OVERVIEW AND PURPOSE

The Indiana Department of Child Services (DCS) partners with children and families to provide services in order to address issues that lead to Child Abuse and/or Neglect (CA/N) and ensure the safety, permanency, stability, and well-being of children. DCS also assesses allegations of (CA/N) and oversees licensing services for resource parents and child caring institutions. In addition, DCS is responsible for child support services and partners with county Prosecuting Attorneys, county Clerks of the Court, and various other local, state, and federal agencies to assist families with child support services under Title IV-D of the Social Security Act.

Note: The DCS Child Welfare Policy Manual does not address child support policy except to the extent that it intersects with child welfare policy.

DCS Child Welfare Policy provides:

- Statements of Purpose that govern child welfare practice in Indiana;
- Legal references to both federal and state laws, rules, and regulations, which establish the authority of the agency and set statutory parameters of agency authority within those areas;
- Procedures for policy implementation;
- Practice Guidance to assist with the application and execution of policies; and
- Related Information to provide further explanation and clarification of the policies and procedures.

The DCS Child Welfare Policy Manual is comprised of various chapters that contain information directly related to the duties of DCS staff members. Statements of Purpose are directives that define and guide child welfare practice.

Procedures are a series of steps to be taken by the agency in partnership with families in order to accomplish the directives established in the Statements of Purpose. Procedures provide case management information, including directions regarding information to be documented in the case management system.

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes.

Related Information gives further clarification about the Statements of Purpose and Procedure by providing definitions, explanations of federal and state statutes, and links to sites that offer additional information regarding the topics addressed in the policy.
THE PRACTICE OF CHILD WELFARE

Child welfare services is a field of practice within social work where a partnership is developed with families in order to protect children who may be victims of CA/N and address the issues that lead to CA/N. When involvement is necessary, the least restrictive interventions are utilized, as DCS recognizes that the preservation of family and community ties are essential to safety, well-being, stability, and permanency for children. DCS recognizes and supports the preservation of family and community connections through our Mission, Vision, and Values.

MISSION

The Indiana DCS engages with families and collaborates with state, local, and community partners to protect children from abuse and neglect and to provide child support services.

VISION

Indiana children will live in safe, healthy, and supportive families and communities.

VALUES AND PRINCIPLES

RESPECT- We believe every person has value, worth, and dignity.

- Every person has value and worth and will be treated with respect and dignity.
- Every family has strengths that can be developed.
- Family members are experts of their own families. Service planning will consider the family rules, traditions, history, and culture.
- Family perspectives, goals and values will be regarded as critical to creating and maintaining child safety.
- Families are core members of the decision-making team, therefore decisions about child and family team interventions shall be relevant, comprehensive, and effective.
- Services provided to children and families will respect their cultural, ethnic, and religious heritage.
- DCS staff relationships and communications with community partners will be conducted with empathy, honesty, and openness.

SAFETY- We believe every child has the right to be free from abuse and neglect.

- Every child has the right to a safe and nurturing home free from abuse and neglect.
- A timely, thorough, and thoughtful response to child safety concerns is critical in effectively protecting children.
- When children require out-of-home placement, safety must be ensured through regular and frequent contact with those children and caregivers.

STABILITY- We believe the best place for children to grow up is with their own families.

- Vigorous early intervention services should be offered to at-risk families to enable a child to remain safely in his or her own home.
- Reunification and permanency is accelerated when visitation between parents and children is frequent and in the most normalized environment possible.
- Service planning implementation should be built on a comprehensive array of services designed to create the opportunity for children and families to achieve the goals of safety, well-being, and permanency.
- Strengths-based service plans are developed using a family team and a comprehensive assessment of the child and family’s needs. Plans should be needs-based and should specify steps to be taken by each member of the team, timeframes for accomplishment of goals, and concrete measurements to monitor the progress of the child and family.
• DCS will work jointly with service providers who adhere to effective social work practices in the delivery of services and these providers will be held responsible for demonstrating expected outcomes.

PERMANENCY- We believe children and older youth have the right to permanency.
• When children require out-of-home placements, they should maintain essential connections through frequent and meaningful contact with significant persons in their lives.
• All efforts should be made for children to remain in their own neighborhoods and maintain existing connections with families, schools, and friends.
• Success in school is more likely to occur when planning for safety, stability, and permanency is fully integrated with a child’s educational plan.
• While transitioning to adulthood, children in foster care are most successful in achieving independence when they have established relationships with caring adults.

RESPONSIBILITY- We believe parents have the primary responsibility for the care and safety of their children.
• If a child is determined to be unsafe, DCS and the family will develop a timely plan to keep the child safe, with all efforts toward services to protect the child in his or her own home.
• When children cannot live safely with their families, the first consideration for placement will be with appropriate relatives in order to provide a familiar, safe, and nurturing environment to minimize loss.
• To facilitate reunification, parents must be involved in treatment planning and service plan delivery, because when the strengths and voices of children and families are recognized, respected and affirmed, they are more likely to use them for change.
• Families will receive ongoing supports that will enable them to safely sustain their children in their homes.
• Families and communities are responsible for ensuring that children thrive.
• Developing effective services is a shared responsibility best achieved by families, community partners, and public agencies working collaboratively.
• DCS will assist families in this community/family collaboration to find resources that make children and families safe.
• Parents must be supported in accessing services and understand that incorporating those services is necessary to improve outcomes for children.
• The family’s network is essential to supporting and sustaining change. Families shall meet their needs through their own strengths and with the support of their networks.
• Coordination of the family team and accomplishment of its goal is essential and works most effectively when it occurs via regular face-to-face meetings that ensure more successful and positive outcomes.

ACCOUNTABILITY- We believe in personal accountability for outcomes, including one’s own growth and development.
• Parents should be empowered and given the opportunity to take responsibility for their children and resolve issues of abuse and neglect.
• Families will be engaged with honesty, empathy, and openness. Through listening and helping, families will develop their strengths to meet current and future needs.
• Children and families will receive prompt and individualized service planning.
• Services to children and families shall be planned and delivered through a straightforward, flexible individualized service plan developed by the child, family, and service team.

CONTINUOUS IMPROVEMENT- We believe in engaging in continuous improvement efforts to improve outcomes for children and families.
• Continuous improvement efforts will involve improvement teams at local, regional, and statewide levels, and the voices of both internal and external stakeholders will be included in improvement opportunities.
• DCS will work to identify problem statements by using data and feedback from a variety of constituents.
• All employees will be supported in the training and use of various improvement principles so that all employees feel empowered to suggest improvements to practice and policy in an effort to continually improve outcomes for children and families.
• DCS will use the Child and Family Services Plan (CFSP) to set goals and track accomplishments and improvements over time by continually tracking and adjusting in order to measure and support sustainable change.

PREVENTION- We believe families should have access to the resources and knowledge to prevent their children from experiencing abuse and neglect.
• The most desirable place for children to grow up is with their own families when these families are able to provide a safe, nurturing, and stable home.
• Child abuse and neglect can be prevented by providing families resources and knowledge that decrease exposure to the risk.
• Families at risk of child abuse and neglect deserve agency support that focuses on family strengths while building resilience and parenting capacity.
• Abuse and neglect can be prevented by offering support to strengthen families and their communities.
• DCS will assist families in this community/family collaboration to find resources that make children and families safe.
• Parents must be empowered in accessing services and understand that incorporating those services is necessary to strengthen their families to improve outcomes for children by preventing initial acts of harm and family disruption.

LEGAL BASE
The direct delivery of child welfare services by DCS local offices under the administration or supervision of the Central Office of DCS is based upon federal and state laws, rules, and regulations. The foundation for public welfare is found in the 1935 federal Social Security Act, as amended.

The Indiana Juvenile Code became effective October 1, 1979. In its “General Policy and Provisions,” Indiana Code 31-10-2-1 affirms that it is the policy of this state “to ensure that children within the juvenile justice system are treated as persons in need of care, protection, treatment and rehabilitation.” Further, the Code states that it is Indiana’s policy to “strengthen family life by assisting parents to fulfill their parental obligations;” and “to remove children from their families only when it is in the child’s best interest or in the best interest of public safety.”

Per Indiana Code 31-10-2-2, “for purposes of IC 31-33; IC 31-34; and IC 31-35; all decisions made by (DCS) or the court shall be made in consideration of the best interests of the child or children concerned.”
The federal Social Security Act, Title IV, Part B, Section 425(a)(1) (42 USC 625) offers this further definition:

For purposes of this title, the term “child welfare services” means public social services, which are directed toward the accomplishment of the following purposes: (A) protecting and promoting the welfare of all children, including handicapped, homeless, dependent, or neglected children; (B) preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children; (C) preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing the breakup of the family where the prevention of child removal is desirable and possible; (D) restoring to their families children who have been removed, by the provision of services to the child and the families; (E) placing children in suitable adoptive homes, in cases where restoration to the biological family is not possible or appropriate; and (F) assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption.

