [8.24 Travel, Outings and Overnight Stays while in Out-of-Home](#)

[Care](#) for details on required verbal approval or notice within seven (7) days of the activity or event.

4. Inform the members of the CFT of the child's participation in an extracurricular activity; and
5. Document information regarding the activity in the Indiana Child Welfare Information System (ICWIS) 'Contacts.'

## **PRACTICE GUIDANCE**

Children in out-of-home care deserve the right to a normalized experience of childhood, including participation in extracurricular activities such as sports, scouting, sleepovers with friends, group meetings with friends, proms, and so forth.

Resource families and caregivers should carefully consider the child's participation in each extracurricular activity, and determine if the activity is appropriate given the child's age, interests and abilities, mental and physical health, behavioral issues, and safety needs.


Extracurricular activities for children in out-of-home care should be limited to those activities that are "reasonably safe." If there is a concern regarding the safety or appropriateness of a particular activity for an individual child, the CFT should be convened to review the proposed activity and make a recommendation regarding the child's participation.

## **FORMS AND TOOLS**

N/A

## **RELATED INFORMATION**

N/A

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> July 1, 2010
	<b>Section 24:</b> Travel and Overnight Stays while in Out-of-Home Care	<b>Version:</b> 3

**POLICY [REVISED]**

The Indiana Department of Child Services (DCS) will require notifications and/or approvals for travel and participation in overnight stays as follows:

**[REVISED] In State Travel**

For in state travel that require overnight stays the resource family should notify the child's Family Case Manager (FCM) either by phone (i.e., voice mail messages are acceptable) or e-mail at least seven (7) days in advance whenever possible. The resource family must have authorization from the DCS local Office Director or designee for any overnight stay exceeding 48 hours at least seven (7) days in advance whenever possible, unless this is a reoccurring visit with the child's parent.

**[REVISED] Out of State Travel**

For any overnight out of state travel the resource parent must notify the FCM at least seven (7) days in advance whenever possible. For overnight out of state travel that will exceed 48 hours the resource parent must have court authorization through a court order. The resource parent should notify the child's FCM as early as possible in order to allow sufficient time to obtain permission from the court for out of state travel. In the event of an emergency requiring a resource family to travel out of state and the stay will exceed 48 hours the DCS local office is closed, the resource family must call the Child Abuse and Neglect Hotline (1-800-800-5556) to obtain verbal authorization from the on call Supervisor. The resource family must notify the assigned FCM the next business day.

**Note:** Refer to the [Disaster Plan](#) for detailed instructions regarding ensuring the safety and security for all children under DCS care and supervision during an emergency or disaster.

**[REVISED] Out of Country Travel**

For all out of country travel, the resource family must submit a written request to the Regional Manager. The resource family must obtain written authorization from the DCS Regional Manager and a court order. Authorization must be requested at least one (1) month in advance.

Code References

N/A

**PROCEDURE [REVISED]**

The FCM will:

1. Review this policy with the resource family to ensure that the resource family notifies the FCM of all overnight in state or out of state travel that does not exceed 48 hours;

2. Review this policy with the resource family to ensure that the resource family requests permission from the FCM in addition to providing the following details if the child will be participating in any travel requiring overnight stays that exceed 48 hours:
  - a. The child's name and date of birth,
  - b. The date, duration, and location of the travel,
  - c. The purpose of the travel (e.g., vacation, extended field trip, etc.),
  - d. The name of the adult(s) who will accompany the child,
  - e. Contact telephone and lodging information, and
  - f. Copies of any permission slips that must be signed.
3. If applicable, discuss any concerns regarding the out of state travel or out of country travel request with his or her Supervisor;
4. Submit a court report to the Supervisor for approval, if the travel will require an overnight stay exceeding 48 hours.
5. If applicable, obtain permission from the DCS Local Office Director or designee regarding the overnight in state travel that exceeds 48 hours;
6. If applicable, seek court authorization regarding the overnight out of state travel that exceeds 48 hours;
7. If applicable, submit the written request for any out of country travel to the Regional Manager prior to seeking court authorization. The Regional Manager will then forward his or her decision to the DCS Local Office Director (travel 48 hours or more). The request may be made by e-mail:
  - a. File the original request in the case file,
  - b. Notify the resource family if the request has been approved, and
  - c. Notify the child's Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL) of all approved travel plans.
8. If the overnight out of state or out of country request has been approved by DCS, request court authorization;

**Note:** In the event that a resource family has more than one child in care, one (1) written request may be submitted for all the children in that resource family's care who will be participating in the travel.

9. In the event of an emergency requiring an overnight stay that will exceed 48 hours when the DCS local office is closed, the resource family must call the Child Abuse and Neglect Hotline (1-800-800-5556) to request permission from the on call Supervisor for the child to travel. The resource family must call the assigned FCM the following day to confirm where the child is located and notify the FCM once the child has returned;
10. Inform the child's parent, guardian, or custodian of all overnight stays and travel requests;
11. Inform the Child and Family Team (CFT) of all overnight stays and travel requests. See separate policy, [5.7 Child and Family Team Meetings](#);
12. Coordinate with the child's parent, guardian, or custodian and resource family if visitation needs to be rearranged; and
13. Document all travel in Indiana Child Welfare Information System (ICWIS) 'Contacts.'

The Supervisor will:

1. Partner with the FCM to assure that the family's needs are being met; and
2. Review and approve the court report, if the travel will require an overnight stay exceeding 48 hours or out of country travel.

The Local Office Director or designee will review the request regarding the overnight in state travel that exceeds 48 hours and notify the FCM of his or her decision within 24 hours.

#### **PRACTICE GUIDANCE**

N/A

#### **FORMS AND TOOLS**


1. [Disaster Plan](#)

#### **RELATED INFORMATION**

##### **“Blanket” Travel Requests**

The DCS Local Office Director or designee can approve “blanket” travel requests for frequent in state travel or out of state travel that does not require overnight stays in excess of 48 hours each instance. Such requests should be clearly detailed in writing and include the following:

1. Specific child(ren) to travel;
2. Adult(s) who will accompany the child; and
3. Travel location and reason for frequency of travel.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2011
	<b>Section 25:</b> Health Care Services (Overview)	<b>Version:</b> 2

<b>POLICY</b>
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The Indiana Department of Child Services (DCS) will work with the resource family and the Child and Family Team (CFT) to ensure that every child in out-of-home care is provided with health care services necessary to meet the child’s needs (e.g., physical, mental, dental, visual, auditory, and developmental). See separate policy, [5.7 Family Team Meetings](#).

DCS will ensure that every child in out-of-home care receives ongoing assessments and follow-up care when:

1. Recommended by the child’s current physician, a Qualified Mental Health Provider (QMHP), health care worker, or social worker; and/or
2. The resource family indicates there are noticeable changes or the child is exhibiting symptoms that indicate a need for follow-up care or assessment outside of normally scheduled or recommended follow-up medical or mental health appointments.

Code Reference

[IC 31-28-1: Child Services: Foster Care and Placement of Children](#)

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will ensure that:

1. The parent, guardian, or custodian is included in the planning and decision making process for the child’s ongoing medical care and treatment;
2. The CFT is included in the planning and decision making process for the child’s ongoing medical care and treatment. See separate policy, [5.7 Family Team Meetings](#);
3. The child’s physical, mental health (including substance abuse, if applicable), dental, visual, and developmental history is documented and shared with the CFT and resource family. See separate policies, [8.27 Maintaining Health Care Records – Medical Passport](#) and [5.7 Family Team Meetings](#);
4. The resource family is informed of the responsibility to:
  - a. Schedule and provide transportation to the child’s health care appointments,
  - b. Document all care and treatment received in the child’s [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#). See separate policy, [8.27 Maintaining Health Records - Medical Passport](#),
  - c. Immediately inform the FCM of any serious injuries or illnesses experienced by the child,
  - d. Obtain treatment authorization from DCS prior to any non-routine, non emergency care and mental health treatment. See separate policy, [8.26 Authorization for Health Care Services](#),

- e. Obtain payment authorization prior to any treatments that are not covered by the child's Medicaid or private health insurance. See separate policy, [8.28 Payment for Health Care Services](#), and
  - f. Seek emergency care for the child for the following:
    - 1) Serious injury or illness,
    - 2) Serious dental issues (e.g., broken teeth, bleeding gums, etc.),
    - 3) Mental health issues that place the child at risk for harming himself, herself, or others, and
    - 4) Serious vision issues (i.e., the child's glasses/contacts are broken or lost).
5. **[REVISED]** The child receives the following initial screens/exams:
- a. A general health exam within 10 days of placement unless exceptions apply as outlined in separate policy, [8.29 Routine Health Care](#); and
 

**Note:** This exam should also include screens for dental, visual, auditory, and developmental health.
  - b. An initial dental examination and cleaning within 90 days of placement unless exceptions apply as outlined in a separate policy, [8.29 Routine Health Care](#).
6. The child receives ongoing routine health care and treatment as outlined in separate policy, [8.29 Routine Health Care](#);
7. Depending on the child's individual assessed needs, the child is provided/offered the following specialized care and treatment;
- a. Therapy/counseling services and medication as outlined in separate policy, [8.30 Psychotropic Medication](#),
  - b. Drug and/or alcohol testing and substance abuse treatment as outlined in separate policy, [8.32 Substance Abuse Assessments and Testing for Children in Out-of-Home Care](#),
  - c. Testing and any necessary treatment for HIV, sexually transmitted diseases (STDs), and other communicable diseases as outlined in separate policies, [8.31 HIV/AIDS](#) and [8.33 STDs and Other Communicable Diseases](#),
  - d. Developmental screenings and services if warning signs exist or if known/suspected drug use during pregnancy. Screenings are done through First Steps if child is less than three (3) years of age and through the school corporation if over three years of age. See separate policy, [8.21 Special Education Services](#),
  - e. Pregnancy options counseling and prenatal care as outlined in separate policy, [8.35 Sex Education and Family Planning Services](#),
  - f. Education and information about hygiene, sexual development, birth control, and sexually transmitted diseases as outlined in separate policy, [8.34 Sex Education and Family Planning](#), and
  - g. The CFT is convened if at any point during the child's out-of-home placement it appears that residential treatment may be necessary. See separate policies, [8.4 Residential Care Review and Approval](#) and [5.7 Family Team Meetings](#).
8. Obtain consent from the parent, guardian, or custodian prior to disclosure of information regarding the physical, mental health, and addiction history of the parent, guardian, or custodian. See separate policy, [4.17 Assessing Child's Medical, Psychological, and Substance Abuse Records](#).

## PRACTICE GUIDANCE

N/A

## FORMS AND TOOLS

[Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) -Available only in hard copy

## RELATED INFORMATION

### **Disclosure of Physical, Mental Health, and Addiction History of the Parent, Guardian, or Custodian**

The FCM must obtain consent from the parent, guardian, or custodian prior to disclosure of information regarding the physical, mental health, and addiction history of the parent, guardian, or custodian. This is distinguished from self-disclosures, (i.e., during a CFT Meeting in which the parent, guardian, or custodian volunteers personal information in the presence of the resource parent). See separate policy, [5.7 Family Team Meetings](#).

### **Developmental Delays**


For more information on developmental delays, including signs to look for, contact the First Steps program at Indiana's Family and Social Services Administration by visiting <https://www.infirststeps.com> or by calling (317) 232-1144.

Additional resources on the web to assist in identifying warning signs that a developmental delay might be present and an evaluation is needed, such as:

<http://www.cdc.gov/ncbddd/autism/actearly/screening.html>

<http://www.firstsigns.org/concerns/flags.htm>



	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 26:</b> Authorization for Health Care Services	<b>Version:</b> 1

<b>POLICY</b>	<b>OLD POLICY: 404.322</b>
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The Indiana Department of Child Services (DCS) will obtain, when possible, consent of the child’s parent, guardian, or custodian prior to authorizing non routine healthcare treatment for the child. However, obtaining parent, guardian, or custodian consent must not delay or impede required treatment for the child, if there is a need for emergency health care (including mental health) and there is not sufficient time to contact or an inability the parent, guardian, or custodian.

**Exception:** DCS will allow the resource family to seek the following health care services for a child without prior consent:

1. Routine healthcare treatment; and
2. Emergency health care treatment, including mental health, when there is not sufficient time to contact DCS and get consent in advance.

**Note:** For emergency treatment, the resource family must contact DCS as soon as possible to update the agency on the child’s condition, and to provide the treating facility with consent for the child’s medical treatment.

Unless it is an emergency, DCS will seek court approval, prior to any treatments that require anesthesia<sup>1</sup>.

Code Reference

[IC 16-36: ARTICLE 36 Medical Consent](#)

<b>PROCEDURE</b>
------------------

The Family Case Manager (FCM) will complete the following steps any time a child is placed in a resource family home:

1. Obtain an [Authorization for Medical Services \(SF45093/CW3319\)](#) form that has been signed by the DCS Local Office Director or designee;
2. Provide the resource family with a copy of the signed ([Authorization for Medical Services SF45093/CW3319](#)) form and retain one (1) copy in the child’s case file;
3. Assure that the resource family receives and signs a copy of this entire policy (Authorization for Health Care Services). Place the signed original in the child’s file and provide the resource parent(s) with a signed copy;
4. Explain to the resource family that the [Authorization for Medical Services \(SF45093/CW3319\)](#) form is a “blanket” written authorization form that enables the resource family to authorize:

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<sup>1</sup> This refers to a child who will be unconscious during surgery.

- a. Routine or basic health care services, including, but not limited to medical, dental, and vision examinations, and
  - b. Emergency health care, when the following two conditions exist:
    - 1) The care is ordered by a health care professional, and
    - 2) There is not enough time prior to the treatment to contact the FCM or the designated DCS local office staff person and get advance permission.
5. Explain to the resource family that they must obtain authorization from DCS prior to seeking non-routine, non-emergency care, or mental healthcare for the child whenever a healthcare provider requests it; and
  6. Explain that all Medicaid and/or private insurance procedures (i.e., preauthorization before certain treatments and procedures) must be followed.

### **Non Routine, Non Emergency Health Care**

The resource family will provide the healthcare provider with the phone number of the child's FCM and/or the DCS local office.

The FCM will:

1. Obtain written documentation from the healthcare provider detailing the proposed treatment;
2. Inform the parent, guardian, or custodian of the proposed treatment if parental rights have not been terminated and seek consent;
3. If parental rights have been terminated or the parent, guardian, or custodian refuses to consent, but the FCM feels the treatment is in the best interest of the child, seek supervisory input regarding pursuit of a court order;
4. If treatment is approved by parent, guardian, custodian, or court, ensure that the healthcare provider receives a copy of the signed consent document, either directly or via the resource family. Place the original copy in the child's case file; and
5. If not approved, ensure that the denial and the reasons for the denial are conveyed to the resource family and the healthcare provider.

### **Emergency Health Care**

The resource family will:

1. If time permits or if directed to do so by the healthcare provider, attempt to make contact with the child's FCM or other on call worker at the DCS local office to relay the details of the needed emergency treatment and get verbal authorization; or
2. If time does not permit obtaining consent prior to the emergency treatment, contact the child's FCM or on call worker immediately after the treatment to relay the details.

When notified in advance of emergency treatment the FCM or on call worker will:

1. Attempt to make contact with the child's parent, guardian, or custodian, if parental rights have not been terminated and time permits, to:
  - a. Relay the details of the needed emergency treatment and obtain verbal authorization; and
  - b. Provide the parent, guardian, or custodian with the location of the medical facility so that he or she may be present for the treatment (unless not appropriate, i.e., a no-contact order exists or parental rights have been terminated, etc.).
2. Immediately relay any verbal authorization to the resource family; and
3. Document the verbal authorization in the child's case file.

When notified after emergency treatment has been given to the child, the FCM will:

1. Contact the parent, guardian, or custodian immediately after learning of the treatment to relay the details of the treatment and the condition of the child's health; and
2. Document in the child's case file the reason that parent, guardian, or custodian advance authorization was not sought.