Information regarding other federal and state laws that influence public child welfare services may be found in the related sections of the DCS Child Welfare Policy Manual.

NON-DISCRIMINATION IN SERVICE DELIVERY TO CLIENTS

Title IV of the Federal Civil Rights Act of 1964 (42 USC 2000d), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), Section 202 of the Americans with Disabilities Act of 1990 (42 USC 12132), and all regulations related to these Acts address non-discrimination in service delivery to clients. All local offices must ensure that no one, based on race, color, sex, national origin, or handicap, is excluded from participation in, denied the benefits of, or subjected to discrimination under any service or activity for which the federal government provides funding.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will establish a countywide, multidisciplinary community Child Protection Team (CPT) comprised of 13 members. The members are specified by Indiana statute IC 31-33-3. Some members are appointed by the DCS Local Office Director (LOD) (see Related Information for the composition of the CPT).

The members of the CPT are bound by all applicable laws regarding the confidentiality of matters reviewed by the CPT (see IC 31-33-18 for further details).

The CPT will have the following functions that may include, but are not limited to:

1. The review of any case that DCS has been involved in within the county where the CPT presides;
2. The review of complaints regarding Child Abuse and Neglect (CA/N) cases that are brought to the CPT by a person, agency, or DCS Ombudsman; and

   **Note:** The CPT may recommend to DCS that a petition be filed in the juvenile court on behalf of the subject child if the team believes this would best serve the interests of the child.

3. The review of screen-outs from DCS. This function of the CPT is optional.

   **Note:** The CPT may recommend the DCS LOD assign the report for assessment, if a majority vote agrees with a decision to screen in a report.

The CPT will elect a Team Coordinator from the team’s membership. The Team Coordinator will supply the CPT with the following:

1. Copies of reports of Child Abuse and/or Neglect (CA/N) under IC 31-33-7-1; and
2. Any other information or reports that the coordinator considers essential to the team’s deliberations.

   **Note:** See separate policy, 4.25 Completing the Assessment Report for further information.

The CPT will meet:

1. At least one (1) time each month; or
2. At the times that the CPT’s services are needed by DCS.

Meetings of the CPT will be called by the majority vote of the members of the team. The Team Coordinator or at least two (2) other members of the team may determine the agenda.
Note: Meetings of the CPT are open only to persons authorized to receive information under this article.

The CPT will prepare a periodic report regarding the CA/N reports and complaints that the CPT reviews. The periodic report may include the following information:

1. The number of complaints the CPT receives and reviews each month; and
2. The type and number of screen-outs reviewed each month including the number of screen-outs recommended to the DCS LOD for assignment to be assessed.

Note: If the CPT declines to review screen-outs, it should be noted in the Periodic Report.

Code Reference

1. IC 31-33-3: Community Child Protection Team
2. IC 31-33-7-1: Arrangement for receipt of reports
3. IC 31-33-18: Disclosure of Reports; Confidentiality Requirements

PROCEDURE

The FCM Supervisor will forward a copy of any completed assessment with one (1) or more CA/N substantiated allegations to the Team Coordinator of the CPT for review and input, including recommended action (see separate policy, 4.25 Completing the Assessment Report for further information).

The DCS LOD, with the approval of the DCS Agency Director, will appoint to the CPT:

1. Either:
   a. A public school superintendent or that person’s designee, or
   b. A director of a local special education cooperative or that person’s designee.
2. Two (2) persons, each of whom is a physician or nurse, with experience in pediatrics or family practice; and
3. Two (2) residents of the county.

The CPT will ensure that accurate minutes are completed and disseminated to members of the team from each meeting. These minutes will be utilized to prepare the periodic report.

The DCS LOD will prepare the periodic report and distribute the report to:

1. The members of the CPT; and
2. The DCS Regional Manager (RM).

CPT Review of Screen-Outs

The DCS LOD, or his/her designee, will review all screen-outs daily prior to submitting screen-outs to the CPT for review.

The CPT may review screen-outs on a weekly basis telephonically, electronically, or in person.

Note: The LOD and/or the CPT screen-out reviews will be determined depending on the local community CPT’s decision to review screen-outs.
The reports reviewed by the CPT may include, but are not limited to:
1. Only abuse allegations;
2. Only a particular type of abuse or neglect allegation; or
3. Only a particular age category.

PRACTICE GUIDANCE
N/A

FORMS
1. Acknowledgement of Appointment to Child Protection Team (CPT) (SF 45003)
2. Certificate for Child Protection Team Members
3. Confidentiality Agreement (SF 52736)
4. Notice of Review by Child Protection Team (SF49212)

RELATED INFORMATION

Composition of the Community Child Protection Team (CPT) (IC 31-33-3-1)
A community CPT is a countywide, multidisciplinary team. This team must include the following 13 members who reside in, or provide services to residents of the county in which the team is to be formed:
1. The DCS LOD or designee;
2. Two (2) designees of the juvenile court judge;
3. The county prosecuting attorney or designee;
4. The county sheriff or designee;
5. Either:
   a. The president of the county executive in a county not containing a consolidated city or their designee, or
   b. The executive of a consolidated city in a county containing a consolidated city or their designee.
6. A director of a Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL) program or the director’s designee in the county in which the team is to be formed; and
7. The chief law enforcement officer of the largest Law Enforcement Agency (LEA) in the county (other than the county sheriff) or their designee.

Other members are appointed by the DCS LOD, subject to final approval by the DCS Agency Director. They are as follows:

1. Either:
   a. A public school superintendent or that person’s designee, or
   b. A director of a local special education cooperative or that person’s designee.
2. Two (2) persons, each of whom is a physician or nurse, with experience in pediatrics or family practice; and
3. Two (2) residents of the county.

DCS Administrative Reviews
The individual identified by DCS to conduct the Administrative Review may, at his or her discretion and subject to the time limits stated herein, refer the request to the local community CPT to review and make a recommendation. See separate policy, 2.2 Administrative Review Process for further details.
STATEMENTS OF PURPOSE

Each county in Indiana will participate in a Regional Services Council (RSC) for the service region in which the county is located. The Indiana Department of Child Services (DCS) will determine the county or counties that comprise each service region. A county may not be divided when establishing a service region.

The DCS Regional Manager will serve as the chairperson of the RSC. The council will select one (1) of its members as vice chairperson. See Related Information for the composition of the RSC.

The RSC is required to meet quarterly in order to accomplish the following:

1. Evaluate local child welfare service needs and make a determination of appropriate delivery mechanisms to meet those needs. The RSC will take public testimony regarding local service needs and system changes. The needs are to be tailored to those children and families:
   a. Alleged to be or adjudicated in a Child in Need of Services (CHINS), Informal Adjustment (IA), or Juvenile Delinquency/Juvenile Status (JD/JS) proceeding, or
   b. Identified by DCS as substantially at risk of becoming children in a CHINS, IA, or JD/JS proceeding and have been referred to DCS for services (by or with the consent of the parent, guardian, or custodian), in accordance with a child’s individual case plan.

2. Develop, approve, and recommend a Biennial Regional Services Strategic Plan (Plan) designed to meet the needs identified in #1 above and, per IC 31-26-6-5.5 will include the following:
   a. Organization,
   b. Staffing,
   c. Mode of operations,
   d. Financing of the child protection services.
   e. The provisions made for the purchase of services, and
   f. Interagency relations.

3. Recommend allocation and distribution of funds allocated to the service region used for the expenses of child welfare programs and child services administered by DCS within the region. Public and private funds available for consideration by the RSC in the Plan include funds available through:
   a. Title IV-B of the Social Security Act,
   b. Title IV-E of the Social Security Act,
   c. Title XX of the Social Security Act,
   d. The Child Abuse and Prevention Treatment Act,
   e. Special Education programs under IC 20-35-6-2
f. All programs designed to prevent child abuse, neglect, or delinquency or to enhance child welfare and family preservation administered by or funded through DCS, DFR, prosecuting attorneys, and juvenile courts, including programs funded through IC 31-26-3.5 and IC 31-40, and
g. A child advocacy fund.

4. Develop, review, or revise a strategy for implementation of an approved Plan. Prepare, approve and recommend revisions, additions, and updates to the Plan that identify:
a. The manner in which prevention and early intervention services will be provided or improved,
b. How local collaboration will improve children’s services, and
c. How different funds can be used to serve children and families more effectively.

5. Review applications to establish, continue, or modify child welfare programs for the region and make recommendations to the DCS Agency Director;

6. Review the implementation of the Plan and prepare revisions, additions, or updates of the Plan that the RSC considers necessary or appropriate to improve the quality and efficiency of early intervention child welfare services provided in accordance with the Plan;

7. Reorganize, as needed, and select a vice chairperson for the ensuing year;

8. Collaborate with Central Office for obtaining services (Request for Proposals/RFPs); and

9. Ensure the meeting agenda, minutes, and notices are posted on the DCS website.

The chairperson or vice chairperson of a RSC may convene any additional meetings of the RSC that are, in the chairperson’s or vice chairperson’s opinion, necessary or appropriate.

A majority of the voting members appointed to the RSC constitutes a quorum for the transaction of official business that includes taking final action (as defined in IC 5-14-1.5-2(g)). The RSC may hold a meeting in the absence of a quorum to discuss any items of public business related to its responsibilities and functions, without taking final action.

Note: All meetings of a RSC are subject to applicable provisions of IC 5-14-1.5. The RSC meeting agenda and notes are posted and available to the general public on the DCS internet website at http://www.in.gov/dcs/2346.htm. See Related Information for specifics of the Open Door Law.

Each RSC through the Regional Manager (RM), will transmit copies of:
1. The Biennial Regional Services Strategic Plan;
2. Each annual report;
3. Each revised Plan; and
4. Any other report or document described by administrative rules to the following:
a. The Director,
b. DCS Central Office for posting on the DCS website,
c. Each local DCS office in the service region,
d. Each juvenile court in the service region,
e. Each community child protection team in the service region; and
f. Appropriate public or voluntary agencies, including organizations for the prevention of child abuse or neglect.

The RSC will publicize to residents of each county in the service region the existence and availability of the Plan, including information concerning access to the Plan on the DCS website.
Each RSC will transmit and recommend each Plan it develops and approves to the DCS Agency Director. The council will transmit its biennial Plan to the DCS Agency Director no later than February 2 of each even-numbered year. All plans must be approved by the DCS Agency Director.

**Code Reference**
1. IC 31-26-6: Regional Service Strategic Plans
2. IC 5-14-1.5: Public Meetings (Open Door Law)
3. IC 20-35-6-2: Contracts for services; payment of costs; rules
4. IC 31-26-3.5: Child Welfare Programs
5. IC 31-40: Juvenile Law: Funding
6. IC 31-26-6-5.5: Description of plan implementation

**PROCEDURE**

The DCS RM will:
1. Serve as the chairperson to conduct the RSC meeting;
2. Author the meeting minutes and distribute them to the members of the RSC;
3. Post the date, time, and location of quarterly meetings at least 30 days before the meeting. Once meeting schedules are established, annual posting of the regularly scheduled meetings will be placed on the DCS website. Updates regarding scheduling changes will be made as necessary;
4. Deliver a notice by mail, e-mail, or fax to all news media and other persons that request written notice; and
5. Post the agenda no less than 48 hours prior to the start of the meeting at the entrance of the meeting location.

The DCS Agency Director or designee will, within 60 days of receiving the Plan, do one (1) of the following:
1. Approve the Plan as submitted by the RSC;
2. Approve the Plan with amendments, modifications, or revisions; or
3. Return the Plan to the RSC with directions concerning:
   a. Subjects for further study and reconsideration, and
   b. Resubmission of a revised Plan.

**PRACTICE GUIDANCE**

**Participation in Meeting by Certain Means of Communication; Memoranda of Meeting**
This applies to a meeting of a RSC at which at least four (4) voting members of the Council are physically present at the place where the meeting is conducted.

A member of the RSC may participate in a RSC meeting in person or by speakerphone or other means of communication that allows all other members participating in the meeting and all members of the public physically present at the same place where the meeting is conducted to communicate simultaneously with each other during the meeting.

**Note:** A member who participates in a meeting is considered to be present at the meeting.
The memoranda of the meeting prepared under IC 5-14-1.5-4 must state the name of each member who:

1. Was physically present at the place where the meeting was conducted;
2. Participated in the meeting using a means of communication where all other members participating in the meeting and all members of the public physically present at the same place where the meeting is conducted to communicate simultaneously with each other during the meeting; or
3. Was absent.

**FORMS**

**Regional Services Council Proxy** – Copy provided

**RELATED INFORMATION**

**Regional Services Council Membership**
The make-up of the RSC will depend on the number of counties in the region. If the service region consists of at least three (3) counties, the RSC is composed of the following members appointed from the service region:

1. The RM, who must be an employee of DCS;
2. Three (3) members who are juvenile court judges or their designees;
3. Three (3) DCS Local Office Directors (LOD);
4. Two (2) Family Case Manager (FCM) Supervisors;
5. Two (2) FCMs;
6. Two (2) licensed foster parents;
7. One (1) Guardian Ad Litem (GAL) or Court Appointed Special Advocate (CASA);
8. One (1) member who is a prosecuting attorney or their designee;
9. One (1) non-voting individual who:
   a. Is at least 16 and less than 25 years of age,
   b. Is a resident of the service region, and
   c. Has received or is receiving services through funds provided, directly or indirectly, through DCS; and

**Note:** This individual should not be currently participating in services to avoid potential ethical conflict situations for other members (this is to eliminate any potential conflict between the child or youth whose case may have been heard in the same court as the respective juvenile court judge who may be a member of the council).

10. (Optional) One (1) non-voting parent of a child who has received services through funds provided, directly or indirectly, by DCS.

If the service region consists of one (1) or two (2) counties, the RSC must include at least the following members from the service region:

1. Three (3) employees of DCS, including the RM;
2. One (1) juvenile court judge or judicial hearing officer;
3. Two (2) members who are designees of a juvenile court judge;
4. Two (2) FCM Supervisors;
5. Two (2) FCMs;
6. One (1) licensed foster parent;
7. One (1) GAL or CASA;
8. One (1) member who is a prosecuting attorney or their designee;
9. One (1) non-voting individual who:
   a. Is at least 16 and less than 25 years of age,
   b. Is a resident of the service region, and
   c. Has received or is receiving services through funds provided, directly or indirectly, through DCS; and

   **Note:** This individual should not be currently participating in services to avoid potential ethical conflict situations for other members (this is to eliminate any potential conflict between the child or youth whose case may have been heard in the same court as the respective juvenile court judge who may be a member of the council).

10. (Optional) One (1) non-voting parent of a child who has received services through funds provided, directly or indirectly, by DCS.

For service regions consisting of one (1) or two (2) counties, the DCS Agency Director will appoint the members of the RSC upon recommendation of the DCS RM, with the exception of judges or judicial hearing officers and prosecuting attorneys or their designees.

   **Note:** The juvenile court judges or their designees, one (1) juvenile court judge or judicial hearing officer, and members who are designees of a juvenile court judge will be selected by the juvenile court judge or judges in the service region. The prosecuting attorney or their designee will be selected by the prosecuting attorneys in the counties comprising the service region.

Each member of the RSC will serve upon the approval of the member’s appointing authority.

**Service Region**
A service region means an area of Indiana consisting of one (1) or more counties.

**Proxy**
Members of the judiciary, prosecuting attorney, and DCS employees have the ability to appoint a proxy. The DCS RM will approve or deny all proxy requests. Proxy requests will utilize the Regional Services Council Proxy form, and approval of the proxy will be included in the minutes of the appropriate meeting. Proxies have voting rights.

**Quorum**
A majority of the appointed voting members of the RSC or proxies, constitutes a quorum for the official business that includes taking final action (as defined in IC 5-14-1.5-2(g)). At least four (4) voting members of the RSC must be physically present to conduct business. The remaining membership may join by phone or videoconference. While electronic attendance is acceptable, e-mail voting is not permissible. As long as a majority of the voting membership is present (either physically or by phone or videoconference), the RSC can convene to conduct business. Agenda items can be discussed, but the RSC is unable to vote on action items unless a majority of the membership is physically present or participating by telephone or videoconference.

**Ethics**
As provided by 42 IAC 1-4-1, most members of the RSC, except judges and prosecutors, must complete online Ethics Training provided through the Office of the Inspector General. This requirement must be completed prior to the member’s or proxy member’s attendance in a voting role for the RSC.
Proxies who are employees of the judicial or legislative departments of state government, employees of political subdivisions, or employees of state educational institutions do not need to complete ethics training. Any other person serving as a proxy to a member of the RSC must complete the state-mandated ethics training as provided online by the Office of the Inspector General.