## PRACTICE GUIDANCE

N/A

## FORMS AND TOOLS

1. [Authorization for Medical Services \(SF45093/CW3319\)](#)
2. [Case Plan \(SF2956\)](#) – Available in ICWIS

## RELATED INFORMATION

### **Routine Healthcare**

Examples of routine healthcare include, but are not limited to:

1. Medical: physical examinations, well-child care, immunizations, visit to the doctor for cold or flu, etc;
2. Dental: cleanings, examinations, cavity fillings, x-rays, etc;
3. Mental health: therapeutic services, such as visits with a counselor or play therapy that are prescribed in the child's [Case Plan \(SF45093\)](#);
4. Eye: visual exams, glasses, and/or contact lens fittings, etc; and
5. Hearing screenings.


See related policy, [8.29 Routine Health Care](#).

### **Non-Routine, Non Emergency Care (Also Known as Extraordinary Health Care or Major Treatments)**

Definition: Any major treatment or procedure that is non emergency in nature but may be beneficial or necessary or cosmetic in nature. May include but not be limited to surgeries that require general anesthesia and/or blood transfusions, procedures that might be dangerous given the child's medical history, etc.

Examples include, but are not limited to:

1. Medical: tonsillectomies (in certain circumstances, this could be a life-threatening emergency, but in most cases, this is a planned surgery), etc;
2. Dental: braces and other corrective orthodontic treatments;
3. Eye: LASIK surgery to reduce nearsightedness, farsightedness, or astigmatism; and
4. Cosmetic: tattoo removal.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 27:</b> Maintaining Health Records - Medical Passport	<b>Version:</b> 1

<b>POLICY</b>	<b>OLD POLICY: 404.322</b>
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The Indiana Department of Child Services (DCS) will maintain written and electronic documentation of healthcare services received by children who are under the care and supervision of DCS and are in substitute care. A written summary of the child's medical history should be included in the child's [Case Plan \(SF2956\)](#).

All children who are placed in out-of-home care will be issued a [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#), and these additional forms: [Authorization for Medical Services \(SF45093/CW3319\)](#), [Consent to Release Mental Health and Addiction Records \(SF51128/CW0045\)](#), [Record of Medical Treatment \(SF45092\)](#), and [Log of Medical Treatment \(SF 45091\)](#). These forms must be included with the [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#). The [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) will remain with the child and in the possession of the resource family throughout all out-of-home placements.

DCS will require that the child's resource family keep the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) up-to-date, with the child's most recent healthcare information. Additionally, DCS will keep a separate record of the child's healthcare information in Indiana Child Welfare Information System (ICWIS) [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#).

When the child achieves permanency (e.g., reunification, adoption), DCS will ensure that the permanent caregiver or the child, if released from substitute care after his or her 18th birthday, receives the [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#).

**Code References**

1. [IC 31-28-1: Health Summary Records of Children Receiving Foster Care](#)
2. [IC 31-28-2: Medical Records of Children Receiving Foster Care](#)
3. [IC 31-28-3: Medical Passport Program for Children Receiving Foster Care](#)

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will complete the following steps prior to placement or as soon as possible thereafter:

1. Review the child's medical history at the initial Child and Family Team (CFT) Meeting. See separate policy, [5.7 Child and Family Team Meetings](#). Issue a new [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#), if no [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) exists, and gather as much information on the child's health care history from any of the following sources:
  - a. The child,
  - b. Previous health care providers,
  - c. The child's parent, guardian, or custodian, and

- d. Other family members and previous resource families.
2. Record any gathered information in the new or existing [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) and update ICWIS.

At the time of placement or within three (3) days of placement, the FCM will:

1. Give the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) to the resource family.
2. Explain to the resource family:
  - a. The [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) must remain with the child, until the child leaves the resource family's home,
  - b. It is the resource family's responsibility to record all health care information in the [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#). See Related Information, Updating the Medical Passport at Health Care Appointments for more detail, and
  - c. Ensure they are given information about every healthcare visit. See Related Information for more detail.
3. Review with the resource family information contained in the [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#), calling attention to the following:
  - a. Any identified problems,
  - b. Necessary treatment programs, and
  - c. Impending examinations, etc.

Prior to a child's transfer to a different placement or prior to a child's exit from substitute care (e.g., reunification, adoption, etc.), the FCM will meet with the current resource family to review the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) and to ensure the [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) contains the most up-to-date information about the child's healthcare; however, if they are not up-to-date, assist with scheduling necessary appointments. See separate policy, [8.28 Routine Health Care](#).

When the child leaves the resource family's home, the FCM will:

1. Collect the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) and any other health care records from the resource family;
2. Collect additional health care records from providers, if necessary, update the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) and ICWIS; and
3. Provide the permanent caregiver or the child, if released from substitute care after his or her 18th birthday, with a copy of the [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) at no cost. See separate policy, [8.40 Transitioning from Out-of-Home Care](#).

## PRACTICE GUIDANCE

N/A

## FORMS AND TOOLS

1. [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#)- Available only in hard copy
2. [Authorization for Medical Services \(SF45093/CW3319\)](#) – Order via Forms Management
3. [Consent to Release Mental Health and Addiction Records \(SF51128/CW0045\)](#)
4. [Record of Medical Treatment \(SF45092/CW3320\)](#) – Order via Forms Management

5. [Log of Medical Treatment \(SF45091/CW3321\)](#) – Available in ICWIS
6. [Case Plan \(SF2956\)](#) – Available in ICWIS

## RELATED INFORMATION

### **What Records are Kept?**

Even though the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) is called a “medical” passport, it is intended to be a place of record for a broad range of **healthcare** services that the child receives. For the purposes of this policy, “healthcare” includes, but is not limited to: medical, dental, mental health, developmental, vision, hearing, and speech care. Specialized treatments, such as substance abuse, behavioral counseling, and chiropractic therapy are also considered as healthcare, and must be documented in the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) and ICWIS records.

### **Dual Record Keeping: Medical Passports and ICWIS**

Every child's healthcare records are kept in two places:

1. In hard copy in the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#), and
2. Electronically in ICWIS, on the 'Medical Passport' screen. The records in ICWIS serve two functions:
  - a. The records enable the FCM to review the child's health care information at any time, and
  - b. The records serve as a “backup” in case the [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) is lost.

### **The Resource Family Updating the FCM with Healthcare Information**

The resource family must communicate to the FCM information about recent healthcare the child received. This exchange of information enables the FCM to update the child's healthcare records in ICWIS. If possible, the FCM can photocopy recent entries made in the [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) as a way of capturing the new information so that it may be entered in to ICWIS. The sharing of information between the resource family and the FCM should occur more frequently if the child has medical issues.

### **Updating the Medical Passport at Healthcare Appointments**

Any time a FCM or resource family transports a child to receive a healthcare exam or treatment, he or she must bring the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) to the appointment. The FCM or resource family must ask the healthcare professional who attends to the child, to complete applicable portions of the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) immediately following the examination or treatment (e.g., Physical Examinations section, Identified Medical Problems section, etc.). If the professional is not willing or able to update the [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) onsite; then, the FCM or resource family must get a complete briefing on the details of the examination or treatment and complete applicable portions of the [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#).

### **Children Placed in Another Indiana County or Out of State**

When a child is placed into substitute care in a different Indiana county or another state, the same policies and procedures apply. The supervising FCM will work with the resource family to assure that the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) and ICWIS records are kept up-to-date.


### **Delay in Obtaining Health Care Information**

The FCM must provide the resource family with a blank [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#), if the FCM is not able to obtain historical healthcare information about the child prior to the initial visit that must occur within three (3) days of the placement. When the historical healthcare information becomes available, the FCM must provide a copy of the information to the resource family and request that this information be entered into the current [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#).

### **Medical Passports for Children in Residential Facilities**

Indiana law does not mandate a [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) to children who are placed in a residential facility; however, it is the policy of DCS to provide and use a [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) for those children.

**Note:** Indiana Law states that a [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) is to be provided to all children who receive foster care funding through DCS, including Indiana children who are placed in foster care outside of Indiana.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> May 1, 2009
	<b>Section 28:</b> Payment for Health Care Services	<b>Version:</b> 2

<b>POLICY</b>
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The Indiana Department of Child Services (DCS) will ensure that every child in out-of-home care receives a determination for Medicaid eligibility and an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) evaluation.

DCS will accept financial responsibility for all required health care services for all children in out-of-home care who are not eligible for Medicaid or covered by private insurance.

**Note:** DCS will not accept financial responsibility for cosmetic procedures (e.g. braces, lasik eye surgery, acne treatments, etc.) not covered by private insurance or Medicaid, nor will Family Case Managers (FCMs) offer such services.

DCS will utilize private health care insurance for all required health care services for any child in out-of-home care if they are covered under the private health care insurance of their parent, guardian, or custodian.

DCS will require :

1. The resource family to obtain prior authorization for payment of any specialized treatment that is not covered by Medicaid or private insurance; and
2. The DCS Local Office Director to authorize payment of any specialized treatment that is not covered by Medicaid or private health care insurance. The DCS Local Office Director may seek court approval before authorizing payment. See separate policy, [8.26 Authorization for Health Care Services](#).

Code References

N/A

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will:

1. Obtain authorization from the DCS Local Office Director for payment for any specialized treatment that is not covered by Medicaid or private health insurance.
2. Ensure requests for cosmetic procedures not covered by private insurance or Medicaid are denied. The FCM should discuss any questions and/or concerns regarding cosmetic procedures with his or her Supervisor.

The resource family will:

1. Follow the policies and procedures detailed in separate policy, [8.26 Authorization for Health Care Services](#). Unless treatment is emergency in nature, take the child to any health care provider that either:



- a. Accepts Medicaid, if the child is Medicaid eligible, or
  - b. Accepts the private insurance plan that the child belongs to.
2. Inform the health care provider of the child's insurance status (Medicaid or private) and present applicable Medicaid or insurance cards; and
  3. Sign the bill to acknowledge that services were rendered.

<b>PRACTICE GUIDANCE</b>
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N/A

<b>FORMS AND TOOLS</b>
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N/A

<b>RELATED INFORMATION</b>
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N/A

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> May 1, 2009
	<b>Section 29:</b> Routine Health Care	<b>Version:</b> 3

<b>POLICY</b>
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For every child in out-of-home care the Indiana Department of Child Services (DCS) will ensure that a general health exam is scheduled within 10 business days of placement.

**Note:** A general health exam must consist of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, known in Indiana as HealthWatch.

The general health exam by the child’s pediatrician, family doctor, or general practitioner will include screens for physical, dental, visual, auditory, and developmental health.

**Exceptions:** An initial general health exam is not mandatory, if the child:

1. Was placed directly from a hospital or physician’s office; or
2. Had a documented medical examination within 30 days prior to placement, as part of a Child Abuse/Neglect (CA/N) investigation and the child is exhibiting no signs of illness or new injuries.

DCS will ensure that a mental health screen is completed within five (5) days of removal or opening a case for all children for whom DCS has care and supervision.

DCS will ensure that an initial dental exam and cleaning is scheduled no later than six (6) months after the date of the child’s last known exam and cleaning. If no records exist, the child will receive an initial exam and cleaning within 90 days of placement.

**Note:** DCS will not be financially responsible for cosmetic procedures (e.g. braces, lasik eye surgery, acne treatments, etc.) not covered by private insurance or Medicaid, nor will Family Case Managers (FCMs) offer such services.

DCS will ensure timely and appropriate follow-up care and treatment, if any physical, mental, dental, visual, or developmental health issues are identified in the initial, general health exam, or at any point thereafter. The following are additional routine healthcare services:

1. Physical health check-ups, including immunizations, according to the schedule set forth by the American Academy of Pediatrics, as recommended by the child’s primary care physician;
2. Dental exams and cleanings every six (6) months;
3. Visual exam every 12 months for children with corrected vision (eyeglasses or contact lenses); and

**Note:** For all other children in out-of-home care, the vision screening performed by the child’s primary care doctor at the time of a physical health check-up or those performed at the child’s school is sufficient.

4. Hearing exam every 12 months for children with corrected hearing (hearing aid or tubes) or as recommended by the child's physician.

**Note:** For all other children in out-of-home care, the hearing screening performed by the child's primary care doctor at the time of a physical health check-up or those performed at the child's school is sufficient.

#### Code Reference

[IC 31-28-1-3: Health Summary Record](#)

### **PROCEDURE**

#### **Family Case Manager Responsibilities**

The FCM will ensure that:

1. The Child and Family Team (CFT) is included in the planning and decision making process for the child's ongoing medical care and treatment. See separate policy, [5.7 Child and Family Team Meetings](#);
2. The child's physical, mental health (including substance abuse, if applicable), dental, visual, and developmental history is documented and shared with the CFT and the resource family. See separate policy, [8.27 Maintaining Health Records – Medical Passport](#);
3. The resource family is informed of their responsibilities, as described in Resource Family Responsibilities, below;
4. The resource family is provided with a copy of this policy and that he or she understands the requirements for all initial and routine health care exams as well as follow-up exams and treatment;
5. Requests for cosmetic procedures not covered by private insurance or Medicaid are denied. The FCM should discuss any questions and/or concerns regarding cosmetic procedures with his or her Supervisor.
6. The child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) is reviewed and updated at each visit with the resource parent(s). Refer to separate policy, [8.10 Minimum Contacts](#); and
7. The child's parent, guardian, or custodian and CFT are updated about the child's medical care. See separate policy, [5.7 Child and Family Team Meetings](#).

#### **Resource Family Responsibilities**

The resource parent(s) will:

1. Schedule necessary healthcare appointments and provide or arrange transportation for the appointment, enlisting the assistance of the CFT as needed. See separate policy, [5.7 Child and Family Team Meetings](#);
2. Ensure that the child receives all initial and routine healthcare exams as well as follow-up exams and treatment as outlined in the Policy section on page 1;
3. Ensure that the child is provided and/or offered specialized care and treatment based upon the child's individual assessed needs (e.g., therapy, counseling, medication, drug and alcohol testing and/or treatment, etc.);
4. Ensure that the child receives developmental screenings if developmental delays exist or are suspected;

**Note:** Developmental screenings are done through First Steps if the child is less than three (3) years of age, and through the school corporation of the child's legal settlement if the child is over the age of three (3).

5. Obtain treatment authorization prior to any non routine, non emergency care, and mental health treatment. See separate policy, [8.26 Authorization for Health Care Services](#);
6. Obtain payment authorization prior to any treatments that are not covered by the child's Medicaid or private health insurance. See separate policy, [8.28 Payment for Health Care Services](#);
7. Seek emergency care for the child for the following:
  - a. Serious injury or illness,
  - b. Serious dental issues (e.g., broken teeth, bleeding gums, etc.),
  - c. Mental health issues that place the child at risk for harming himself or herself, or others, and
  - d. Serious vision issues (i.e. the child's glasses or contacts are broken or lost).
8. Document all care and treatment received in the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#). See separate policy, [8.27 Maintaining Health Care Records – Medical Passport](#);
9. Immediately inform the FCM of any serious injuries or illnesses experienced by the child; and
10. Sign a copy of this policy to acknowledge understanding of and agreement with it's terms.

#### **PRACTICE GUIDANCE**

N/A

#### **FORMS AND TOOLS**

[Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#)


#### **RELATED INFORMATION**

##### **Placement Changes**

It is not necessary to obtain a general health exam for the child if his or her placement changes unless the placement change was due to allegations of CA/N or the child is exhibiting signs of illness and/or injury.

##### **Continuity in Child's Health Care**

Every effort should be made to take the child to the healthcare providers that cared for the child before he or she was removed from home. The FCM should get the healthcare provider contact information from the parent, guardian, custodian, or other family members.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 30:</b> Psychotropic Medication	<b>Version:</b> 1

<b>POLICY</b>
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The Indiana Department of Child Services (DCS) will require that informed consent be obtained from the parent, guardian, or custodian and from the appropriate DCS Local Office Director or designee before a child in out-of home care is placed on psychotropic medication.

**Exception:** DCS will waive the requirement to obtain parental consent, if:

1. The parent, guardian, or custodian cannot be located;
2. Parental rights have been terminated;
3. The parent, guardian, or custodian is unable to make a decision due to physical or mental impairment; or
4. Prior court authorization has been obtained.

If the parent, guardian, or custodian denies consent a Child and Family Team (CFT) Meeting must be convened immediately to determine if DCS will seek a court order for authorization of the recommended medication. See separate policy, [5.7 Child and Family Team Meetings](#).