**IC 5-14-1.5: Public Meetings (Open Door Law)**

RSC meetings fall under the Open Door Law as specified by **IC 5-14-1.5**.
### Department of Child Services Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAP</td>
<td>Adoption Assistance Program</td>
</tr>
<tr>
<td>AACAP</td>
<td>American Academy of Child and Adolescent Psychiatry</td>
</tr>
<tr>
<td>ACF</td>
<td>Administration for Children &amp; Families</td>
</tr>
<tr>
<td>ADD</td>
<td>Assistant Deputy Director</td>
</tr>
<tr>
<td>ADD</td>
<td>Attention Deficit Disorder</td>
</tr>
<tr>
<td>ADHD</td>
<td>Attention-Deficit/Hyperactivity Disorder</td>
</tr>
<tr>
<td>ADI</td>
<td>Affidavit of Diligent Inquiry</td>
</tr>
<tr>
<td>AFDC</td>
<td>Aid to Families with Dependent Children</td>
</tr>
<tr>
<td>AG</td>
<td>Assisted Guardianship</td>
</tr>
<tr>
<td>AG</td>
<td>Assistance Group</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>AL</td>
<td>Adoption Liaison</td>
</tr>
<tr>
<td>ALJ</td>
<td>Administrative Law Judge</td>
</tr>
<tr>
<td>AP</td>
<td>Absent Parent</td>
</tr>
<tr>
<td>APPLA</td>
<td>Another Planned Permanent Living Arrangement</td>
</tr>
<tr>
<td>ASFA</td>
<td>Adoption and Safe Families Act</td>
</tr>
<tr>
<td>ATIN</td>
<td>Adoption Taxpayer Identification Number</td>
</tr>
<tr>
<td>BDDS</td>
<td>Bureau of Developmental Disability Services</td>
</tr>
<tr>
<td>BIA</td>
<td>Bureau of Indian Affairs</td>
</tr>
<tr>
<td>BI</td>
<td>Best Interest</td>
</tr>
<tr>
<td>BMV</td>
<td>Bureau of Motor Vehicles</td>
</tr>
<tr>
<td>CAC</td>
<td>Child Advocacy Center</td>
</tr>
<tr>
<td>CA/N</td>
<td>Child Abuse &amp; Neglect</td>
</tr>
<tr>
<td>CAPTA</td>
<td>Child Abuse Prevention and Treatment Act</td>
</tr>
<tr>
<td>CANS</td>
<td>Child and Adolescent Needs and Strengths</td>
</tr>
<tr>
<td>CAS</td>
<td>County Adoption Subsidy</td>
</tr>
<tr>
<td>CASA</td>
<td>Court Appointed Special Advocate</td>
</tr>
<tr>
<td>CAT</td>
<td>Computer Assisted Training</td>
</tr>
<tr>
<td>CC</td>
<td>Collaborative Care</td>
</tr>
<tr>
<td>3CM</td>
<td>Collaborative Care Case Manager</td>
</tr>
<tr>
<td>CCDF</td>
<td>Child Care Development Fund</td>
</tr>
<tr>
<td>CCI</td>
<td>Central Client Index</td>
</tr>
<tr>
<td>CCI</td>
<td>Child Caring Institute</td>
</tr>
<tr>
<td>CCW</td>
<td>Child Care Worker</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CDI</td>
<td>Child Demographic Information</td>
</tr>
<tr>
<td>CDS</td>
<td>Child Data Summary</td>
</tr>
<tr>
<td>CEU</td>
<td>Central Eligibility Unit</td>
</tr>
<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
</tr>
<tr>
<td>CFSR</td>
<td>Child &amp; Family Services Review</td>
</tr>
<tr>
<td>CFT</td>
<td>Child &amp; Family Team</td>
</tr>
<tr>
<td>CFTM</td>
<td>Child &amp; Family Team Meeting</td>
</tr>
<tr>
<td>CHINS</td>
<td>Child in Need of Services</td>
</tr>
<tr>
<td>CHIP</td>
<td>Children’s Health Insurance Plan</td>
</tr>
<tr>
<td>CIRT</td>
<td>Critical Incident Response Team</td>
</tr>
<tr>
<td>CISM</td>
<td>Critical Incident Stress Management</td>
</tr>
<tr>
<td>CLS</td>
<td>Casey Life Skills</td>
</tr>
<tr>
<td>COBCU</td>
<td>Central Office Background Check Unit</td>
</tr>
<tr>
<td>COC</td>
<td>Continuum of Care</td>
</tr>
<tr>
<td>CPI</td>
<td>Child Protection Index</td>
</tr>
<tr>
<td>CPR</td>
<td>Cardiopulmonary Resuscitation</td>
</tr>
<tr>
<td>CPS</td>
<td>Child Protective Services</td>
</tr>
<tr>
<td>CPT</td>
<td>Child Protection Team</td>
</tr>
<tr>
<td>CQI</td>
<td>Continuous Quality Improvement</td>
</tr>
<tr>
<td>CSB</td>
<td>Child Support Bureau</td>
</tr>
<tr>
<td>CSS</td>
<td>Clinical Services Specialist</td>
</tr>
<tr>
<td>CTW</td>
<td>Contrary to Welfare</td>
</tr>
<tr>
<td>CW</td>
<td>Child Welfare</td>
</tr>
<tr>
<td>CWPPG</td>
<td>Child Welfare Policy and Practice Group</td>
</tr>
<tr>
<td>D&amp;A</td>
<td>Diagnostic and Evaluation</td>
</tr>
<tr>
<td>DACA</td>
<td>Deferred Action for Childhood Arrivals</td>
</tr>
<tr>
<td>DARMHA</td>
<td>Data Assessment Registry Mental Health &amp; Addiction</td>
</tr>
<tr>
<td>DEC</td>
<td>Drug Endangered Children</td>
</tr>
<tr>
<td>DCS</td>
<td>Department of Child Services</td>
</tr>
<tr>
<td>DD</td>
<td>Deputy Director</td>
</tr>
<tr>
<td>DDC</td>
<td>DNA Diagnostics Center</td>
</tr>
<tr>
<td>DDRS</td>
<td>Division of Disability &amp; Rehabilitation</td>
</tr>
</tbody>
</table>
DFR  Division of Family Resources
DHHS Department of Health & Human Services
DM Division Manager
DMHA Division of Mental Health & Addiction
DNR Department of Natural Resources
DNR Do Not Resuscitate (order)
DOC Department of Corrections
DOE Department of Education
DR Domestic Relations
DSAT Dual Status Assessment Team
DV Domestic Violence
EA Emergency Assistance
EAP Energy Assistance Program
EBT Electronic Benefits Transfer
EG & S Emancipation Goods & Services
EMT Emergency Medical Technician
EL Education Liaisons
EPSDT Early and Periodic Screening, Diagnosis and Treatment
FAFSA Free Application for Federal Student Aid
FAA Fetal Alcohol Syndrome
FBI Federal Bureau of Investigation
FCM Family Case Manager
FCMS Family Case Manager Supervisor
FDA Food and Drug Administration
FF Fact-Finding
FFA Family Functional Assessment
FFPSA Family First Prevention Services Act
FSSA Family & Social Services Administration
GAL Guardian ad Litem
GAP Guardianship Assistance Program
GED General Education Diploma
GPA Grade Point Average
GU Guardian
HBV Hepatitis B Virus
HCV Hepatitis C Virus
HFI Healthy Families Indiana
HHS Health and Human Services
HIP Healthy Indiana Plan
HIPAA Health Insurance Portability and Accountability Act
HIV Human Immunodeficiency Virus
HR Human Resources
HSE High School Equivalency
HUD Housing and Urban Development
HVAC Heating, Ventilation, and Air Conditioning
IA Informal Adjustment
IAC Indiana Administrative Code
IARA Indiana Archives and Records Administration
IARCCA Indiana Association of Residential Child Care Agencies
IC Indiana Code
ICAMA International and Cultural Affairs
ICE Immigration and Customs Enforcement
ICCPA Individual Child Placement Agreement
ICES Indiana Client Eligibility System
ICPR Individual Child Placement Referral Services
ICPS Institutional Child Protection Services
ICWA Indian Child Welfare Act
IDA Individual Development Accounts Administration
IEAP Interethnic Adoption Provisions
IEP Individualized Education Program
IEPA Interethnic Placement Act
IFCAA Indiana Foster Care & Adoption Association
IL Independent Living
INS Immigration & Naturalization Service
IOC, OC Indiana One Church, One Child Program
IOF Institutional Review Board
IOP Intensive Outpatient Program
IOPA Independent Organ Procurement Agency
IOT Indiana Office of Technology