Medication can be administered without prior consent if it is needed to address an emergency condition in which the child is a danger to himself or herself or others, and no other form of intervention will mitigate the danger. Consent must be obtained within 24 hours of administering the initial dose of medication on the weekends or holidays.

DCS has the right to request a second opinion, if there are questions surrounding the need for and/or use of psychotropic medication.

Code References

[IC 16-36-1: Health Care Consent](#)

[IC 16-41-6-2 Informed Consent; Court Ordered Examinations](#)

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will:

1. Engage the CFT regarding the physician's recommendation for psychotropic medication and develop a plan for ensuring the child's mental health needs are met. See separate policy, [5.7 Child and Family Team Meetings](#);
2. Review the [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form with the parent, guardian, or custodian and the CFT. See separate policy, [5.7 Child and Family Team Meetings](#);
3. Obtain the parent, guardian, or custodian's signature on Section B of the [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form. If the parent, guardian, or custodian denies consent, seek a court order if it is in the best interest of the child;

4. Submit the [Authorization for Psychotropic Medication \(SF 52802/CW2128\)](#) form to the DCS Local Office Director or designee;
5. Seek a second opinion from another physician or child psychiatrist for any recommendations that involve:
  - a. Prescriptions for five (5) or more psychotropic medications,
  - b. Prescription of an antidepressant to a child less than four (4) years of age,
  - c. Prescription of an antipsychotic medication to a child less than four (4) years of age, and
  - d. Prescription of a psycho stimulant to a child less than three (3) years of age.
6. Notify the requesting physician of whether the authorization has been granted and if any further action will be needed;
7. Provide the requesting physician and the parent, guardian, or custodian with copies of the [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form once it has been completed (fax is acceptable);
8. Ensure that the resource family is aware of the purpose of the medication and the expected responses to the medication, including any possible side effects;
9. Ensure that the prescription is filled; and
10. Place the original signed [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form in the child's case file.

The FCM will direct the prescribing physician to:

1. Complete Section A of the [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form;
2. Submit the [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form to the assigned FCM for the child; and
3. Contact DCS within 24 hours of administering the initial dose of medication if a child is placed on psychotropic medication due to an emergency condition.

The DCS Local Office Director or designee will:

1. Review all requests and complete Section C of the [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form within one (1) business day of receiving the form from the FCM; and
2. Return the signed [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form to the FCM.

#### PRACTICE GUIDANCE

N/A

#### FORMS AND TOOLS

NEW – [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#)

#### RELATED INFORMATION

##### **Informed Consent**

“Informed Consent” as defined in Indiana Code [16-41-6-2](#) means authorization for a physical examination, made without undue inducement or any form of force, fraud, constraint, deceit, duress, or coercion after the following:

1. A fair explanation of the examination, including the purpose, potential uses, limitations, and the fair meaning of the examination results;
2. A fair explanation of the procedures to be followed, including the following:
  - a. The voluntary nature of the examination,
  - b. The right to withdraw consent to the examination process at any time, and
  - c. The right to anonymity to the extent provided by law with respect to participation in the examination and disclosure of examination results.

### **Psychotropic Medications**

Psychotropic medications are those prescription drugs used to control and/or stabilize mood, mental status, behavior or mental health. Psychotropic medicines generally fall into one of the following categories:

1. Antidepressant/Antianxiety, e.g., Prozac, Zoloft, Paxil;
2. Antipsychotic, e.g., Haldol, Risperdal, Zyprexa;
3. Psychostimulants, e.g., Ritalin, Adderall; and
4. Mood Stabilizers, e.g., Lithium.

### **Discussing Psychotropic Meds at Family Team Meeting**

The FCM should use the completed [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form to focus the discussion at the meeting. In particular, the option of alternative therapies and behavioral approaches should be explored before psychotropic medication is considered. Additionally, the family may wish to invite the child's physician and/or psychiatrist to attend the meeting.


### **Requests that Require Increased Review**

There are certain circumstances that require additional consideration and review, including, but not limited to:

1. Prescription of five (5) or more different psychotropic medications;
2. Prescription of an antidepressant to a child less than four (4) years of age;
3. Prescription of an antipsychotic to a child less than four (4) years of age; and
4. Prescription of a psychostimulant to a child less than three (3) years of age.

### **Medications at the Time of Removal**

If a child is on psychotropic medication at the time of removal, the medication, potential side effects, and any concerns should be addressed with the child's primary care physician.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 31:</b> HIV-AIDS	<b>Version:</b> 1

<b>POLICY</b>	<b>OLD POLICY: 404.32</b>
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The Indiana Department of Child Services (DCS) will seek informed written consent in compliance with [IC16-41-6-2](#), from the child's parent, guardian, or custodian, and input from the Child and Family Team (CFT) prior to seeking Human Immunodeficiency Virus (HIV) testing for any child in out-of-home care. See related information regarding informed consent for additional information and see separate policy, [5.7 Child and Family Team Meetings](#).

If consent is not given, DCS may pursue a court order to allow HIV testing to proceed. A court order may be granted when the following conditions apply:

1. There is a physician-certified medical emergency or need for continued post-emergency medical care requiring knowledge of HIV status for diagnostic purposes; and
2. A parent, guardian, or custodian refuses medical treatment for a child on religious grounds, and it is believed that the child's health is dependent upon knowledge of HIV status for medical treatment.

Upon consent from the child's parent, guardian, or custodian DCS will seek medical testing and treatment for children who:

1. Had documented exposure to HIV (i.e., infants born to mothers known to be infected with HIV or be HIV carriers);
2. Ask to be tested; and/or
3. For whom a medical doctor recommends testing.

DCS will seek tests and follow-up tests at frequencies recommended by testing facilities or the child's physician.

DCS will seek a medical evaluation by a physician for any **high-risk** children to determine, if HIV testing is recommended. High-risk children include the following:

1. A history of high risk behavior (e.g., intravenous drug use, multiple sexual partners, prostitution, etc.);
2. Present or past sexual partners who are infected with HIV; and
3. Were born in countries with a high transmission rate of HIV.

DCS in accordance with [IC 16-41-8](#), will inform the following persons, if a child in out-of-home care is determined to be HIV positive:

1. The court;
2. The parent, guardian, or custodian, unless parental rights have been terminated;
3. Child if appropriate based upon the child's age and developmental status;
4. The resource parent(s) who will provide direct care to the child; and
5. The prospective adoptive parent, if applicable.



DCS will ensure that agency confidentiality procedures are followed when sharing information about children infected by HIV. See separate policy [2.6 Sharing of Confidential Information](#).

#### Code References

1. [IC 16-41-6-1: HIV screening and testing](#)
2. [IC 16-41-6-2: Informed consent; court ordered examinations](#)
3. [IC 16-41-8: Confidentiality of positive HIV status](#)
4. [IC 34-18-12-2: Informed consent; rebuttal presumption](#)
5. [IC 34-18-12-3: Informed written consent; explanation of proposed treatment, outcome, and risks](#)
6. [IC 31-32-12-1: Mental or physical examination or treatment](#)
7. [IC 31-34-1-14: Exception for failure of parent, guardian, or custodian to provide medical treatment because of religious beliefs](#)

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will:

1. Ensure that any child who meets the criteria on page one of this policy is tested as soon as possible;
2. Ensure that any child who meets the criteria in Policy Statement 2 on page one of this policy is evaluated by a physician to determine if HIV testing is necessary and appropriate;
3. **[NEW]** Assure that any child who receives an initial HIV test also receives necessary follow-up tests at intervals recommended by the testing facility or the child's physician, regardless of whether the initial test result was positive or negative;
4. **[REVISED]** Coordinate the return of the confidential HIV test results to the attention of the FCM unless a court has requested direct receipt of the results;
5. Ensure that the following persons are immediately notified when a child is determined to be infected with HIV:
  - a. The parent, guardian, or custodian, unless rights have been terminated,
  - b. The child, if appropriate based upon age and developmental level,
  - c. The court, if there are any court orders in effect regarding the child,
  - d. The resource family, and
  - e. The prospective adoptive parent, if applicable.
6. **[NEW]** Obtain a signed consent for release of information from the parent, guardian, or custodian, prior to notifying the following additional parties that the child has HIV. In addition, obtain a signed confidentiality form from the individual with whom the information is being shared:
  - a. Persons who provide services directly to the child (the child's therapist, child caregiver, physician, dentist, etc.), and
  - b. School administrators.
7. **[NEW]** Partner with the resource family to assure that the child receives appropriate medical examinations, treatments, and medications;
8. **[NEW]** Connect the parent, guardian, or custodian and the resource family with community resources that offer education on caring for a child with HIV; precautionary measures to prevent transmission; and counseling/support services;
9. **[NEW]** Make any necessary revisions to the child's [Case Plan](#); and

10. Follow agency policies and procedures to assure the protection of confidential information about a child with HIV. See separate policy, [2.6 Sharing Confidential Information](#).

## PRACTICE GUIDANCE

N/A

## FORMS AND TOOLS

1. [Case Plan \(SF2956\)](#) – Available in ICWIS

## RELATED INFORMATION

### **Informed Consent**

“Informed Consent” as defined in Indiana Code [16-41-6-2](#) means authorization for a physical examination, made without undue inducement or any form of force, fraud, constraint, deceit, duress, or coercion after the following:


1. A fair explanation of the examination, including the purpose, potential uses, limitations, and the fair meaning of the examination results; and
2. A fair explanation of the procedures to be followed, including the following:
  - a. The voluntary nature of the examination,
  - b. The right to withdraw consent to the examination process at any time, and
  - c. The right to anonymity to the extent provided by law with respect to participation in the examination and disclosure of examination results.

### **HIV Testing Costs**

The responsibility for the cost of HIV testing falls first to the child’s parent, guardian, or custodian. If the parent, guardian, or custodian is unable to pay, the cost falls ultimately to DCS. If the child is eligible for and on Medicaid, Medicaid will pay for testing when there is a medical need to test. This includes testing for children who are symptomatic or for children who are asymptomatic but at high-risk for HIV. HIV testing does not require medical preauthorization.

### **School Attendance or Child Care for HIV-Positive Children**

The Indiana State Department of Health has guidelines for school attendance of children with HIV infection. Caregivers who want more information can contact the Division of HIV/STD at the Indiana State Department of Health at [http://www.in.gov/isdh/files/Counseling\\_and\\_Testing\\_Sites\\_for\\_Web.pdf](http://www.in.gov/isdh/files/Counseling_and_Testing_Sites_for_Web.pdf).

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 32:</b> Substance Abuse Assessments and Testing for Children in Out-of-Home Care	<b>Version:</b> 1

<b>POLICY: <span style="background-color: yellow;">NEW</span></b>
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The Indiana Department of Child Services (DCS) will refer a child for a drug and alcohol assessment, if there is a concern regarding substance use and/or abuse by a child in out-of-home care, and ensure that the child has access to counseling, treatment, and necessary medical services if warranted by the assessment.

DCS will obtain consent from the child’s parent, guardian, or custodian prior to referring a child for random drug and/or alcohol testing.

If the parent, guardian, or custodian denies consent for testing, a Child and Family Team (CFT) Meeting must be convened immediately to determine if DCS will seek a court order for authorization of the recommended testing. See separate policy, [5.7 Child and Family Team Meetings](#).

Code References

1. [IC 12-23-12: Voluntary and Involuntary Treatment for Minors](#)
2. [42 CFR Part 2: Confidentiality of Alcohol and Drug Abuse Patient Records; Subpart C 2.31 Form of Written Consent](#)

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will:

1. Document any signs of drug and/or alcohol use witnessed during visits with the child and/or reports of drug and/or alcohol use made by the child or resource family;
2. Communicate with the child, parent, guardian, or custodian, and the resource family about concerns of suspected drug and/or alcohol use;
3. Refer the child for a drug and/or alcohol assessment if concerns are raised about suspected drug and/or alcohol use by the child;
4. Coordinate scheduling of and transportation to the drug and/or alcohol assessment appointment, and ensure that the assessment results are returned to the FCM;
5. Review assessment results with the child, the CFT, resource family, and parent, guardian, or custodian; and
6. Ensure that the child is transported to an emergency medical center if the child is in immediate medical danger due to drug and/or alcohol use.

For all children who require treatment, the FCM will:

1. Make the necessary referrals for counseling, treatment, and any additional medical services as soon as possible;
2. Update the child’s [Case Plan \(SF2956\)](#) to reflect the necessary counseling and treatment services;

3. Ensure that the child receives services as recommended by the assessment provider;
4. Communicate regularly with the treatment provider, to monitor progress in recommended services; and
5. Communicate regularly with the parent, guardian, or custodian and resource family about the child's recovery progress.

If the child refuses treatment and/or continues to exhibit signs of drug and/or alcohol use, the FCM will:

1. Obtain consent for drug and/or alcohol testing:
  - a. Consult with the CFT to determine if the child should be taken for drug testing,
  - b. Obtain consent for testing from the child's parent, guardian, or custodian, and
  - c. If the parent, guardian, or custodian refuses consent, consult with the CFT regarding the pursuit of a court order for testing see Related Information for additional detail.
2. Ensure that the following persons are notified of the outcome of the test results:
  - a. The child,
  - b. The child's parent, guardian, or custodian, unless parental rights have been terminated or the child consented to his or her own treatment and requests that the parent, guardian, or custodian not be informed, and
  - c. The resource family.
3. Consider residential treatment programs according to separate policy, [8.4 Residential Care Review and Approval](#).

## PRACTICE GUIDANCE

N/A

## FORMS AND TOOLS

1. [Case Plan \(SF2956\)](#) – Available in ICWIS
2. [Visitation Plan](#)- Available in ICWIS

## RELATED INFORMATION

### **Discussing Suspected Drug and/or Alcohol Use Prior to Testing**

Best practice is to have an open dialogue with the child, parent, guardian, or custodian, and resource family present to discuss concerns about the child's suspected drug and/or alcohol use. However, the effectiveness and appropriateness of such an approach will depend on many factors. Examples include, but are not limited to, the extent and level of the suspected (or known) drug and/or alcohol use; the child's level of honesty; history of past interventions; the level of trust and rapport that exists between the child and his or her parent, guardian, or custodian and resource family; the parent, guardian, or custodian and resource family's attitudes toward drug and/or alcohol use, etc.

The purpose of having open dialogue is to convey to the child, in a non-threatening, non-accusatory way, the concerns about the suspected drug and/or alcohol use. In a perfect world, if

the child is using, he or she may admit to using if he or she feels supported, safe, and assured that he or she is not “in trouble.” An admission would prevent the need for drug and/or alcohol testing and could open the door to a discussion about voluntary treatment options.

In other cases, the best approach may be to have an “intervention” with the entire CFT present. See separate policy, [5.7 Child and Family Team Meetings](#).

Conversely, there may be situations where the best approach will be to test the child for drug and/or alcohol use immediately (without discussing it first). Factors may include, but not be limited to: the child has denied drug and/or alcohol use during previous discussions; the child’s drug use is at such a level that immediate intervention is necessary; advance notice to the child will allow him or her to “detox” and pass the drug screen (certain drugs leave the body fairly quickly); etc.

### **Selecting a Testing Facility**

Some DCS local offices have supplies and personnel who are trained to collect urine samples onsite. Other offices have contracts with specific community providers. The FCM should consult with his or her Supervisor to learn available options.

### **Scheduling and Transportation for Testing**

The person who will complete these tasks will depend upon who has been informed of the child’s suspected drug use. In an ideal situation, both the parent, guardian, or custodian and the resource family would be present with the child at the testing facility. This will depend upon the terms of the [Visitation Plan](#) and the level of involvement of the parent, guardian, or custodian.

### **Unwillingness to Participate in Treatment**


The child should be referred to a therapist for counseling if he or she is unwilling to participate in treatment for drug and/or alcohol use.

### **Discussing Child’s Substance Use at Child and Family Team Meeting**

This issue should be handled on a case-by-case basis. If the FCM believes that a discussion about the child’s drug and/or alcohol use is relevant to the topic(s) on the agenda, he or she should contact the parent, guardian, or custodian and the child in advance of the meeting to determine comfort level. If the parent, guardian, or custodian and/or child are not comfortable discussing the issue in front of the entire team, a solution may be to hold a smaller family team meeting to handle the issues relating to the child’s drug and/or alcohol use.

### **Repeat Failures with Treatment Programs**

The value of a treatment program must be carefully assessed when the child has a history of repeated failures in treatment and there is no substantial change in the child’s circumstances or behavior since his or her dismissal from the previous treatment program. Under these circumstances, the appropriateness of a specific treatment program should be questioned if the program does not offer aftercare services.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 33:</b> Sexually Transmitted Diseases (STDs) and Other Communicable Diseases	<b>Version:</b> 1

<b>POLICY [NEW]</b>	<b>OLD POLICY: N/A</b>
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The Indiana Department of Child Services (DCS) will attempt to obtain written consent for medical testing and treatment from the child's parent, guardian, or custodian, for any children who:

1. Exhibit symptoms of a Sexually Transmitted Disease (STD) or other communicable disease (e.g., tuberculosis, hepatitis);
2. Have had documented exposure to a STD or other communicable disease, (i.e., infants born to mothers known to be infected with STDs);
3. Ask to be tested;
4. Are recommended for testing by a medical doctor;
5. Have a history of high-risk behavior (e.g., intravenous drug use, multiple sexual partners, and prostitution);
6. Have present or past sexual partners who are infected with an STD or other communicable disease; and
7. Come from countries with a high transmission rate of communicable diseases.

If the parent, guardian, or custodian denies consent, DCS will consent to testing, when:

1. The child is exhibiting symptoms of an STD or other communicable disease; and/or
2. A medical doctor recommends testing.

If the parent, guardian, or custodian denies consent, DCS will convene a Child and Family Team (CFT) Meeting (see separate policy, [5.7 Child and Family Team Meetings](#)), to determine whether DCS will pursue a court order for testing, when the child:

1. Has documented exposure been exposed to an STD or other communicable disease (i.e. infants born to mothers known to be infected STDs);
2. Requests to be tested, if age appropriate;
3. Has a history of high-risk behavior (e.g., intravenous drug use, multiple sexual partners, prostitution, etc.);
4. Has present or past sexual partners who are infected with a STD or other communicable disease; and
5. Is from a country with a high transmission rate of communicable diseases.

DCS will ensure that agency policies and procedures are followed regarding the sharing of confidential information about children who are infected with an STD or other communicable disease. See separate policy, [2.6 Sharing Confidential Information](#).

#### Code References

1. [IC 16-41-6-2: Informed consent; court ordered examinations](#)
2. [IC 31-32-12-1: Mental or physical examination or treatment](#)

## PROCEDURE

Upon recommendation of the CFT, the Family Case Manager (FCM) will:

1. Assure that any child who has documented exposure to an STD or other communicable disease is tested as soon as possible;
2. Assure that any child who asks to be tested is evaluated by a physician to determine if STD or other communicable disease testing is necessary and appropriate; and
3. Coordinate the return of STD or other communicable disease test results to the attention of the FCM and CFT unless a court has requested direct receipt of the results. See separate policy, [5.7 Child and Family Team Meetings](#).

If a child tests positive for an STD or other communicable disease, the FCM will:

1. Upon receipt of positive test results, assure that the following persons are immediately notified:
  - a. The parent, guardian, or custodian, unless rights have been terminated,
  - b. The resource family,
  - c. The CFT,
  - d. The child,
  - e. Any additional DCS employees who work directly with the child,
  - f. The prospective adoptive family, if applicable, and
  - g. The court, if there are any court orders in effect regarding the child.
2. Prior to notifying the following additional parties that the child has an STD or other communicable disease, obtain a signed consent for release of information from the parent, guardian, or custodian (if applicable). In addition, obtain a signed confidentiality form from the individual with whom the information is being shared (i.e., persons who provide services directly to the child);
3. Partner with the resource family to assure that the child receives appropriate medical examinations, treatments, and medications;
4. Connect the parent, guardian, or custodian and the resource family with community resources that offer education on caring for a child with an STD or other communicable disease; precautionary measures to prevent transmission; and counseling and/or support services;
5. Make any necessary revisions to the child's Case Plan; and
6. Follow agency policies and procedures regarding the sharing of confidential information about a child with an STD or other communicable disease. See separate policy, [2.6 Sharing Confidential Information](#).

## PRACTICE GUIDANCE

N/A

## FORMS AND TOOLS

N/A

## RELATED INFORMATION

### **Free Testing and Counseling Sites**

The Indiana State Department of Health operates free STD/HIV Counseling and Testing Sites (CTS) throughout the state. For more information about these sites, call 317-233-7840 or visit [http://www.in.gov/isdh/files/Counseling\\_and\\_Testing\\_Sites\\_for\\_Web.pdf](http://www.in.gov/isdh/files/Counseling_and_Testing_Sites_for_Web.pdf). Children may be counseled and tested at these sites without charge. Children under the age of 13 cannot be tested unless the adult accompanying them has consent forms that have been signed by the child's parent, guardian, or custodian or a court order.

### **Informing and Educating Resource Families**

Clear and accurate information about STDs and other communicable diseases and appropriate control measures must be given to resource families to enable them to make informed decisions about their ability and willingness to provide care to infected children. If a resource family makes an informed decision, the possibility of having to move the child from the placement is decreased. Additionally, a resource family may need special training before he or she feels comfortable providing care for an infected child. For more information on available educational materials and trainings, contact the Indiana State Department of Health at 317-233-7051.


### **Discussing Child's STD/Other Communicable Diseases at Child and Family Team Meeting**

This issue should be handled on a case-by-case basis. If the FCM believes that a discussion about the child's STD or other communicable disease is relevant to the topic(s) on the agenda, he or she should contact the parent, guardian, or custodian (and child, if appropriate given the child's age and developmental level) in advance of the meeting to determine comfort level. If the parent, guardian, or custodian and/or child are not comfortable discussing the issue in front of the entire team, a solution may be to hold a smaller family team meeting to handle the issues relating to the STD or other communicable diseases.

### **Testing Costs**

If the child is eligible for and on Medicaid, Medicaid will pay for testing when there is a medical need to test. This includes testing for children who are symptomatic or for children who are asymptomatic but at high-risk.



	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 34:</b> Participation in Medical Studies and Drug Trials	<b>Version:</b> 1

**POLICY [NEW]**

The Indiana Department of Child Services (DCS) will approve participation by a child in out-of-home care in a medical study or drug trial, if **all** of the following criteria have been met:

1. The child's parent, guardian, or custodian consents in writing to the child participating in the medical study or drug trial;
2. The Child and Family Team (CFT) recommends participation;

**Exception:** Parental consent is not required, if parental rights have been terminated or the parent, guardian, or custodian cannot be located. This exception applies to both numbers 1 and 2 above.

3. The child's physician or therapist recommends participation in the medical study or drug trial;
4. The study includes participants outside of the child welfare system; and
5. The Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL) appointed to the child approves participation.

**Note:** 1, 4, and 5 are required by federal law.

DCS has the right to deny a request for participation in a medical study or drug trial for any reason, even if all of the criteria listed above have been met.

DCS has the right to request a court order authorizing participation in a medical study or drug trial, if the CFT believes that participation is in the best interest of the child, but the parent, guardian, or custodian does not consent.

DCS must receive a formal request for participation from one (1) of the following persons:

1. The child's parent, guardian, or custodian;
2. The CFT;
3. An attorney representing the child or the child's parent, guardian, or custodian;
4. The child's CASA or GAL; or
5. The child's physician or therapist.

The DCS Local Office Director or a designee must approve all requests for participation in writing prior to the child being enrolled in the medical study or drug trial.

Code References

1. [21 CFR 50.56: Protection of Human Subjects, Wards](#)
2. [45 CFR 46.409: Additional Protections for Children Involved as Subjects in Research](#)

## PROCEDURE

The Family Case Manager (FCM) will ensure that the requestor of the particular drug trial or medical study:

1. Ensures that the Institutional Review Board (IRB) working with the researchers appoints an advocate (see Related Information); and
2. Submit a written request for participation to the DCS Director. The request must contain the following information; inclusion of additional information is optional:
  - a. The child's name, date of birth, and case ID number,
  - b. Information about the medical study or drug trial including, but not limited to: the name, host, start date, duration, any compensation the child will receive, and number of participants,
  - c. The specific treatments and/or drugs that will be used,
  - d. Potential side effects and/or adverse reactions that may occur,
  - e. The benefits participation will have for the child,
  - f. A signed statement from the medical study or drug trial director stating that the group of children participating in the research includes children outside of the child welfare system,
  - g. A signed statement from the child's physician or therapist recommending that the child participate,
  - h. A signed statement from the advocate appointed to the child stating that participation is in the best interest of the child,
  - i. A signed statement from the child's parent, guardian, or custodian giving his or her written consent for the child to participate, and
  - j. Submit the request via mail (fax and email **are not** acceptable) to:  
Director  
Indiana Department of Child Services  
402 W Washington St  
Indianapolis, IN 46204

The DCS Local Office Director or a designee will:

1. Review all requests and make a formal decision as to whether DCS will allow the child to participate in the requested medical study or drug trial;
2. Assure that written notification of the decision is sent to the following persons:
  - a. The child's parent, guardian, or custodian,
  - b. The attorney representing the child or the child's parent, guardian, or custodian, if applicable,
  - c. The child's CASA or GAL , if applicable,
  - d. The child's physician or therapist who recommends participation,
  - e. The appropriate DCS Regional Manager, DCS Local Office Director, and FCM,
  - f. The child's resource parent(s),
  - g. The requestor,
  - h. The drug trial or medical study advocate appointed to the child, and
  - i. Any person not listed above who received a copy of the request.
3. Assure that the original request and a copy of the written decision are included in the child's case file.

## PRACTICE GUIDANCE

N/A

## FORMS AND TOOLS

N/A


## RELATED INFORMATION

### **Advocates for the Child**

The person appointed as the advocate must be an individual who has the background and experience to act in, and agrees to act in, the best interests of the child for the duration of the child's participation in the research. The advocate should represent the individual child subject's interests throughout the child's participation in the research. The Health and Human Services Administration (HHS) and the Food and Drug Administration (FDA) regulations further require that the advocate not be associated in any way (except in the role as advocate or member of the IRB) with the research, the investigator(s), or the guardian organization. One (1) individual may serve as advocate for more than one (1) child.

### **Participation and Termination of Parental Rights (TPR)**

In the event that parental rights have been terminated, a court order should be obtained allowing the child to participate in the drug trial or medical study.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 35:</b> Sex Education and Family Planning Services	<b>Version:</b> 1

<b>POLICY [NEW]</b>
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The Indiana Department of Child Services (DCS) will assure that all children in out-of-home care have access to sex education and family planning services based upon the child’s age and developmental level. Family planning services may include but not be limited to the following:

1. Patient education;
2. Counseling;
3. Safe and effective contraceptive methods;
4. Medical exams; and
5. School-based health services.

DCS will not authorize the use of prescription birth control by children in out-of-home care.

**Note:** DCS may seek a court order to authorize the use of birth control, if the following conditions apply:

1. The child’s parent, guardian, or custodian refuses to authorize the prescription; and
2. The Child and Family Team (CFT) determines that such a prescription is in the best interest of the child. See separate policy, [5.7 Child and Family Team Meetings](#).

Code References

1. [IC 16-41-6-8: Informing pregnant woman of information; documenting information given and a refusal of test; information if test results positive; confidentiality.](#)
2. [IC 16-34-2: Requirements for Performance of Abortion; Criminal Penalties.](#)

<b>PROCEDURE</b>
------------------

The Family Case Manager (FCM) will:

1. Ensure that all youth in out-of-home care have access to appropriate medical care and sex education services;
2. Ensure that female youth in out-of-home care have access to appropriate feminine hygiene supplies, as needed; and
3. Make appropriate referrals, if a youth asks for additional family planning information and/or services.

## PRACTICE GUIDANCE

N/A

## FORMS AND TOOLS

N/A

## RELATED INFORMATION

### **Custody of the Infant**


A mother automatically has custody of her child when the baby is born. The fact that the mother is a minor (under 18 years old) does not take away her right to custody, nor does the fact that the mother is in out-of-home care. For more information, see separate policy, [8.36 Expectant Youth and Youth with Children](#).

### **Age to Begin Offering Family Planning Services**

DCS does not have a required age at which a youth must be offered family planning services; instead, this will be a case specific decision. Research indicates that youth in foster care are more likely to be sexually active and to engage in sexual activity at a younger age. History of sexual abuse may increase the likelihood of such behaviors. For these reasons, age appropriate family planning information should be available to all youth. If at any time a youth asks for more family planning information and/or services, a referral should be made immediately.

### **HIV Screening for Pregnant Women**

In accordance with Indiana Law ([IC 16-41-6-8](#)), all pregnant women are required to be tested for HIV infection. The woman does have the right to refuse such testing, and the refusal will be noted in the pregnant woman's medical records. For more information on HIV testing, see separate policy, [8.31 HIV-AIDS](#).

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> March 1, 2011
	<b>Section 36:</b> Expectant Youth and Youth with Children	<b>Version:</b> 2

<b>POLICY</b>
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The Indiana Department of Child Services (DCS) will assure that all expectant youth are referred for counseling, to assist in the decision making process about the pregnancy.

DCS will ensure that all children who are pregnant or become pregnant while in out-of-home care receive appropriate prenatal care as determined by an obstetrician or gynecologist.

DCS will ensure that the mother and baby are placed together in the same home, unless extenuating circumstances exist (e.g., medical, psychological, home environment, etc.) that prevents the mother from caring for the child.

DCS should not take custody of a child of a minor parent who is in out-of-home care, unless there is additional endangerment that warrants such action. Refer to separate policy, [4.28 Involuntary Removals](#). See Related Information for additional details.

**Note:** DCS recognizes that minor parents, both male and female, have the same rights and responsibilities as all parents; therefore, all minor parents both male and female in out-of-home care, may be referred for services (e.g., fatherhood classes, counseling, parenting classes, etc.).

Code References

N/A

<b>PROCEDURE</b>
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**[REVISED]** For all pregnant youth in out-of-home care, the Family Case Manager (FCM) will:

1. Notify the court if a youth is pregnant when she enters out-of-home care or becomes pregnant while in out-of-home care, to ensure that a Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) is appointed to represent the child's interests to the court;
2. Ensure that a pregnant youth has access to prenatal care and pregnancy options counseling services;
3. Hold a Child and Family Team (CFT) Meeting to assist the youth with critical decisions regarding her pregnancy and put an action plan in place, which will include addressing any placement issues and/or concurrent planning issues that may arise. See separate policies, [5.7 Child and Family Team Meetings](#) and [5.15 Concurrent Planning](#);
4. Assist the youth with any necessary paperwork relating to decisions regarding relinquishment of parental rights; and

5. Offer family services to the minor parent and to her parent, guardian, or custodian to address any issues related to the pregnancy. See separate policy, [5.10 Family Services](#).

For all expectant fathers in out-of-home care, the FCM will:

1. Notify the court if a youth is an expectant father;
2. Hold a CFT Meeting to assist the youth with critical decision regarding his child and put an action plan in place, which will include addressing any placement issues that may arise. See separate policy, [5.7 Child and Family Team Meetings](#);
3. Assist the youth with any necessary paperwork relating to decisions regarding relinquishment of parental rights.; and
4. Offer family support services to the youth and to his parent, guardian, or custodian to address any issues related to the youth becoming a father. See separate policy, [5.10 Family Services](#).

For minor parents in out-of-home care the FCM will:

1. Notify the court that the youth has a child;
2. Discuss with the minor parent his or her desire to involve his or her CFT in decisions about the child (i.e. would the minor parent like the CFT to discuss parenting responsibilities?). See separate policy, [5.7 Child and Family Team Meetings](#);
3. If the minor parent decides to involve his or her CFT, discuss issues relating to the youth's CFT Meetings including, but not limited to parenting responsibilities and placement issues;
4. Allow the minor parent to make informed decisions about the child, free from undue influences and/or coercion;
5. Coordinate family services for the minor parent including, but not limited to, parenting classes, if the minor parent will be involved in parenting the child. See separate policy, [5.10 Family Services](#);
6. Assure that the minor parent has information about child support, Medicaid, and childcare;
7. Refer the minor parent to Healthy Families, <http://www.in.gov/dcs/2459.htm> if the minor parent's child is younger than three-months old; and
8. Create a new [Visitation Plan](#) if the minor parent and the child will not be living together, and the minor parent plans to remain involved in the child's life.