IQ Intelligence Quotient
I & R Information & Referral
IRB Institutional Review Board
IRUA Information Resources User Agreement
IS Intake Specialist
ISDH Indiana State Department of Health
ISETS Indiana Support Enforcement Tracking System
IUSM Indiana University School of Medicine
IVE-AAP Title IV of the Social Security Act Eligibility-Adoption Assistance Program
IV-D Title IV of the Social Security Act-Eligibility-Foster Care Program
JC Juvenile CHINS
JD/JS Juvenile Delinquent/Juvenile Status
JP Juvenile Paternity
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCPA</td>
<td>Licensed Child Placing Agency</td>
</tr>
<tr>
<td>LCSW</td>
<td>Licensed Clinical Social Worker</td>
</tr>
<tr>
<td>LEA</td>
<td>Law Enforcement Agency</td>
</tr>
<tr>
<td>LCH</td>
<td>Limited Criminal History</td>
</tr>
<tr>
<td>LD</td>
<td>Learning Disabled or Learning Disorder</td>
</tr>
<tr>
<td>LGBTQ</td>
<td>Lesbian, Gay, Bisexual, Transgender, or Questioning</td>
</tr>
<tr>
<td>LOD</td>
<td>Local Office Director</td>
</tr>
<tr>
<td>MaGIK</td>
<td>Management Gateway for Indiana's Kids</td>
</tr>
<tr>
<td>MAT</td>
<td>Medication-Assisted Treatment</td>
</tr>
<tr>
<td>MEPA</td>
<td>Multiethnic Placement Act (1994)</td>
</tr>
<tr>
<td>MEU</td>
<td>Medicaid Eligibility Unit</td>
</tr>
<tr>
<td>MOA</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>MRO</td>
<td>Medicaid Reimbursement Option</td>
</tr>
<tr>
<td>MSW</td>
<td>Master of Social Work</td>
</tr>
<tr>
<td>NICU</td>
<td>Neonatal Intensive Care Unit</td>
</tr>
<tr>
<td>NCMEC</td>
<td>National Center for Missing and Exploited Children</td>
</tr>
<tr>
<td>NOA</td>
<td>Notice of Availability</td>
</tr>
<tr>
<td>NRE</td>
<td>Non-Recurring Expenses</td>
</tr>
<tr>
<td>NRAE</td>
<td>Non-Recurring Adoption Expenses</td>
</tr>
<tr>
<td>ODM</td>
<td>Office of Data Management</td>
</tr>
<tr>
<td>OYS</td>
<td>Older Youth Services</td>
</tr>
<tr>
<td>PAS</td>
<td>Post-Adoption Services</td>
</tr>
<tr>
<td>PC</td>
<td>Placement and Care</td>
</tr>
<tr>
<td>PCC</td>
<td>Peer Coach Consultant</td>
</tr>
<tr>
<td>PD</td>
<td>Public Defender</td>
</tr>
<tr>
<td>PDR</td>
<td>Pre-Dispositional Report</td>
</tr>
<tr>
<td>PEDS</td>
<td>Pediatric Evaluation and Diagnostic Services</td>
</tr>
<tr>
<td>PI</td>
<td>Preliminary Inquiry</td>
</tr>
<tr>
<td>PIP</td>
<td>Program Improvement Plan</td>
</tr>
<tr>
<td>PMAC</td>
<td>Psychotropic Medication Advisory Committee</td>
</tr>
<tr>
<td>PSF</td>
<td>Private Secure Facilities</td>
</tr>
<tr>
<td>POA</td>
<td>Power of Attorney</td>
</tr>
<tr>
<td>POC</td>
<td>Point of Contact</td>
</tr>
<tr>
<td>PPD</td>
<td>Parental Participation Decree</td>
</tr>
<tr>
<td>PPP</td>
<td>Petition for Parental Participation</td>
</tr>
<tr>
<td>PPI</td>
<td>Performance and Quality Improvement</td>
</tr>
<tr>
<td>PRI</td>
<td>Payment Request Information</td>
</tr>
<tr>
<td>PRT</td>
<td>Permanency Roundtable</td>
</tr>
<tr>
<td>PRTF</td>
<td>Psychiatric Residential Treatment Facility</td>
</tr>
<tr>
<td>PRWORA</td>
<td>Personal Responsibility and Work Opportunity Reconciliation Act</td>
</tr>
<tr>
<td>QAR</td>
<td>Quality Assurance Review</td>
</tr>
<tr>
<td>QEWS</td>
<td>Qualified Expert Witness</td>
</tr>
<tr>
<td>QMHP</td>
<td>Qualified Mental Health Provider</td>
</tr>
<tr>
<td>RE</td>
<td>Reasonable Efforts</td>
</tr>
<tr>
<td>REPP</td>
<td>Reasonable Efforts to Finalize the Permanency Plan</td>
</tr>
<tr>
<td>RFCS</td>
<td>Regional Foster Care Specialist</td>
</tr>
<tr>
<td>RFM</td>
<td>Regional Finance Manager</td>
</tr>
<tr>
<td>RFP</td>
<td>Request for Proposal</td>
</tr>
<tr>
<td>RID</td>
<td>Recipient Identification Number</td>
</tr>
<tr>
<td>RIE</td>
<td>Rapid Improvement Event</td>
</tr>
<tr>
<td>RLU</td>
<td>Residential Licensing Unit</td>
</tr>
<tr>
<td>RM</td>
<td>Regional Manager</td>
</tr>
<tr>
<td>RPC</td>
<td>Residential Placement Committee</td>
</tr>
<tr>
<td>RPS</td>
<td>Reflective Practice Survey</td>
</tr>
<tr>
<td>RS</td>
<td>Report Source</td>
</tr>
<tr>
<td>RSC</td>
<td>Regional Service Council</td>
</tr>
<tr>
<td>RSDI</td>
<td>Retirement, Survivors, and Disability Insurance</td>
</tr>
<tr>
<td>RSF</td>
<td>Rapid Safety Feedback</td>
</tr>
<tr>
<td>RSS</td>
<td>Relative Support Specialist</td>
</tr>
<tr>
<td>RTC</td>
<td>Residential Treatment Center</td>
</tr>
<tr>
<td>RTI</td>
<td>Response to Intervention</td>
</tr>
<tr>
<td>SACWIS</td>
<td>State Adoption Child Welfare Information System</td>
</tr>
<tr>
<td>SAS</td>
<td>State Adoption Subsidy</td>
</tr>
<tr>
<td>SCR</td>
<td>State Central Registry</td>
</tr>
<tr>
<td>SDM</td>
<td>Structured Decision Making</td>
</tr>
<tr>
<td>SFM</td>
<td>State Fire Marshall</td>
</tr>
<tr>
<td>SID</td>
<td>Sudden Infant Death Syndrome</td>
</tr>
<tr>
<td>SIJS</td>
<td>Special Immigration Juvenile Status</td>
</tr>
<tr>
<td>SNAP</td>
<td>Special Needs Adoption Program</td>
</tr>
<tr>
<td>SNAP</td>
<td>Supplemental Nutrition Assistance Program</td>
</tr>
<tr>
<td>SOR</td>
<td>Sex Offender Registry</td>
</tr>
<tr>
<td>SSA</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>SSBG</td>
<td>Social Security Block Grant</td>
</tr>
<tr>
<td>SSI</td>
<td>Supplemental Security Income</td>
</tr>
<tr>
<td>SSN</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>SSP</td>
<td>Scholars Success Program</td>
</tr>
<tr>
<td>SSU</td>
<td>Social Security Unit</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
</tr>
<tr>
<td>SUID</td>
<td>Sudden Unexpected Infant Death</td>
</tr>
<tr>
<td>SUIDI</td>
<td>Sudden Unexpected Infant Death Investigation</td>
</tr>
<tr>
<td>TASC</td>
<td>Test Assessing Secondary Completion</td>
</tr>
<tr>
<td>TEAPI</td>
<td>Team, Engaging, Assessing, Planning, and Intervening</td>
</tr>
<tr>
<td>TFC</td>
<td>Therapeutic Foster Care</td>
</tr>
<tr>
<td>TVSST</td>
<td>Targeted Value Stream Steering Team</td>
</tr>
<tr>
<td>TANF</td>
<td>Temporary Assistance for Needy Families</td>
</tr>
<tr>
<td>USCIS</td>
<td>United States Citizenship and Immigration Services</td>
</tr>
<tr>
<td>VSST</td>
<td>Value Stream Steering Team</td>
</tr>
<tr>
<td>WIC</td>
<td>Women, Infants, and Children</td>
</tr>
<tr>
<td>WWK</td>
<td>Wendy's Wonderful Kids</td>
</tr>
<tr>
<td>YCP</td>
<td>Youth Connections Program</td>
</tr>
<tr>
<td>YAB</td>
<td>Youth Advisory Board</td>
</tr>
</tbody>
</table>
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) recognizes the right of each alleged perpetrator to request an Administrative Review of the related Child Abuse and/or Neglect (CA/N) substantiation. The process outlined herein will apply to all substantiated CA/N determinations made on or after October 15, 2006.

This policy does not apply to the following situations:
1. Request for Administrative Review in licensed foster home denials or revocations; or
2. A court proceeding requesting expungement of reports entered into the Child Protection Index (CPI) that are governed by the procedures specified in the law, IC 31-39-8-4; 
3. CA/N substantiated assessments involving child care workers or licensed resource parents. See separate policy, 2.3 Child Care Worker Assessment Review Process; or
4. CA/N substantiated assessments involving DCS employees. See separate policy, 2.4 Assessment and Review of DCS Staff Alleged Perpetrators.

DCS will have 15 calendar days from approval of the Assessment of Child Abuse and Neglect (SF 113) to provide Notice of Assessment Outcome and Right to Request Administrative Review (Chapter 2 Notification Tool- Section A) and a copy of the redacted Assessment of Child Abuse and Neglect (SF 113) to the perpetrator by mail or hand delivery.

Note: If an administrative review decision is to remand for further assessment, a new notice must be sent to the perpetrator. DCS will have 15 calendar days after the DCS decision is complete to provide Notice of Administrative Decision After Further Assessment (Chapter 2 Notification Tool- Section D) and a copy of the redacted Assessment of Child Abuse and Neglect (SF 113) to the perpetrator by mail or hand delivery.

If the substantiation is against a minor, the Notice of Assessment Outcome and Right to Request Administrative Review (Chapter 2 Notification Tool- Section A) must be mailed or hand delivered to at least one (1) of the following:
1. Parent;
2. Guardian;
3. Child’s attorney (if representation for specific substantiation);
4. Guardian ad Litem; or
5. Court Appointed Special Advocate (CASA), if applicable.

The perpetrator’s request for Administrative Review must be made in writing by submitting, Request for Administrative Review of Child Abuse or Neglect Substantiation (SF 54775).

If the substantiation is against a minor, the request for an Administrative Review must be completed and submitted by the child’s:
1. Parent;
2. Guardian;
3. Child’s attorney;
4. Guardian ad Litem; or
5. CASA, if applicable.

The request for Administrative Review by a perpetrator must be received by the DCS local office within fifteen (15) calendar days after the date that the Notice of Assessment Outcome and Right to Request Administrative Review (Chapter 2 Notification Tool- Section A) was hand delivered to the perpetrator. The DCS local office will add an additional three (3) days if the notice letter is sent via mail.

Note: If the deadline for the request for an Administrative Review is on a day that the DCS local office is closed, the deadline is extended to the next business day.

Code References:
1. 42 USC 5106a: Grants to States for child abuse or neglect prevention and treatment programs
2. IC 31-33-18: Disclosure of Reports; Confidentiality Requirements
3. IC 31-33-26 Child Protection Index
4. IC 31-39-8-4: Expungement of child abuse or neglect information
5. 465 IAC 3: Administrative Reviews and Hearings

PROCEDURE

The Family Case Manager (FCM) responsible for completing the assessment will:
1. Assure timely completion of the Assessment of Child Abuse and Neglect (SF 113). Refer to separate policy, 4.25 Completing the Assessment Report;
2. Send the Assessment of Child Abuse and Neglect (SF 113) to the FCM Supervisor for approval; and
3. Consult with the FCM Supervisor regarding recommendations for redaction to the Assessment of Child Abuse and Neglect (SF 113), if applicable.

The FCM Supervisor will:
1. Review the Assessment of Child Abuse and Neglect (SF 113) for accuracy and completeness;
2. Type a contact note in the case management system to track redaction;
3. “Approve” the Assessment of Child Abuse and Neglect (SF 113) if the FCM Supervisor deems it accurate and complete; and
4. Forward the report electronically to the designated DCS staff instructing consultation with DCS Staff Attorney for redaction within the next business day of approval.

Note: If the Assessment of Child Abuse and Neglect (SF 113) is printed without the report source being revealed, redaction is only necessary to protect confidential information above and beyond the report source as stated in IC 31-33-18.

The DCS Local Office Director (LOD) or designee will:
1. Consult with the DCS Staff Attorney as to proper redaction, if applicable; and
2. Ensure proper redaction of the Assessment of Child Abuse and Neglect (SF 113); and
3. Return the report to the FCM Supervisor within **five (5) calendar days** of approval of the 
Assessment of Child Abuse and Neglect (SF 113).

The FCM Supervisor or DCS local office designee will mail or hand deliver the following to each 
person identified as a perpetrator of substantiated child abuse and/or neglect within 15 calendar 
days of approval of the **Assessment of Child Abuse and Neglect (SF 113)**:

1. The **Notice of Assessment Outcome and Right to Request Administrative Review**  
(Chapter 2 Notification Tool- Section A);  
2. **Redacted Assessment of Child Abuse and Neglect (SF 113)** to each person identified as 
a perpetrator of substantiated abuse and/or neglect; and  
3. **Request for Administrative Review of Child Abuse or Neglect Substantiation**  
(SF 54775). If all allegations against the individual are classified as 
unsubstantiated, do not send the alleged perpetrator the request for review form.

If the form **Request for Administrative Review of Child Abuse or Neglect Substantiation (SF 54775)**  
is submitted by the perpetrator to the DCS local office, see separate policy, **2.2**  
Administrative Review Process.

**PRACTICE GUIDANCE**

The **Chapter 2 Notification Tool** will be used to send the following **Notices**:
1. **Notice of Assessment Outcome and Right to Request Administrative Review**  
(Section A);  
2. **Notice of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse  
or Neglect** (Section B);  
3. **Notice of Administrative Review Decision Report Returned for Further Assessment**  
(Section C);  
4. **Notice of Administrative Decision after Further Assessment** (Section D);  
5. **Notice of Denial of Administrative Review** (Section E);  
6. **Notice of Intent to Substantiate Allegations of Child Abuse or Neglect by a Child Care  
Worker or Licensed Resource Parent** (Section F);  
7. **Notice of Administrative Review Decision to Further Assess Allegations against a Child  
Care Worker or Licensed Resource Parent** (Section G);  
8. **Notice of DCS Decision to Unsubstantiate Allegation of Child Abuse or Neglect** (Section  
H);  
9. **Notice to Employer of a Report of Child Abuse or Neglect Assessment Decision**  
(Section I);  
10. **Notice of Child Care Worker (CCW) Assessment Review Decision for an Assessment  
Closed Prior to October 15, 2006** (Section J);  
11. **Notice of an Administrative Review Decision for an Assessment Closed Prior to October  
15, 2006** (Section K);  
12. **Notice of Assessment Outcome for a DCS Employee** (Section L); and  
13. **Notice of Deadline to Reactive Administrative Review or Appeal Request** (Section M)

**Instructions for developing a Notice using the Chapter 2 Notification Tool**

The **Chapter 2 Notification Tool** should be used by DCS employees authorized to notify a 
perpetrator or an employer in a case involving a DCS employee or CCW regarding an 
assessment conclusion by DCS. The DCS employee should insert language from the 
appropriate section and place it on DCS local office letterhead. The Notice should be signed by 
the DCS employee and sent by mail or hand delivered with proper attachments within the
allotted timeframe.

**Hand Delivery**

Hand delivery requires successful face-to-face contact with the perpetrator and a documented contact in the case management system.

**Time computation for sending out the Notice of Assessment Outcome and Right to Request Administrative Review (Chapter 2 Notification Tool- Section A) within 15 days:**

1. Do not count the date the assessment was approved. Begin with the following day as day one (1);
2. The Notice must be mailed or hand delivered by the close of business on the 15th day, unless it is a day the office is closed. If the office is closed for business on the 15th day, the time frame is extended until the close of business on the next day that the office is open for business; and
3. Add an additional three (3) days if the notice is mailed by DCS to any deadline to request administrative review.

**Note:** For example, if the allegation(s) is approved as substantiated on the 1st of the month, the local office must mail or hand deliver the Notice of Assessment Outcome and Right to Request Administrative Review (Chapter 2 Notification Tool- section A) on or before the close of business on the 16th. If the 16th is a day the office is closed, such as a weekend or a State holiday, the Notice must be mailed or hand delivered to the person identified as the perpetrator before the close of business on the next day that the office is open.