## PRACTICE GUIDANCE

N/A

## FORMS AND TOOLS

1. [Visitation Plan](#) -Available in Indiana Child Welfare Information System (ICWIS)

## RELATED INFORMATION

### **Services to Male Youth with Children**

The responsibilities and legal rights of fathers extend beyond the obligation of financial support. The father should share responsibility with the mother for the child's overall welfare, including

health, personal development, and support. Regular contact between fathers and children should be encouraged whenever appropriate.

### **Parents Who Are Not the Primary Caregiver**

In some cases, the youth is not the child's primary caregiver. The child may live with the other parent or another family member. If the youth is not the primary caregiver, he or she may still be involved in the child's rearing. Any time a youth has a child and is involved in that child's life, the youth should be offered family support services, including parenting classes.


### **Financial Support**

Even when DCS does not have custody of the minor parent's child, additional foster care payments can be added to the per diem of the minor parent, to enable the child to be placed with that minor parent. These payments are authorized without DCS taking custody of the youth's child.

When DCS does obtain custody of the minor parent's child, a separate eligibility determination must be made for that child.

If a Child In Need of Services (CHINS) petition is filed and the child is removed from the minor parent, there will be two separate cases in ICWIS.



	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> March 1, 2011
	<b>Section 37:</b> Holding a Placement during a Temporary Absence	<b>Version:</b> 2

**POLICY**

When a child in out-of-home care enters a hospital or is a runaway, the Indiana Department of Child Services (DCS) will continue to make foster care payments to the resource family for a maximum of five (5) days.

Code References

N/A

**PROCEDURE**

[REVISED] The Family Case Manager (FCM) will:

1. Engage the Child and Family Team (CFT) regarding the child’s return to the same resource home at the end of the temporary absence;
2. Engage the CFT to discuss any possible changes to the current placement and/or alternative permanency plan. See separate policy, [5.15 Concurrent Planning](#);
3. Encourage the resource parent to have frequent face-to-face contact with the child during the temporary absence; and
4. Ensure that the resource family home will have all of the necessary resources and support systems in place when the child returns to the home (i.e. counseling services, medical equipment).

**PRACTICE GUIDANCE**


N/A

**FORMS AND TOOLS**

N/A

**RELATED INFORMATION**

N/A

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> October 1, 2012
	<b>Section 38:</b> Placement Changes	<b>Version:</b> 3

**POLICY [REVISED]**

The Indiana Department of Child Services (DCS) may recommend to the court a change in placement, if there are allegations of Child Abuse and/or Neglect (CA/N) and the alleged perpetrator is the resource parent or other person living in the home or facility.

**[REVISED]** DCS will recommend to the court a change in placement, if any one (1) of the following exists:

1. Any substantiated CA/N in a resource family home by the resource parent or any household member;
2. The child can be placed with his or her siblings;

**Exception:** Unless it is not in the best interest of one (1) or more of the children.

3. An appropriate relative caregiver is identified and it is in the best interest of the child;
4. A disruption in a Trial Home Visit (THV); or
5. The child needs to be moved to a more or less restrictive placement.

The resource parent and the child, if age appropriate, will be notified at least 14 days prior to a proposed change in placement.

The resource parent must provide DCS with at least 14 days notice if the caregiver is no longer able and/or willing to care for the child.

DCS will remove the child immediately if the safety of that child cannot be assured in the current placement.

**[REVISED]** DCS, at a minimum, will submit written notice to the court within 10 business days when a placement change occurs (including placement of a child into a THV or into foster or relative care from a disrupted THV). In counties where the court requires a court order or hearing for placement changes, DCS will follow court protocol.

Code Reference  
N/A

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Engage the Child and Family Team (CFT) and:
  - a. Assess all available alternatives for support of the child's current placement, if placement is being disrupted,

- b. Identify of a new placement type and/or resource. See separate policy, [8.1 Selecting a Placement Option](#),
  - c. Develop a transition plan with assistance from the CFT, to the fullest extent possible given time constraints, and
  - d. Notify the child in advance and discuss the new placement with the child to the extent that he or she is able to understand given age and developmental level. See separate policy, [8.8 Preparing the Child for Placement](#).
2. Note the reason for the placement disruption in the Management Gateway for Indiana's Kids (MaGIK) if the current placement cannot be supported and maintained;
  3. **[REVISED]** Submit written notice to the court within 10 business days when a placement change occurs (including placement of a child into a THV or into foster or relative care from a disrupted THV). In counties where the court requires a court order or hearing for placement changes, DCS will follow court protocol;
  4. Notify all relevant parties of the planned change in placement, as soon as possible given time constraints;
  5. Remove the child and assist in his or her transition to the new placement. See separate policy, [8.9 Placing the Child in Out-of-Home Care](#);
  6. Request the assistance of law enforcement if the resource parent acts to prevent removal. See separate policy, [4.28 Involuntary Removals](#); and
  7. **[NEW]** Record the change in MaGIK on the Placement screen, including the relationship of the child and new placement information.

**[REVISED]** The DCS Local Office Attorney will ensure that written notice for a placement change is submitted to the court. In counties where the court requires a court order or hearing for placement changes, Local Office Attorneys will ensure court protocol is followed.

<b>PRACTICE GUIDANCE</b>
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N/A

<b>FORMS AND TOOLS</b>
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N/A

<b>RELATED INFORMATION</b>
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**Placement Disruptions**

A placement disruption occurs any time a child is moved from one out-of-home placement to another. Examples include but are not limited to moving from an emergency shelter to a relative resource home or from one resource home to another. Reuniting a child with his or her parent, guardian, or custodian is not a placement disruption nor is a planned transition out of a residential facility and into less restrictive care.

**Impact of Placement Disruptions**

Disruption in a child's placement must be considered carefully, because it has the potential to jeopardize the child's capacity to trust the environment, including the adults around the child. Disruption can have serious negative consequences for the child's sense of security and self-worth. A placement change may be another loss, rejection, possible trauma for a child, and


may affect the child's ability to form positive attachments in the future. Thus, the best interest of the child must be the number one priority when considering a change in placement.

### **Request to Move One, But Not All Siblings**

A resource parent may request removal of one (1) sibling rather than the removal of all the children, i.e. "we will continue to care for the baby, but would like DCS to remove the seven-year old." In such cases, the FCM and the CFT should carefully determine if the placement change would be in the best interest of one (1) or more of the children. If the placement change is not in the best interest of one (1) or more of the children, the FCM may review the current services the resource family is receiving and make changes that increase the resource parent's ability to care for the child in question. Alternately, after reviewing the situation, the team may decide that it is in the best interest for the entire sibling group to be moved.

### **[NEW] Eligible Placements**

DCS will claim federal (Title IV-E Foster Care, Title IV-A Emergency Assistance, Title IV-E Waiver) reimbursement on behalf of eligible children who are placed in DCS licensed placements. Eligible placement settings include but are not limited to relative homes, resource family homes, child-caring institutions, emergency shelters, group homes, and private secure care. Ineligible placement settings include those outside the scope of foster care, such as but not limited to detention centers, correctional facilities, hospitals, and boot camps.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> January 1, 2009
	<b>Section 39:</b> Trial Home Visits	<b>Version:</b> 2

<b>POLICY</b>
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The Indiana Department of Child Services (DCS) will utilize Trial Home Visits (THV) for a period of three (3) months. It shall then be dismissed but can be extended for an additional three (3) months, when the safety and well-being of the child can reasonably be assured and the following conditions have been met:

1. The child's permanency goal is reunification; and
2. There is documented progress, any safety concerns are identified and addressed, and the service level of the case can be decreased at least one (1) level. See separate policy, [4.26 Determining Service Levels and Transitioning to Ongoing Services](#).

DCS will ensure that a [Safety Plan \(SF51445/CW0440\)](#) is completed for all children returning to the care of their parent, guardian, or custodian on a THV.

The DCS local office maintains placement and care responsibilities for the child while on THV.

**Note:** DCS will remove a child from a THV and return a child to substitute care, if the child's safety and/or well-being are at risk, and the provision of additional family preservation services has not reduced the risk to allow the child to remain in the home safely. DCS will return the child to the same placement whenever possible. See separate policy, [8.37 Holding a Placement during a Temporary Absence](#).

Code References

[45 CFR 1356.21 \(e\)](#)

<b>PROCEDURE</b>
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Prior to the THV, the Family Case Manager (FCM) will:

1. Offer to convene a Child and Family Team (CFT) Meeting to review case progress and determine if a THV is appropriate. See separate policy, [5.7 Family Team Meetings](#);
2. Complete a new [Strengths and Needs Assessment](#) and a new Risk Assessment. See separate policies, [4.24 Strengths and Needs Assessment](#) and [4.23 Risk Assessment](#);
3. Redetermine the service level. See separate policy, [4.26 Determining Service Levels and Transitioning to Ongoing Services](#);
4. Complete a [Safety Plan \(SF51445/CW0440\)](#);
5. Obtain supervisory approval to recommend the THV visit to the court.
6. Work with the DCS Local Office Attorney to make a recommendation to the court and seek court approval for the THV, if it is determined that a THV is appropriate; and
7. Obtain a court order prior to the start of the THV. **[NEW]** The court order should state that DCS continues to have placement and care responsibility.

If the THV is approved by the court, the FCM will:

1. Continue to provide the family with services during the THV period;
2. Update the [Case Plan \(SF2956\)](#) and have the plan signed by the child's parent, guardian, or custodian;
3. Provide the parent, guardian, or custodian with a copy of the THV plan and place the original, signed copy in the child's file;
4. Assure that the parent, guardian, or custodian understands that the child is still under the care and custody of DCS during the THV;
5. Assure contact with the family is maintained in accordance with separate policy, [8.10 Minimum Contact](#);
6. Assure that the family has access to appropriate family preservation, family support and rehabilitative services; and
7. Continue to monitor the family's progress. See separate policy, [8.10 Minimum Contact](#).

The Supervisor will:

1. Review the assessments, service level, and input from the CFT; and
2. Approve or deny the recommendation for the THV.

## PRACTICE GUIDANCE

N/A

## FORMS AND TOOLS

1. [Indiana Family Assessment of Strengths and Needs](#) – Available in Indiana Child Welfare Information System (ICWIS)
2. [Family Risk Assessment](#) – Available in ICWIS
3. [Case Plan \(SF2956\)](#) – Available in ICWIS
4. [Safety Plan \(SF51445/CW0440\)](#)

## RELATED INFORMATION

### **Preparing the Child for a Trial Home Visit**

The amount and kind of preparation necessary will vary for each child. Some factors that will impact the need for preparation include the child's age, the length of time in out-of-home care, and the quality of the child's relationships with his or her parent, guardian, or custodian and resource parent. The child's feelings will also play a major role in his or her adjustment to returning home. Many children worry that they will again be subject to abuse and/or neglect. Some children may experience feelings of disloyalty to their resource family for wanting to return home; some may feel disloyal to their parents for missing the resource family. Regardless of how the child feels, it is very important that the FCM, child's parent, the resource parent, or another trusted adult from the CFT acknowledge the child's feelings and address any fears expressed by the child. Additionally, the FCM and the family team should discuss with the child the expectations, responsibilities, and safeguards that will be in place to protect the child.

### **Preparing the Parent, Guardian, or Custodian**

The parent, guardian, or custodian may feel uncertain about his or her ability to adequately meet the child's needs. The FCM and parent should discuss anticipated issues and develop plans for coping with those issues. In addition, they should address the positive changes that have occurred and the strengths of the family.

### **Preparing the Resource Parent**

The bonds that develop between some resource parents and children are so significant that both the child and the adult may grieve the loss. Additionally, the attitude of the resource parent will influence the child's view of return. For this reason, it is important that the resource parent be involved in, and aware of, the plans to reunify the family from the beginning. The goal of reunification should never come as a surprise to the resource parent.

### **Trial Home Visit Situations**

The following are examples of THV situations:

1. Child returns to foster care anytime during the first three (3) months of a THV, no new findings of Placement and Care, Best Interest and Reasonable Efforts are required if the judge had not dismissed the case previously;
2. Child returns to foster care in month four (4) or later and no court order is obtained to extend the visit, new findings of Best Interest, Reasonable Efforts and Placement and Care must be made; and
3. THV is extended by the court beyond the first three (3) months, not to exceed a total of six (6) months, and the child returns to foster care anytime prior to the end of the court ordered extension, no new findings of Best Interest, Reasonable Efforts and Placement and Care are required.

### **Trial Home Visit and Permanency Requirements**

The time the child spends at home on THV **does not count** towards the child's 15 months (of the previous 22 months) from removal, at which time the Adoption and Safe Families Act (ASFA) rules require DCS to file (or join in) a petition to Terminate Parental Rights (TPR). For more information on TPR, see separate policy, [6.11 Involuntary Termination of Parental Rights](#).


### **The Safety Plan for Reunification**

The [Safety Plan \(SF51445/CW0440\)](#) should include, but not be limited to the following:

1. Referrals that have been made;
2. Services recommended to continue preventive measures;
3. Actions that the family intends to take, i.e. continue family counseling;
4. Community resources, (i.e., support groups, child care referral services); and
5. Established family support systems.

### **[NEW] Documenting the Trial Home Visit**

The THV should be noted in the child's placements in ICWIS to assure that the residence of the child are accurately documented. The reason for the change in placement should be noted as a THV and not shown as reunification; the Change Tab and THV tab should both be completed as well to reflect the THV. Reunification is only used when the court has dismissed ward ship and the child is returned home permanently.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 41:</b> Transitioning from Out-of-Home Care	<b>Version:</b> 1

<b>POLICY</b>	<b>OLD POLICY: 406.1</b>
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The Indiana Department of Child Services (DCS) will offer transition services<sup>1</sup> for each child who leaves out-of-home care, regardless of the child’s permanency plan (e.g., reunification, adoption, guardianship, etc.).

The type, intensity, and duration of transition services offered will depend upon the child’s needs and the permanency plan. Services may include, but will not be limited to:

1. Family Preservation Services;
2. Reunification Services;
3. Family Support Services;
4. Family Rehabilitation Services; and
5. Independent Living Services.

DCS will convene a Child and Family Team (CFT) Meeting or conduct a Case Plan Conference prior to a child’s transition from out-of-home care to develop a plan for maintaining the child in his or her permanent placement after case closure.

Code References

1. [IC 31-26-5: Family Preservation Services](#)

<b>PROCEDURE</b>
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Prior to a child’s transition from out-of-home care, the Family Case Manager (FCM) will:

1. Together with members of the CFT or the Case Plan Conference, review the child’s [Case Plan \(SF2956\)](#) and permanency goal and assess whether it is safe and in the child’s best interest to move the child into the identified permanent living situation;
2. Determine the transition services to be provided, and assure that the type, intensity, and duration of these services are consistent with the child’s assessed needs;
3. Update the child’s [Case Plan \(SF2956\)](#) to include any services that will be offered relating to the child’s transition and any other steps that will be taken; and
4. For Family and Social Services Administration (FSSA) Division of Disabilities and Rehabilitation or the Department of Corrections (DOC), work with the appropriate agency to assure transition occurs in accordance with that agency’s policies and procedures.

Depending upon the permanency plan the FCM will follow the procedures contained in the appropriate separate policy:

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<sup>1</sup> Transition services are designed to help the child, his or her family or other permanent caregiver adjust to the child’s permanent placement.



1. For reunification. See separate policy, [8.39 Trial Home Visits](#);
2. For adoption [10.1 Planning for Adoption - Overview](#);
3. For emancipation. See separate policy, [11.6 Transition Planning and Services](#); and
4. For guardianship. See separate policy, [8.40 Guardianship](#).

Regardless of the child's planned living arrangement, at the time of transition, the FCM will assure the permanent caregiver (or child, if he or she is being emancipated) has been given:

1. Information on the child's current needs for care;
2. A copy of the [Independent Living Plan](#). See [Independent Living Transition Planning Toolkit \(SF52691/CW2112\)](#) for more information;
3. Pertinent court orders, including, but not limited to, placement authorization, if the child is not being reunified with his or her parent;
4. Appropriate medical and educational information, including, but not limited to, a copy of the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#);
5. Clothing and other personal items accumulated during the child's stay in substitute care; and
6. The child's applicable benefits, (i.e. Medicaid, Social Security Income (SSI), etc.) have been transferred to the caregiver.