**Placing Notices and Letters in the file**

A copy of the Notice should be placed in the DCS assessment file in the DCS local office where the assessment was completed. Any letters or Notices received from the perpetrator regarding the assessment should also be placed in the assessment file. DCS will keep a record of the time, date and circumstances for Notices sent.

**Redaction**

Redaction is the process of reviewing a document thoroughly to omit part of the text prior to release, in order to protect confidential information. All redactions should be done with input from the DCS Staff Attorney.

The Assessment of Child Abuse and Neglect (SF 113) should not have the report source listed because his/her identity is protected under IC 31-33-18. Indiana law also supports redaction of other information such as addresses, telephone numbers, or information that may harm or endanger another person. Any information that pertains to a confidential address of a non-offending parent and families experiencing domestic violence (e.g., shelter, relocation, new housing) should be redacted. Any disclosures made by the non-offending parent or child(ren) that could affect safety should also be redacted. The following guidelines should be utilized when redacting documents:

1. Text should not be permanently removed from the document;
2. Redaction should be done on copies, not on original documents;
3. Only distribute photocopies of the redacted version of the document; and
4. Consult with the DCS Staff Attorney to determine what information needs to be redacted.
Methods of redaction:
1. The easiest way to redact information is to photocopy the original document and use a thick black marker to block out the information to be redacted. This process can also be used with correction fluid (white out). It is imperative that after the information has been hidden with either the marker or white out, a photocopy is made to ensure that the information did not bleed through or can be distinguished when held up to the light; or
2. Cover up tape can also be used to redact information from a document. The cover-up tape can be placed over the areas to be redacted and then photocopied. The copy can then be distributed.

FORMS AND TOOLS

1. Assessment of Child Abuse and Neglect (SF 113) - Available in the case management system
2. Request for Administrative Review of Child Abuse or Neglect Substantiation (SF 54775) -Available in the case management system
3. Chapter 2 Notification Tool

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Administrative Review is a process by which the perpetrator, who has had allegations substantiated on or after October 15, 2006, has the opportunity to have a review of the assessment completed by an Indiana Department of Child Services (DCS) employee not previously connected to the case. The perpetrator can present information for the Administrative Review with his or her request to unsubstantiate the allegations.

This policy does not apply to the following situations:

1. Child Abuse and/or Neglect (CA/N) substantiated cases involving child care workers and licensed resource parents. See separate policy, 2.3 Child Care Worker Assessment; or
2. CA/N substantiated cases involving DCS employees. See separate policy, 2.4 Assessment and Review of DCS Staff Alleged Perpetrator.

A request for Administrative Review must be submitted by the perpetrator and received by the DCS local office within 15 calendar days after the date that the Notice of Assessment Outcome and Right to Request Administrative Review (Chapter 2 Notification Tool - Section A) was hand delivered to the perpetrator. The DCS local office will add an additional three (3) days to the deadline if the notice letter is sent via mail. See Practice Guidance or Forms and Tools for Chapter 2 Notification Tool link.

Note: If the request for an Administrative Review deadline is on a day that the DCS local office is closed, the deadline is extended to the next business day.

If the substantiation is against a minor, the request for Administrative Review must be submitted by the child’s:

1. Parent;
2. Guardian;
3. Child’s attorney;
4. Guardian ad Litem; or
5. Court Appointed Special Advocate (CASA), if applicable.

DCS requires that the Administrative Review be conducted by one of the following:

1. The DCS Local Office Director (LOD) in the county responsible for the assessment;
2. The DCS Local Office Deputy Director in the county responsible for the assessment;
3. The DCS Local Office Division Manager (DM) in the county responsible for the assessment; or
4. The Regional Manager (RM) in the region responsible for the assessment.

If the DCS LOD, DCS Local Office Deputy Director, DM or RM was the person who approved the initial Assessment of Child Abuse or Neglect (SF 113) determination, or was otherwise involved in the assessment, preparation of the report, or has a conflict of interest, he or she will not conduct the Administrative Review. The Administrative Review will be conducted by a DCS LOD, DCS Local Office Deputy Director, DM or RM who does not have a conflict.

The individual identified by DCS to conduct the Administrative Review may at his or her discretion and subject to the time limits stated herein, refer the request to the community Child Protection Team (CPT) to review and make a recommendation.
DCS will require that the Administrative Review decision is made by the appropriate DCS LOD, RM, Local Office Deputy Director or DM. Community CPTs are prohibited from making the decision.

The objectives of an Administrative Review are to:

1. Provide an internal review of the assessment by DCS at the request of the perpetrator to determine whether or not the assessment provides a preponderance of evidence to support the conclusion to substantiate the allegation(s);
2. Provide an opportunity for the perpetrator to submit documentation (not testimony) regarding the allegation(s) substantiated to challenge the substantiation; and
3. Comply with due process requirements that mandate DCS offer a person identified as a perpetrator the opportunity to challenge allegations classified as substantiated. An Administrative Review is one step in the DCS administrative process.

If a Court’s finding(s) supports the substantiation, DCS will not conduct an Administrative Review, the person will remain on the Child Protection Index (CPI) and any request for Administrative Review will be denied. Findings of this type can be found in Child in Need of Services (CHINS) or criminal/juvenile delinquency case orders:

1. A court in a Child in Need of Services (CHINS) case may determine that the report of child abuse and/or neglect is properly substantiated, child abuse and/or neglect occurred or a person was a perpetrator of child abuse and/or neglect. The determinations made by the court are binding; or
2. A criminal (or juvenile delinquency) case may result in a conviction of the person identified as a perpetrator in the report (or an adjudication in a juvenile delinquency case). If the facts or substantially similar facts that provided a necessary element for the conviction also provided the basis for the substantiation, the conviction supports the substantiation and is binding.

If a CHINS Court orders a finding that the alleged child abuse or neglect identified in the report did not occur, or the person named as a perpetrator in a report of suspected child abuse or neglect was not a perpetrator of the alleged child abuse or neglect, DCS will not conduct an Administrative Review. The finding of the court is binding and the report will be unsubstantiated consistent with the court’s finding. The DCS local office will notify the alleged perpetrator of the assessment conclusion, whether or not an Administrative Review occurs based on the court’s finding.

The individual identified by DCS to conduct the Administrative Review may deny the Administrative Review, uphold the classification of the allegation(s) as substantiated, reverse the allegation(s) classified as substantiated or return the report for further assessment so that additional information can be obtained. An Informal Adjustment does not justify a denial of an Administrative Review. The individual identified by DCS to conduct the Administrative Review may not stay the administrative review process.

Note: For those Administrative Reviews that were stayed before the effective date of this policy, the administrative review process must be concluded in accordance with the stay letter provided to the perpetrator. If no deadline was provided by DCS, see Notice of Deadline to Reactivate Administrative Review or Appeal Request (Chapter 2 Notification Tool - Section M).

DCS will complete the Administrative Review and will notify the DCS local office of the decision so that appropriate action can be taken consistent with the decision. The individual identified by DCS to conduct the Administrative Review will also notify the perpetrator in writing of the outcome within 15 calendar days from the DCS local office receipt of the perpetrator’s request.
If Administrative Review is denied, DCS will provide notification to the perpetrator that he/she has the opportunity to request that DCS reconsider the denial. DCS will send the Notice of Denial of Administrative Review (Chapter 2 Notification Tool - Section E). The request from the perpetrator must be presented in writing to DCS within 15 calendar days after the date of the denial with an additional three (3) days added to the deadline if the notice letter is sent via mail and state the reason that he/she is entitled to Administrative Review. If the request is submitted timely, DCS will reconsider the denial and determine whether or not the denial was appropriate.

DCS will then notify the person that the DCS decision to deny Administrative Review is upheld or that a review will be conducted without the need for the perpetrator to take further action. If the denial is upheld, the person will have the opportunity to request an Administrative Appeal of the decision in accordance with policy 2.5 Administrative Appeal Hearings.

If it is determined that further assessment and reconsideration of the Assessment of Child Abuse and Neglect (SF 113) is necessary, the person who made the determination will notify the DCS local office of the decision.

The DCS local office will maintain a record of the Administrative Review decision by putting a copy in the assessment case file.