#### **PRACTICE GUIDANCE**

N/A


#### **FORMS AND TOOLS**

1. [Case Plan \(SF2956\)](#) – Available in ICWIS
2. [Independent Living Transition Planning Toolkit \(SF52691/CW2112\)](#)
3. [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#)- Available only in hard copy

#### **RELATED INFORMATION**

##### **When to Begin Planning for Transition**

Planning for permanent placement is an ongoing process. The CFT should consider transitional needs whenever the Permanency Plan is discussed or changed. Specific transition services should be discussed at least 30 to 45 days before the child's discharge date in order to allow time for implementation. In some cases, the planning window will be smaller and the FCM and the CFT will have to work more quickly.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> January 1, 2009
	<b>Section 42:</b> Verifying Citizenship or Immigration Status	<b>Version:</b> 3

<b>POLICY</b>
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The Indiana Department of Child Services (DCS) will verify the citizenship or immigration status for all children under the care and supervision of DCS.

DCS will require that the child's parent, guardian, or custodian provide acceptable documentation verifying the child's citizenship or immigration status.

DCS will accept copies of the original or certified copies of the documents, as proof of citizenship or immigration status.

DCS will accept **verified** data from the exchange with Indiana Client Eligibility System (ICES) as proof of citizenship or verification of immigration status.

Code Reference  
N/A

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will obtain copies of documents from the parent, guardian, or custodian verifying the child's citizenship or immigration status.

DCS must obtain copies of any one (1) of the following documents as proof of citizenship:

1. United States (U.S.) public birth certificate showing birth in one of the 50 states, District of Columbia, Puerto Rico (if born on or after January 1, 1941), Guam, the U.S. Virgin Islands, American Samoa, Swain's Island, or the Northern Mariana Islands;
2. Final adoption decree that shows the child's name and place of birth in the U.S;
3. U.S. passport, issued without limitations, even if it is expired;
4. Certificate of Naturalization - N-550 or N-570;
5. Certificate of Citizenship - N-560 or N-561;
6. Certification of Report of Birth (DS-1350);
7. Consular Report of Birth Abroad of a Citizen of the United States (FS-240);
8. Certification of Birth Abroad (FS-454);
9. American Indian Card (I-872) issued by the Department of Homeland Security with the classification code "KIC"; and
10. Northern Mariana Card (I-873).

If the client is not a U.S. citizen any one of the following are acceptable immigration documents:

1. Permanent Resident Card (I-551);
2. Temporary I-551 stamp/with passport or I-94 with alien number;
3. Employment Authorization Card ( work permit I-766 or I-688B);
4. Valid foreign passport with photo with a visa that includes a valid form I-94 indicating the authorized duration of stay in the U.S.;
5. Valid foreign passport with a current visa that states “Upon Endorsement Serves as Temporary I-551 evidencing Permanent Residence for 1-year.”
  - a. Canadian passports are not required to have a visa or a form I-94, and
  - b. Applicants from the Federated States of Micronesia, Palau, and the Republic of the Marshall Islands are not required to present a visa but must submit a form I-94.
6. Form I-94 stamped with “Section 207” refugee status; and
7. Form I-94 stamped with “Section 208” asylum status.

#### **PRACTICE GUIDANCE**

N/A


#### **FORMS AND TOOLS**

N/A

#### **RELATED INFORMATION**

##### **[NEW] Financial Support**

Documentation of a child’s U.S. citizenship or qualified alien status is a requirement for federal funding (Title IV-E foster care, Title IV-A Emergency Assistance, Title IV-E Waiver) which covers some of the costs of substitute care and DCS’s administrative expenditures. The child’s citizenship status needs to be documented in Indiana Child Welfare Information System (ICWIS) and copies of the required documentation kept in the child’s case file. The document used to verify citizenship should be also be recorded in ICWIS on the 'Verifications' screen in the Eligibility Module.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8: Out-of-Home Services</b>	<b>Effective Date:</b> March 1, 2011
	<b>Section 43: Meaningful Visits</b>	<b>Version:</b> 1

**POLICY [NEW]**

The Indiana Department of Child Services (DCS) will observe and evaluate the parent-child relationship during all visits. DCS will always address child safety. The observation and evaluation must be documented in the Indiana Child Welfare Information System (ICWIS). Any and all safety concerns must be reported immediately. Safety provisions will be developed to address all identified safety concerns.

Throughout the life of the case, DCS will assess safety and risk when visiting with the parent, guardian, or custodian and the child(ren) who are placed in out-of-home care. DCS will identify the parent, guardian, or custodian’s functional strengths and underlying needs through the Child and Family Team Meeting (CFTM).

Code References

N/A

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Address and assess safety and risks, stability, well-being, and permanency during all visits with the parent, guardian, or custodian and the child(ren) placed in out-of-home care;
2. Ensure that sufficient time and opportunity is given to observe and evaluate the parent-child relationship during all visits;
3. Identify the parent, guardian, or custodian’s functional strengths and underlying needs;
4. Partner with the parent, guardian, or custodian to utilize their functional strengths and underlying needs to identify formal and informal supports;
5. Report any and all safety concerns to the Supervisor immediately
6. If a safety concern is identified, collaborate with the parent, guardian, or custodian and the child(ren), if age appropriate, to develop safety provisions;

7. Follow up at the Child and Family Team (CFT) meeting regarding adherence to the documented safety provisions. See separate policy, [5.7 Child and Family Team Meetings](#); and
8. Accurately document in ICWIS within 'Contacts', the observation, evaluation and outcomes of visits with the parent, guardian, or custodian and the child(ren). It is important to reflect in the 'Contact' that the parent, guardian, or custodian was actively involved during the visitation and if any barriers were identified by the parent, guardian, or custodian or FCM to prohibit the completion of activities or objectives agreed upon by the CFT.

<b>PRACTICE GUIDANCE</b>
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N/A

<b>FORMS AND TOOLS</b>
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[Family Functional Assessment \(FFA\) Field Guide](#) – Available in ICWIS

<b>RELATED INFORMATION</b>
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**Use of the Family Functional Assessment (FFA) Field Guide**

The FCM is strongly encouraged to utilize the [FFA Field Guide](#) for suggested questions to assist in gathering the parent, guardian, or custodian's functional strengths and underlying needs.

DCS will utilize the family's functional strengths along with assessed protective factors to assist in the identification of informal and formal support systems that may decrease the possibility of future risk of child abuse and/or neglect (CA/N). Over time, ideally, the parent, guardian, or custodian's functional strengths should increase with the completion of identified services, which address underlying needs. Each individual case should be evaluated independently based upon its own unique conditions.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> January 1, 2012
	<b>Section 45:</b> Assistance for Unlicensed Relative Placements	<b>Version:</b> 1

<b>POLICY [NEW]</b>
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The Department of Child Services (DCS) is committed to meeting the financial needs of children in unlicensed relative placements by providing the following assistance:

Personal Allowance: of up to \$300 over the course of one (1) year available to the relative placement after the 8<sup>th</sup> consecutive day of placement. These funds may be expended and are reset at the beginning of each calendar year. These funds can be used for items such as, but not limited to, computer hardware and/or software required for courses, field trips, driver's education (unless eligible for emancipation Goods & Services Funds), class pictures, book rental fees, application fees, tutoring, internet classes, extracurricular activities, musical instruments, sporting equipment, electronic devices (e-readers, laptops, etc.), high chairs, car seats, other baby equipment, prom dress or other special occasion clothing, other school related events fees, equipment and fees associated with extracurricular activities (including activities for young children), preschool, and summer school. The following items are not permitted or reimbursable: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (gas, visa, Wal-Mart, etc.), cash, checks or money orders.

**Note:** DCS will reimburse the unlicensed relative for all of the above covered items upon receipt of a properly claimed invoice with a receipt attached for each of the items.

Initial Clothing and Personal Items Allotment: available upon initial placement of up to \$200 per child. These funds are to be utilized for clothing and personal items such as, but not limited to, clothing, socks, shoes/boots, coats, toiletries, personal hygiene items, undergarments and hair products.

Special Occasion Allowance: available for all children in the amount of \$50 for each child's birthday and \$50 for holiday gifts for each child. In order for the unlicensed relative to receive reimbursement for the Special Occasion Allowance, the child must be in the relative's care on the day of his or her birthday and December 25th. These items include, but are not limited, to toys, video games or other electronics, salon services, clothing, jewelry, sporting equipment, birthday party, and tickets to an event on his or her birthday. Items not allowable are: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (gas, visa, Wal-Mart, etc.), cash, checks or money orders.

**Note:** No referral is needed to receive reimbursement for the Special Occasion Allowance. DCS will reimburse the unlicensed relative for all of the above covered items upon receipt of a properly claimed invoice with a receipt attached for each of the items (See Practice Guidance).

Bedding Allowance: only if needed and pre-approved available up to \$400 per child for a bed and bedding. This is a one time payment and the bed and bedding must go with the child should they return home or be moved to a different placement.

Child Care Allowance: only if approved for a need during work or school hours available up to \$18 per day or \$90 per week, per child, for licensed child care costs. This funding is available for up to six (6) months or until Child Care Development Fund (CCDF) Vouchers begin, whichever occurs first. Children in unlicensed relative placements must attend state licensed child care facilities. (See practice guidance)

Respite Care: if needed and approved by the FCM available for up to five (5) days a calendar year. The respite care must be in a licensed foster parent's home. Respite will require a referral to be done by the FCM.

Travel Reimbursement: for properly claimed travel expenses incurred for a child placed in unlicensed relative care. Travel will be reimbursed monthly beginning at mile one (1) for travel such as:

1. Travel between the unlicensed relative home and the school in which the child was enrolled before placement and continues to be enrolled while residing with the unlicensed relative home if the school is not required to and/or does not provide transportation under applicable state law.
2. 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) and visits to facilitate the transition to another placement;
3. 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 foster visits during child inpatient episodes)
  - e. Occupational and Physical Therapy
  - f. Behavioral Health Counselor and Therapist
4. 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 meetings
  - e. Foster parent training sessions
  - f. Behavioral Health Counselor and Therapist
5. Other approved travel for activities consistent with the child's case plan.

DCS will not pay for the child to take trips with the unlicensed relative placement that are not related to the child's case plan.

**Note:** If a child moves placements mid-year, the new unlicensed relative or foster parent can be reimbursed for any personal allowance for the child that is remaining for the year.

Questions regarding a child's usage of annual allowances should be directed to the local Regional Finance Manager (RFM).

#### Code References

N/A

<b>PROCEDURE</b>
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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;
2. Complete a thorough inventory of the child's clothing and/or personal items on the [Clothing/Personal Items Inventory List](#) at placement and changes throughout the life of the case. The inventory of the child's clothing and/or personal items should be:
  - a. Taken anytime the child is removed from their home;
  - b. Reviewed with and signed by the unlicensed relative acknowledging what items belong to the child and were brought with and/or for the child.
3. If it is not possible to take the child's clothing and/or personal items at the time of removal, make efforts to pick them up within 48 hours;
4. Engage the Child and Family Team (CFT) to identify community supports and services which may be able to assist the relative in meeting the child(ren)'s financial needs;
5. If a need is identified, request that the Supervisor evaluate the clothing and/or personal items situation and authorize the purchase of additional clothing;
6. If the child does not have adequate clothing and/or personal items at the time of removal complete a referral for the a one time Initial Clothing and Personal Items Allotment to assist the unlicensed relative in acquiring clothing and/or personal items for the child within 60 days of initial placement and submit for payment within 30 days;
7. Complete a referral for the use of Personal or Bedding Allowances to assistance to assist in reimbursement efforts for the unlicensed relative if a need is identified and the item(s) requested is a permitted expense;

**Note:** Prior to completing referrals for the use of Personal or Bedding Allowances it should be verified that the requested amount does not exceed the allotted amount and has not previously been expended for the child. Questions regarding a child's usage of annual allowances should be directed to the local RFM.

8. Ensure the unlicensed relative has applied for a Child Care Development Fund (CCDF) Voucher (see practice guidance);
9. Complete a referral for child care assistance in reimbursement efforts for the unlicensed relative if a child care need is identified;
10. Complete a referral for respite care if a need is identified;
11. Inform the unlicensed relative of the travel invoicing instructions (see forms and tools);
12. If the relative has unusual circumstances or a situation that requires additional financial support file an appropriate appeal.

Appeals for Additional Funding:

1. The FCM will complete the [Appeal for Additional Funding](#) form detailing the unusual circumstances and situations prior to the expenditure of any funds and submit to the Supervisor for approval or denial;



2. The Supervisor will review and approve or deny the appeal for additional funding. The Supervisor will immediately notify the FCM if the request is denied. If the Supervisor approves the appeal for additional funding, it will be submitted to the DCS Local Office Director for approval or denial.
3. The DCS Local Office Director will approve or deny the appeal of additional funding. If the DCS Local Office Director approves the appeal for additional funding, the written request will be sent to the Regional Manager (RM) and if approved the RM will send a copy to the RFM.
4. The RM will notify the Local Office Director of the final determination via written correspondence.

<b>PRACTICE GUIDANCE</b>
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Special Occasion Allowance

FCM's and Foster Care Specialists should make all unlicensed relative placements aware of invoicing instructions in order to utilize the Special Occasion Allowance. All unlicensed relative placements need to fill out a [Vendor Information SF 53788](#) in order to receive reimbursement from the state. All relatives should utilize the standard invoice, [SF 28808 Claim for Support of Children Payable from Family & Children Funds](#) and attach all receipts in order to receive reimbursement for the Special Occasion Allowance.

Additional Assistance

FCM's should provide unlicensed relative placements with information regarding Temporary Assistance for Needy Families (TANF), a program managed by the Division of Family Resources (DFR) to provide temporary financial assistance to qualifying children in relative care. TANF is available for a single parent family or a family in which a parent is disabled/unemployed/underemployed (unable to work, possibly due to illness, or lack of education or job training).

To apply for TANF, the relative should contact their local DFR office. The applicant or recipient must provide their local DFR office with accurate and complete information regarding the child(ren), parent(s) and all other household members whose income and needs are to be assessed in order to determine eligibility. In addition, individual members must provide their Social Security numbers meet state residency and citizenship/alien requirements, employment and child support assignment requirements. The local DFR office has the responsibility to process applications, certify eligible applicants for participation, and issue benefits. Applications may be taken to the local DFR office, mailed or faxed.

**The amount of cash payment** is determined by the number of eligible family members and their total income. The standard for a family including children and their caretaker is reflected in the chart below. A child can be considered a family of one (1) in some circumstances without the relative's income being considered. In the case of sibling children, the sibling could comprise a family without the relative's income being considered.

**Income Standard**

<b>Family Size</b>	<b>Gross Income Limit</b>	<b>Maximum Monthly Benefit</b>
1	\$286.75	\$139.00

2	\$407.00	\$198.00
3	\$527.25	\$256.50
4	\$647.50	\$315.00
5	\$767.75	\$373.50
6	\$888.00	\$432.00
7	\$1008.25	\$490.50
8	\$1128.50	\$549.00
9	\$1248.75	\$607.50
10	\$1369.00	\$666.00

More information on TANF can be found at: <http://www.in.gov/fssa/dfr/2684.htm>

FCM's should inform unlicensed relatives about the Food Stamp program, called Supplemental Nutrition Assistance Program (SNAP). This program can help provide food for the child placed in relative care. The program enables low-income families to buy nutritious food through Electronic Benefits Transfer (EBT) cards. Families must qualify to receive this assistance. To apply for this program, visit this web site at <http://www.in.gov/fssa/dfr/2691.htm> for a copy of the application and information on where to submit the application.

The Child Care and Development Fund (CCDF) program provides financial assistance for child care for families who are working or enrolled in school. To apply for the CCDF voucher program, you must contact your local Intake Agents, which can be found at: <http://www.in.gov/fssa/carefinder/3900.htm>. If you receive a voucher, you must choose a child care provider who meets CCDF provider eligibility standards. More information can be found at: <http://www.in.gov/fssa/2552.htm> (in the left column, click on Child Care Assistance – Child Care Development Fund).


Relative placements that care for infants and children up to age five (5) may be eligible to participate in the Women, Infant and Children (WIC) program when the relative's children are Medicaid eligible. WIC is a supplemental food and nutrition program and participants receive vouchers that are redeemed for specified nutritious foods at designated groceries. Such foods consist of baby formula, cereal, eggs, milk, peanut butter, juice and other foods to meet a child's specialized needs. WIC participants also receive nutrition education, nutrition counseling, and referrals to other health services if needed. You can obtain information on applying at <http://www.in.gov/isdh/19691.htm>. You can also contact your state WIC representative at 1-800-522-0874 or email [inwic@isdh.in.gov](mailto:inwic@isdh.in.gov), or you can ask your FCM or Regional Foster Care Specialist for more information.

## FORMS AND TOOLS

1. [Application for Assistance, Food Stamps, Cash Assistance, Health Coverage](#)
2. [Clothing/Personal Items Inventory List](#)
3. [Appeal for Additional Funding](#)-available in hard copy
4. [SF 28808 Claim for Support of Children Payable from Family & Children Funds](#)
5. [Vendor Information SF 53788](#)

<b>RELATED INFORMATION</b>
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N/A

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2012
	<b>Section 46:</b> Resource Parent Complaint Resolution Process	<b>Version:</b> 1

**POLICY [NEW]**

The Indiana Department of Child Services (DCS) recognizes the rights of each resource parent. Resource parents should receive respect and support, and should be recognized as a partner in all interactions with DCS.

In the event of a disagreement with the Family Case Manager (FCM) or Regional Foster Care Specialist (RFCS) that cannot be resolved, resource parents can utilize a complaint resolution process.

The resource parent must begin the complaint resolution process by discussing the concerns with the FCM or RFCS. If a resource parent continues to have concerns after the discussion, the resource parent should contact the FCM or RCFS's immediate Supervisor. It is recommended that the resource parent should make contact with the Supervisor within five (5) calendar days of the discussion with the FCM or RCFS.

If the resource parent is not satisfied with the response of the FCM or RCFS's Supervisor, the resource parent should contact the DCS Local Office Director (LOD) or designee. The resource parent should make contact within five (5) calendar days of the response from the Supervisor. If after following these steps issues still remain unresolved, a written review may be requested with the local office's Regional Manager (RM). All requests for a review by the RM must be in writing, should detail the concerns and detail the decisions made by the local office staff. The decision by the RM shall be final.

**Note:** Court orders and rulings will take precedence over any attempt to resolve the complaint.

**Concerns regarding licensing, per diems and adoptions have a separate process and are not subject to this policy.**

Code References  
N/A

**PROCEDURE**

- The FCM/RCFS will:
1. Provide all notifications to the resource parent in a timely manner;
  2. Discuss any concerns of the resource parent as they arise; and
  3. Inform the immediate Supervisor of discussion that occurred and subsequently document the conversation in the Indiana Child Welfare Information System.

The Supervisor will:

1. Discuss upon request of the resource parent, either by telephone or in person, their concern;
2. Determine if the original decision was made in the best interest of the child and recognizing the rights of each resource parent;
3. Notify the resource parent in writing via e-mail or written correspondence and notify the FCM within five (5) business days of the decision; and
4. Notify the LOD of discussion held with resource parent, the decision that was reached and subsequently document the conversation in the Indiana Child Welfare Information System.

**Note:** If the original decision is changed or modified, the Supervisor should notify the FCM with instructions for further action.

The LOD or designee will:

1. Discuss upon request of the resource parent, either by telephone or in person, their concern and the decision reached by the Supervisor;
2. Determine if the decision was made in the best interest of the child and recognizing the rights of each resource parent; and
3. Notify the resource parent, FCM/RCFS and Supervisor within five (5) business days of the decision.
  - a. The notification to the resource parent shall be in writing via e-mail or written correspondence, and
  - b. If the original decision is changed or modified, the LOD should notify the Supervisor with instructions for further action by the FCM/RCFS.

The RM will:

1. Review the written request;
2. Clarify information with the appropriate parties involved, if necessary;
3. Determine if the decision was made in the best interest of the child and recognizing the rights of each resource parent;
4. Notify the LOD of the final decision made with instructions for further action; and
5. Notify the resource parent in writing via e-mail or written correspondence of the final decision made.

## **PRACTICE GUIDANCE**

The Complaint Resolution Process is designed to give resource parents some recourse when there is disagreement with decisions that are made. DCS and resource parents, working together, can build and support a safe environment in which information will be shared and valued.


DCS staff should seek and consider input from resource parents before making final decisions concerning the care and well-being of children who are in their care. The FCM/RCFS should encourage resource parents to provide input during Child and Family Team Meetings (CFTM), Case Conferences and during routine face-to-face, telephonic or e-mail communications with the FCM/RCFS to address any possible concerns.

## **FORMS AND TOOLS**

N/A

<b>RELATED INFORMATION</b>
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N/A

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-Of-Home Services	<b>Effective Date:</b> July 1, 2012
	<b>Section 47:</b> Permanency Roundtables	<b>Version:</b> 1

**POLICY [NEW]**

The Indiana Department of Child Services (DCS) is committed to obtaining permanency for all Children In Need Of Services (CHINS) who are in care. DCS will ensure that providing appropriate care and finding permanent homes for these children remains a focus in case planning.

DCS will utilize a Permanency Roundtable (Roundtable) to review permanency options for children with uncertain permanency, including youth who have been in residential placement for longer than six (6) months. During the Roundtable, the team will develop an action plan to assist the child in attaining permanency.

All participants in Roundtables must have attended a Permanency Roundtable Orientation.

Roundtables will be scheduled quarterly for each region. The dates for Roundtables within each region are determined by Regional Managers (RMs) in conjunction with the Central Office Permanency Support Team.

Permanency Roundtable Core Teams must include:

1. Family Case Manager (FCM);
2. FCM Supervisor;
3. Facilitator;
4. Master Practitioner;
5. Regional Permanency Roundtable Liaison;
6. Permanency Experts;
7. Service Experts;
8. Scribe; and
9. Central Office Liaison.

Permanency Roundtable Core Teams may also include:

1. DCS Clinical Consultant;
2. DCS Local Office Attorney;
3. DCS Practice Development Supervising Attorney;
4. DCS Practice Consultant;
5. DCS Peer Coach;
6. DCS Peer Coach Consultant; and
7. Other Staff as needed and identified by the RM or Regional Permanency Roundtable Liaison.

Code References:

1. [IC 31-9-2-88.7 Permanency Roundtable](#)
2. [IC 31-34-21-5.7 Permanency Plan; Requirement; Approval; Reports and Orders not required](#)

<b>PROCEDURE</b>
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**In Preparation for the Roundtable**

In preparation for Roundtables, **all** participants must attend a Roundtable Orientation.

Regional Permanency Teams will:

1. Identify cases that include children who have not achieved permanency and meet the criteria for participation in a Permanency Roundtable (See Permanency Roundtable – Indiana Fidelity Document ); and
2. Refer these cases for a Roundtable through the RM and Permanency Liaison.

The FCM and FCM Supervisor will:

1. Update the hard copy and electronic case file to ensure all information is correct and current service provider notes are available;
2. Work with the Regional Permanency Liaison to ensure all requested information on the child to be reviewed is provided and the child continues to meet the criteria for a Roundtable; and
3. Prepare an oral presentation of the selected case for the Roundtable. (See Oral Presentation Outline in Practice Guidance)

The Regional Permanency Liaison will:

1. Obtain the name of the child to be reviewed from the Regional Permanency Team or RM;
2. Ensure the FCM and FCM Supervisor for the case being reviewed has attended a Roundtable Orientation;
3. Submit the name of the child to the Central Office Permanency Support Team three (3) weeks prior to the Roundtable;
4. Arrange for core team members to attend the Roundtable;
5. Obtain a draft of the documentation and case summary from the Central Office Support Team to review and finalize two (2) weeks prior to the Roundtable;
6. Work with the FCM and FCM Supervisor to assure all information (including the case summary document) on the child to be reviewed is correct;
7. Forward documentation and the case summary document to Roundtable core team members one (1) week prior to the Roundtable; and
8. Forward documentation and case summary document to the Central Office Permanency Support Team for follow-up.

The Central Office Permanency Support Team will:

1. Provide Orientations for all participants in Roundtables;
2. Provide training for Scribes and Facilitators;
3. Receive the name of the child to be reviewed from the Regional Permanency Liaison;
4. Pull documentation for the child to be reviewed (Child and Adolescent Needs and Strengths Assessment, Genogram, Child and Family Team (CFT) Meeting Notes,



- current service provider reports); and
5. Complete a Case Summary/Data Sheet and forward the information to the Regional Permanency Liaison for review.

The Scribe will enroll in and complete a Scribe Webinar to become familiar with the Roundtable documents.

The Facilitator will:

1. Participate in a Roundtable they are not facilitating;
2. Attend Facilitation Training; and
3. Co-facilitate with an experienced Roundtable Facilitator prior to facilitating a Roundtable.

### **During the Permanency Roundtable Meeting**

The FCM and FCM Supervisor will:

1. Offer an oral presentation on the child/case that is being reviewed (See Oral Presentation Outline in Practice Guidance); and
2. Participate in Roundtable discussion and creation of action steps to achieve permanency.

The Facilitator will:

1. Guide the Roundtable process;
2. Maintain the Roundtable agenda and time-limits;
3. Maintain the integrity of the Permanency Roundtable – Indiana Fidelity Document;
4. Facilitate discussion and collaboration among Roundtable Core Team members; and
5. Ensure the action plan is completed with a focus on permanency.

The Scribe will:

1. Record and organize the information generated by the Roundtable process;
2. Assist in composing behaviorally specific Goals and Action Steps developed in the Roundtable; and
3. Send the completed Action Plan within 48 hours to the FCM, FCM Supervisor, Permanency Roundtable Consultant, RM or designee and the Central Office Permanency Support Team.

### **For Permanency Roundtable Follow-up**

The FCM and FCM Supervisor will:

1. Integrate the action plan into the case plan by sharing the action plan with the family team at a CFT Meeting; and
2. Communicate monthly with an assigned Permanency Mentor from another region who will support and guide the FCM and FCM Supervisor in achieving permanency for the child.

**Note:** Follow-up will continue until permanency is achieved or the case is closed.

The Regional Permanency Liaison will:

1. Assure follow-up is completed for each case; and
2. Provide an updated follow-up form to the Central Office Permanency Support Team.

The Central Office Permanency Support Team will:

1. Assign a staff person/mentor from another region who will provide support to the FCM and FCM Supervisor in achieving permanency for the child;
2. Receive follow-up information from the Regional Permanency Liaison and document that information in a data base; and
3. Provide quarterly reports to the field and Central Office Executive Staff.

The Permanency Mentor will:

1. Communicate monthly with the FCM and FCM Supervisor to give support in achieving permanency for the child. Monthly follow-up will continue until permanency is achieved or the case is closed; and
2. Provide completed monthly follow-up forms to the Regional Permanency Roundtable Liaison.

## **PRACTICE GUIDANCE**

### **FCM/Supervisor Oral Presentation**

The oral presentation at the Roundtable is no longer than 20 minutes and should include the following:

1. A brief introduction by FCM including educational and work history and length of time assigned to the child being reviewed;
2. A brief description of the family:
  - a. When and why DCS became involved with this child,
  - b. Family strengths, and
  - c. Issues and challenges affecting progress toward permanency.
3. A brief description of the child in DCS care:
  - a. Age,
  - b. Gender,
  - c. Diagnosis,
  - d. Medications,
  - e. IQ Level,
  - f. Placement, and
  - g. Current permanency plan.
4. Description of other significant relationships (youth connections/caring adults) in the child's life;
5. Description of any court processes that may be affecting progress toward permanency in this case;
6. Description of the child's vision of his/her permanency and needs to achieve their permanency goals;
7. Description of the FCM's vision of permanency for this child; and
8. Summary of what it is going to take from the FCM's perspective to achieve Permanency for this child.

### **Roundtable Schedule**

The Permanency Roundtable is approximately two (2) hours in length and includes the following steps in the process:

1. **Welcome and Overview** (5 minutes)

The facilitator welcomes the team and sets the tone for the meeting (strength-based and solution-focused). The facilitator also reviews the purpose of the meeting (focus on doing what it takes to achieve permanency) and process. Team members introduce themselves and develop group agreements.

2. **Present the Case** (20 minutes)  
The FCM presents a case summary. The facilitator invites additional comments on the case from the supervisor and others. Team members listen and take notes.
3. **Clarify and Explore** (15 minutes)  
Team members ask questions to clarify and expand upon information presented, While exploring all aspects of the case. The child's current permanency status is defined.
4. **Brainstorm** (30 minutes)  
Team brainstorming solutions focus around five key questions:
  - a. What will it take to achieve permanency?
  - b. What can we try that has been tried before?
  - c. What can we try that has never been tried?
  - d. What things can we do concurrently?
  - e. How can we engage the youth in planning for permanence?
5. **Create Permanency Action Plan** (40 minutes)  
The facilitator assists the team in reviewing, combining, and prioritizing strategies developed during brainstorming phase. The strengths of each strategy are discussed and strategies and timelines are finalized. The team determines whether a concurrent plan is needed and if so, defines the plan. The facilitator leads discussion around what it will take to successfully implement each strategy and assists the team in creating specific action steps with target dates to include in the written action plan. Potential barriers and plans to overcome each identified potential barrier are developed.
6. **Debrief Case Consultation** (10 minutes)  
The facilitator leads a debrief using these questions:
  - a. How can the worker best explain the action plan to the family and youth?
  - b. Are there any unanswered questions or concerns? If so, how should they be addressed?
  - c. What did we learn in this discussion that could be applied to other cases?

## FORMS AND TOOLS

Permanency Roundtable – Indiana Fidelity Document - Available in Hard Copy

## RELATED INFORMATION

### **Permanency Roundtable**

A Permanency Roundtable is a team of DCS experts that come together in a very structured setting to review permanency options for a child with uncertain permanency. The intervention is designed to facilitate the permanency planning process for these youth placed in out-of-home care by identifying solutions for obstacles to permanency.

### **Regional Permanency Team**

Regional Permanency Teams are designed to ensure that all children live in a permanent, safe, and supportive environment after case closure. Permanency Teams are in place in each region to assist FCMs in achieving permanency for all children on their caseload. These teams are designed to supplement current existing practices. FCMs are expected to utilize all available permanency resources including Special Needs Adoption Program (SNAP).

Regional Permanency Team members can include: FCM, FCM Supervisor, Local Office Director, Regional Licensing Specialist, probation officer, CASA/GAL representative, and IL specialist. Cases reviewed by the team are specifically selected based on length of stay in care, time of involvement, and severity of needs identified. The team reviews the case and develops plans to help move the child towards permanency. The team must also review and approve changing a child's permanency plan to APPLA.

### **Permanency Roundtable Roles**

#### **Facilitator**

A Roundtable Facilitator is a trained staff person from the region who is responsible for guiding the Roundtable process, maintaining the Roundtable agenda and assuring compliance with the time limits. The facilitator also leads discussion and collaboration among team members. This may be the RM or designee.

#### **Master Practitioner**

A Roundtable Master Practitioner is an experienced staff person in a position of authority from outside the region where the Roundtable is being facilitated. The master practitioner is responsible for providing guidance and internal consultation to enhance the achievement of permanency based on their extensive experience and demonstrated success in facilitation the achievement of permanency.

#### **Regional Permanency Roundtable Liaison**

The Regional Roundtable Liaison coordinates the Roundtable process for the region. Job duties include scheduling Roundtables as directed by the RM, securing locations for Roundtables, inviting core team members, ensuring preparation for the Roundtable is completed and information is distributed to all core team members, and ensuring fidelity to the Roundtable process. Additional job duties include ensuring action plans and monthly follow-ups are completed and distributed as needed until permanency is achieved or the case is closed.

#### **Permanency Mentor**

The Permanency Mentor supports the FCM and FCM Supervisor in achieving permanency for the child through monthly follow-up until permanency is reached or the case is closed.

#### **Permanency Experts**

Permanency Experts are Central Office Permanency and Practice Support Division staff who are responsible for advising Roundtable members on permanency-related issues.

#### **Service Experts**

Service Experts are Central Office staff from the Services and Outcomes Division staff who are responsible for advising Roundtable core team members on service-related issues such as array and availability.

#### **Scribe**

The Scribe is a regional staff person trained to organize and record the information generated by the Roundtable.

**Central Office Liaison**

The Central Office Liaison is a staff person who is available either in person or by email or phone who can provide system-level experience, authority and assistance in achieving permanency.

**Clinical Consultant**

The DCS Clinical Consultant is a licensed clinician who can provide clinical insight as it applies to permanency.

**Practice Consultant**

The Practice Consultant may be available for the Roundtable process to ensure fidelity to the DCS Practice Model on a system level.

**Peer Coach**


The Peer Coach may be available for the Roundtable process to ensure fidelity to the DCS Practice Model by providing direct assistance to field staff.

**Peer Coach Consultant**

The Peer Coach Consultant may be available for the Roundtable process to ensure fidelity to the DCS Practice Model by providing assistance to Peer Coaches.

**Central Office Permanency Roundtable Support Team**

The Central Office Permanency Roundtable Support Team includes the Assistant Deputy Director of the Permanency and Practice Support Division, Program Manager for Permanency and Practice Support, Program Manager for Adoption and Youth Connections, and Permanency Roundtable Consultants.

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Care	<b>Effective Date:</b> October 1, 2012
	<b>Section 48:</b> Relative Placements	<b>Version:</b> 1

**POLICY [NEW]**

The Indiana Department of Child Services (DCS) is committed to securing the most family-like setting for a child when removal from the home occurs. DCS will first consider placing a child with an appropriate noncustodial parent before considering placement with a relative caregiver. If placement with a noncustodial parent or relative caregiver is not possible, DCS will then explore other placement options. DCS will make efforts to minimize stress to the child when transitioning into relative care. By fostering a partnership with the family, relative care placements will lessen the negative effects of removal and increase the likelihood of achieving permanency for the child.

Adult relatives (18 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 aunt or uncle;
4. Adult cousins;
5. Parents and extended family of half siblings;
6. Former step parents and extended family; or
7. Any other adult relative suggested by either parent of a child including but not limited to extended cousins, great or great, great aunts or uncles.

DCS will conduct all required background checks for emergency or non-emergency unlicensed relative placements. See separate policies, [8.6 Conducting Background Checks for Unlicensed Placements](#) and [8.7 Evaluation of Background Checks for Unlicensed Placements](#). After required background checks are complete, DCS will then complete a home visit to the relative's home *prior* to the placement. The [Relative Home Environment Checklist SF 55106](#) must be completed with the relative either prior to or at the time of placement to ensure the physical environment of the relative's home is safe and appropriate for the child. Documented supervisory approval is required for any bolded item on the checklist not being met at the time of placement and any items being met through alternative means. DCS will address all items marked for follow up on the [Relative Home Environment Checklist SF 55106](#) within 48 hours unless a documented supervisor approved plan for the requirement exceeds 48 hours.

DCS will inform relative care placements of support services available to them to promote child permanency, stability and well-being. Please see separate policy, [8.45 Assistance for Unlicensed Relative Placements](#). DCS will ensure appropriate services are in place for both the child and the relative caregiver. Please see [Financial Assistance Options for Relative Caregivers Brochure](#). DCS will continue to monitor the relative placement to ensure a safe environment with appropriate supervision is being provided.

Relative caregivers who already have obtained licensure through a Licensed Child Placing Agency (LCPA) will receive the LCPA's per diem rate for children placed by DCS.

## Code References

[IC 31-34-6-2 Placement with a Family Member](#)

[IC 31-9-2-117.3 Sibling](#)

## PROCEDURE

For emergency and non-emergency relative placements, the Family Case Manager (FCM) will:

1. Assist the parent, guardian or custodian in identifying possible appropriate relative placement options;
2. Ensure the [Statement of Attestation by Relative Regarding Relationship SF 52727](#) is completed by the relative requesting placement affirming the relationship between the relative caregiver and child;
3. Complete the required emergency or non-emergency background check procedures for unlicensed placements. See separate policy, [8.6 Conducting Background Checks for Unlicensed Placements](#) and [8.7 Evaluation of Background Checks for Unlicensed Placements](#).

**Note:** FCMs may complete background checks on more than one (1) relative home if necessary to allow the child to be placed in relative care. See Practice Guidance for further information.

4. Complete an assessment of the relative home where the child will be placed by completing the [Relative Home Environment Checklist SF 55106](#) at the time of placement or prior to placement;
5. Obtain supervisory approval and document in Management Gateway for Indiana's Kids (MaGIK) any plans put into place to meet the requirements on the [Relative Home Environment Checklist](#);
6. Ensure the relative is provided the [Financial Assistance Options for Relative Caregivers Brochure](#) at placement;
7. Ensure the relative caregiver has read and signed the [Resource Parent Role Acknowledgment SF 54642](#);

**Note:** In some circumstances it may be appropriate for the Regional Foster Care Specialist (RFCS) to ensure the caregiver has read and signed the [Resource Parent Role Acknowledgment SF 54642](#) instead of the FCM.

8. Provide the relative caregiver with the [Authorization for Health Care-Resource/Non-Resource Family SF 54247](#) (full page) or [Authorization for Medical Care SF 45093](#) (card);
9. Ensure a plan is in place for school aged children to be transported to school with no disruption of the child's routine;
10. Address all items marked for follow up on the [Relative Home Environment Checklist SF 55106](#) within 48 hours unless a documented supervisory approved plan for the requirement exceeds 48 hours;
11. Advise the relative caregiver that a RFCS will be in contact with them regarding further information about licensing, support, etc within five (5) days;

**Note:** In non-emergency relative placements, the FCM and RFCS will have more time to prepare the relative caregiver by explaining financial obligations and assistance,

licensing requirements, safe sleep, water and fire safety, visitation, service referrals for the children, medical care, immediate and ongoing assistance available to relative caregivers and developing a plan for school transportation.

12. Provide the RFCS with a copy of the Relative Home Environmental Checklist to advise of the relative placement and determine if assistance is needed from the RFCS with following up items identified for follow up that have supervisory approval to exceed the 48 hour time frame for follow up (See Practice Guidance); and
13. Ensure any necessary service referrals are made for the child and relative caregiver.

The RFCS will:

1. Assist the FCM if needed in following up on items that exceed 48 hours or other supervisory approved timeframes for items checked for follow-up on the [Relative Home Environment Checklist SF 55106](#) (See Practice Guidance);
2. Make contact with the relative caregiver within five (5) days to address the possibility of the relative caregiver becoming a licensed foster parent; and
3. Provide the relative caregiver with the [Relative Resource Guide](#) and discuss all financial assistance available to the relative and answer any questions the relative caregiver may have regarding obtaining the financial assistance; and
4. Advise the relative caregiver new finger print and background checks are required if they pursue becoming licensed including applying for new waivers for child protective and criminal history.

## **PRACTICE GUIDANCE**

### **Supporting Relative Caregivers**

It is important for FCMs to support all relative caregivers. FCMs will be mindful that relative caregivers may not have planned to take emergency placement of their relative's children. This is especially true in emergency middle of the night placements. The FCM should be patient and exercise empathy for the relative 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 caregiver's home. The transition will be easier to achieve if the relative feels supported and can focus primarily on the child.

FCMs are responsible for communicating all of the support and clinical services that DCS can offer the relative caregiver. See separate policy, [8.45 Assistance for Unlicensed Relative Placements](#) for additional information on financial assistance for relative caregivers. The [Relative Home Environment Checklist SF 55106](#) requires the FCM to provide the relative caregiver with the [Financial Assistance Options for Relative Caregivers Brochure](#) and the RFCS to follow up and provide them with the [Relative Resource Guide](#) that outline the specific financial assistance that DCS offers as well as other community resources available to the relative caregiver.

### **Completion and Follow up on Relative Home Physical Environment Checklist**

The checklist indicates items that are minimum criterion for placement in a relative home. FCMs should use critical thinking skills when completing the checklist with the relative caregiver as the goal is not to make the checklist so restrictive that the placement cannot be achieved. The FCM should assist the relative caregiver in finding solutions to any issues that may arise from the completion of the checklist. In the section for follow up, the placing FCM is to indicate what



action is required to complete the checklist requirement. FCMs should document what the plan is for achieving all required items.

If an item is marked for follow up, the follow up should occur within 48 hours of the emergency placement, unless there is a documented supervisory approved plan that follow through will exceed 48 hours. Follow up can be completed by the placing FCM, ongoing FCM, or RFCS. The placing FCM should complete all follow up within 48 hours. If follow up is approved to go beyond 48 hours, the RFCS will complete the follow up. It is important for the FCM and RFCS to coordinate who will be completing the follow up. In situations where an FCM is unable to follow up within 48 hours due to other responsibilities associated with a removal, the FCM should seek supervisory approval to have the RFCS assist. Items will never be marked for follow up that are immediate safety concerns for the child as DCS should not be placing (or recommending placement to the court) if there are immediate safety concerns in the home. In non-emergency relative placements, there should be no items that are marked for follow up unless supervisory approval is obtained. The checklist allows for a documented discussion to occur about potential safety concerns. This discussion should consist of reinforcing awareness of potential safety concerns regarding fire and water safety.

### **Emergency and Non-Emergency Name-Based Relative Background Checks**

Relatives who have an emergency named-based check completed but do not have a child placed in their care are not required to be fingerprinted. In these instances, the FCM must complete the [Follow-Up Action for Name-Based Check SF 53424](#) answering questions 1 through 6, 8 and 10 and submit to Indiana State Police (ISP) Records within 72 hours of the named based check. The [Application for Criminal History Background Check SF 53259](#) must be completed and submitted to ISP Data Operations within 24 hours regardless of whether a child is placed with the relative or not.

For non-emergency placements, FCMs should ensure all other required background checks (Sex offender, Child protective services, LEA) are completed prior to requesting the relative be fingerprinted.

In event that a relative home is court ordered, all background checks policies still apply including the need for waivers for child protective services and criminal history. Please see policies, [8.6 Conducting Background Checks for Unlicensed Placements](#) and [8.7 Evaluation of Background Checks for Unlicensed Placements](#).

### **Safe Sleeping**

FCMs will talk to parents, guardians, and caregivers about safe sleeping for infants and will document the discussion in the Management Gateway for Indiana's Kids (MaGIK). Refer to the below information for safe sleeping guidelines:

1. Always place babies on their backs to sleep. The back sleep position is the safest;
2. In December 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (e.g. cribs that allow for the sides to be lowered and raised). These types of cribs should be avoided for children. See the following link for a picture of the new crib: <http://www.cpsc.gov/nsn/cribrules.pdf>;
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 pillows, bean bags, quilts, sheepskins or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of baby's sleep area. Do not use pillows, blankets, quilts, or pillow like crib bumpers in the sleep area and keep any other items away from the baby's face;

5. Keep baby's sleep area close to, but separate from, where you and others sleep. Babies should not sleep in a bed, on a couch, or armchair with adults or other children. They can sleep in the same room as you;
6. Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult; and
8. Reduce the chance that flat spots will develop on a baby's head by providing "tummy time" when the baby is awake and someone is watching, changing the direction that the baby lies in the crib from one week to the next, and avoiding too much time in car seats, carriers and bouncers.

More information can be found through:

1. [The American Academy of Pediatrics](#);
2. [Healthy Children.org](#);
3. [The National Institute of Health](#); and
4. [The DCS Website](#).

## FORMS AND TOOLS

[Relative Home Environment Checklist SF 55106](#)

[Financial Assistance Options for Relative Caregivers Brochure](#)

[Relative Resource Guide](#)

[Resource Parent Role Acknowledgment SF 54642](#) (also located in the back of the Relative Resource Guide)

[Authorization for Medical Care SF 45093](#) (Card)

[Authorization for Health Care-Resource/Non-Resource Family SF 54247](#) (Full page)


[Statement of Attestation by Relative Regarding Relationship SF 52727](#)

[Application for Criminal History Background Check SF 53259](#)

[Follow-Up Action for Name-Based Check SF 53424](#)

## RELATED INFORMATION

N/A

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out of Home	<b>Effective Date:</b> June 1, 2011
	<b>Section 44:</b> Reunification Reassessments (Out of Home)	<b>Version:</b> 1

**POLICY [NEW]**

The Indiana Department of Child Services (DCS) will conduct [Reunification Reassessments \(Out of Home\)](#) which includes a Risk Reassessment, Visitation Plan Evaluation, Reunification Safety Assessment, Placement/Permanency Plan Guidelines and Recommendation Summary on all open cases where at least one child is placed in substitute care.

The [Reunification Reassessments \(Out of Home\)](#) will be used to structure critical case management decisions for children in placement who have a reunification goal by:

1. Routinely monitoring critical case factors that affect goal achievement;
2. Helping to structure the case review process; and
3. Expediting permanency for children in substitute care.

**Note:** If more than one household is receiving reunification services, complete one tool on each household.

[Reunification Reassessments \(Out of Home\)](#) will be conducted at least every 180 days and prior to completing an updated case plan. [Reunification Reassessments \(Out of Home\)](#) will also be conducted when reunification is recommended, when a change in the permanency planning goal is identified and sooner if there are new circumstances or new information that affect risk that are identified.

The [Reunification Reassessments \(Out of Home\)](#) guides decision making to:

1. Return a child to the removal household\* or to another household with a legal right to placement (non-removal household);
2. Temporarily maintain out-of-home placement; and/or
3. Terminate reunification services and implement a different permanency plan.

**Note:** \*Removal household is that household from which the child was removed, or, if due to joint custody that designation is unclear, then the household where the most serious maltreatment occurred is to be designated the removal household. Non-removal households are those with legal rights to the child (father's home, mother's home).

Code References

N/A

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Answer all questions on the [Reunification Reassessments \(Out of Home\)](#);
2. Determine the Reunification Risk Level, noting any appropriate Overrides;

3. Evaluate the Visitation Plan by indicating visit frequency and quality of visit;
4. Determine if any safety threats exist;
5. Indicate which protective factors mitigate the safety threats;
6. Indicate if any safety interventions could control the threat to safety;
7. Identify the safety decision;
8. Use the Placement/Permanency Guidelines decision tree to obtain a recommendation;
9. Use the Override function, in conjunction with supervisory approval to document a different case outcome;
10. Use the Recommendation Summary of all of the Reunification Assessment Components to make case recommendations; and
11. Discuss the results of the [Reassessments for Reunification \(Out of Home\)](#) with the CFT to develop a plan to assist in the identification and utilization of the families strengths, and informal supports to address needs.

If no safety threats exists and the risk is low to moderate, consider recommending case closure.

### **PRACTICE GUIDANCE**

Consider how safe the child would be if he/she were to be returned home at this time. Consider current conditions in the home, current caregiver characteristics, child characteristics, and interactions between caregivers and child during visitation. Note that safety threat items are the same as on the original safety assessment but may have slight variations to reflect the decision at hand. Prior to assessing the current safety, the worker should review the safety assessment that led to removal. Indicate (mark) whether any child vulnerabilities are present. Consider these vulnerabilities when reviewing safety items. Note that these vulnerability issues provide a context for safety assessment. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe.

### **FORMS AND TOOLS**

1. [Reunification Reassessments \(Out of Home\)](#) – Available in the Indiana Child Welfare Information System

### **RELATED INFORMATION**

Following the principles of family-centered practice, the reunification reassessment is completed in conjunction with each appropriate household and begins when a case is first opened. The case plan should be shared with the household at the beginning so that the household understands what is expected. The reunification reassessment form should be shared with the household at the same time so that the household understands exactly what will be used to evaluate reunification potential and the threshold they must reach. Specifically inform them of their original risk level, and explain that this will serve as the baseline for the reunification reassessment (unless a new referral is received, in which case the new risk level will be used). Explain that a new substantiation or failure to progress toward case plan goals would increase their risk level, and that progress toward case plan goals will reduce their risk level. Explain that both the quantity and quality of their visitation will be considered. Provide information on the reunification safety assessment and explain that if everything else would permit reunification, the final consideration is safety. They must either demonstrate that no safety threats are present or there must be a plan to address any identified safety threats.