Code References
1. 42 USC 510a: Grants to States for child abuse and neglect prevention and treatment programs
2. IC 31-33-26 Child Protection Index
3. 465 IAC 3: Administrative Reviews and Hearings

PROCEDURE

The DCS LOD, RM, DCS Local Office Deputy Director or DM, in the county responsible for the assessment but not involved in the original assessment decision will:

1. Refer the request for an Administrative Review to the community CPT for input and a recommendation, if desired;
2. Review the completed assessment file, including all information submitted by the perpetrator with the request for review and/or recommendation of the community CPT, in consultation with the DCS Staff Attorney;
3. Decide to do one of the following:
   a. Deny the request for Administrative Review on the following basis:
      1. Request for review was not received timely,
      2. A Child in Need of Services (CHINS) adjudication finding based on the facts of the substantiated determination, or
      3. Criminal conviction on charges related to same facts and circumstances on which the report of CA/N was substantiated.
   b. Conduct the Administrative Review and
      1. Affirm the substantiated determination,
      2. Set aside the determination and reclassify it as unsubstantiated, or
      3. Reopen the assessment.
4. If the request for Administrative Review is denied:
   a. Notify the perpetrator of his/her right to request reconsideration of the denial. See Notice of Denial of Administrative Review (Chapter 2 Notification Tool - Section E).
   b. Reconsider a denial if reconsideration is requested timely,
c. Reach a decision on reconsideration, and
d. Notify the perpetrator:
   1. That a review will be conducted, or
   2. That the denial is upheld and send:
      a. A redacted copy of the *Assessment of Child Abuse and Neglect (SF 113)*,
      b. The *Notice of Right to Administrative Appeal of a Child Abuse or Neglect Determination (SF 55148)*, and
      c. The *Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation (SF 54776)*.

**Note:** If the substantiation is upheld or denied at Administrative Review and the perpetrator chooses to request an Administrative Appeal of the Administrative Review decision, see separate policy, 2.5 Administrative Appeal Hearings.

5. If an Administrative Review is conducted and returned for further assessment of the report:
   a. Notify the DCS LOD or Family Case Manager (FCM) Supervisor of the Administrative Review decision, and

   **Note:** Following a reassessment, if substantiated, refer to separate policy, 2.1 Notice of Assessment Outcome outlining procedures.

   b. Notify the perpetrator of the decision by sending the *Notice of Administrative Review Decision Report Returned for Further Assessment (Chapter 2 Notification Tool - Section C)*.

6. If Administrative Review is conducted and the decision is made to unsubstantiate:
   a. Notify the DCS LOD or FCM Supervisor of the Administrative Review decision, and
   b. Notify the alleged perpetrator of the decision by sending the *Notice of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse or Neglect (Chapter 2 Notification Tool -Section B)*.

   **Note:** The allegations against any person identified as a perpetrator must be unsubstantiated if a court, in a Child in Need of Services (CHINS) case, finds that the child abuse and/or neglect did not occur or that the person was not the perpetrator of the alleged abuse or neglect.

7. If Administrative Review is conducted and the decision is made to uphold the substantiation:
   a. Notify the DCS LOD or FCM Supervisor of the Administrative Review decision,
   b. Notify the perpetrator of the decision by sending:
      1. Redacted copy of the *Assessment of Child Abuse and Neglect (SF 113)*;
      2. *Notice of Right to Administrative Appeal of a Child Abuse or Neglect Determination (SF 55148)*; and
      3. *Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation (SF 54776)*.

The DCS LOD or designee will maintain in the assessment case file a record of:
1. The date of the Administrative Review;
2. The person who conducted the Administrative Review;
3. The Administrative Review decision; and
4. The copy of the review decision letter. See Practice Guidance.
The FCM Supervisor will:

1. Upon request from the DCS LOD or other person authorized to conduct an Administrative Review, set aside the determination, reclassify it as unsubstantiated and complete the following:
   a. Print a revised 30 day report, if applicable,
   b. Document the Administrative Review decision in the case management system using the 'Post Assessment Information' option,
   c. Print a revised *Assessment of Abuse or Neglect (SF 113)* to send to the Prosecutor’s Office, if applicable, and
   d. Notify the parent, guardian or custodian of the alleged victim of the revision.

2. Upon request from the DCS LOD or other person authorized to conduct an Administrative Review:
   a. Instruct the FCM to gather additional information or conduct additional interviews as requested by the DCS LOD or other person authorized to conduct the Administrative Review, and
   b. Review the FCM’s new recommendation. See separate policy, 2.1 Notice of Assessment Outcome

The FCM will, within 30 calendar days:

1. Gather additional information or conduct additional interviews necessary to complete the *Assessment of Child Abuse or Neglect (SF 113)*, if the report is returned for further assessment; and
2. Send the *Assessment of Child Abuse or Neglect (SF 113)* to the FCM Supervisor for approval.

**PRACTICE GUIDANCE**

The Chapter 2 Notification Tool will be used to send the following Notices:

1. Notice of Assessment Outcome and Right to Request Administrative Review (Section A);
2. Notice of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse or Neglect (Section B);
3. Notice of Administrative Review Decision Report Returned for Further Assessment (Section C);
4. Notice of Administrative Decision after Further Assessment (Section D);
5. Notice of Denial of Administrative Review (Section E);
6. Notice of Intent to Substantiate Allegations of Child Abuse or Neglect by a Child Care Worker or Licensed Resource Parent (Section F);
7. Notice of Administrative Review Decision to Further Assess Allegations against a Child Care Worker or Licensed Resource Parent (Section G);
8. Notice of DCS Decision to Unsubstantiate Allegation of Child Abuse or Neglect (Section H);
9. Notice to Employer of a Report of Child Abuse or Neglect Assessment Decision (Section I);
10. Notice of Child Care Worker (CCW) Assessment Review Decision for an Assessment Closed Prior to October 15, 2006 (Section J);
11. Notice of an Administrative Review Decision for an Assessment Closed Prior to October 15, 2006 (Section K);
12. Notice of Assessment Outcome for a DCS Employee (Section L); and
13. Notice of Deadline to Reactive Administrative Review or Appeal Request (Section M)

*Instructions for developing a Notice using the Chapter 2 Notification Tool*
The Chapter 2 Notification Tool should be used by DCS employees authorized to notify a perpetrator or an employer in a case involving a DCS employee or CCW regarding an assessment conclusion by DCS. The DCS employee should insert language from the appropriate section and place it on DCS local office letterhead. The Notice should be signed by the DCS employee and sent by mail or hand delivered with proper attachments within the allotted timeframe.

Placing Notices and Letters in the file
A copy of the Notice should be sent back to the DCS local office where the assessment was completed and placed in the DCS assessment file. Any letters or Notices received from the alleged perpetrator regarding the assessment should also be placed in the assessment file.

Hand Delivery
Hand delivery requires successful face-to-face contact with the perpetrator and a documented contact in the case management system.

Time computation for the perpetrator to request an Administrative Review
The following guidelines should be utilized in computing timeframes for the perpetrator to request Administrative Review:

1. Note the date that the DCS local office mails or hand delivers the Notice of Assessment Outcome and Right to Request Administrative Review (Chapter 2 Notification Tool–Section A). Do not count the day that the Notice is mailed or hand delivered;
2. Begin with the day following the day the DCS local office mails or hand delivers the Notice of Assessment Outcome and Right to Request Administrative Review (Chapter 2 Notification Tool–Section A) as day one (1); and
3. End at the close of business on the 15th day in the computation, unless it is a day the office is closed for business. If the office is closed for business on the 15th day, the timeframe is extended until the close of business on the next day the office is open for business.

Note: For example, if the Notice is mailed on the 1st of a month, the local office must receive the request for review from the perpetrator before the close of business on the 16th. If the 16th is a day the office is closed, such as a weekend or a State holiday, the request for Administrative Review must be received before the close of business on the next day that the office is open.

4. Add three (3) days to the deadline if the notice is mailed by DCS.

FORMS AND TOOLS

1. Notice of Administrative Appeal of a Child Abuse or Neglect Determination (SF 55148) – Available in the case management system
2. Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation (SF 54776) – Available in the case management system
3. Assessment of Alleged Child Abuse or Neglect (SF 113) – Available in the case management system
4. Chapter 2 Notification Tool

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

A Child Care Worker or Licensed Resource Parent is given the opportunity for Administrative Review prior to approval of an assessment decision to substantiate Child Abuse and/or Neglect (CA/N) that identifies the person as an alleged perpetrator of child abuse and/or neglect. This policy applies to child care workers and licensed resource parents with assessments approved after October 15, 2006, unless otherwise specifically stated.

This policy does not apply to CA/N Substantiated cases involving DCS employees. See separate policy 2.4 Assessment and Review of DCS Staff Alleged Perpetrators.

The Indiana Department of Child Services (DCS) defines “child care worker” per 465 IAC 3-1-5 as a person who is a child caregiver, or has or will have direct contact with children on a regular and continuing basis as an employee (including a person who is actively seeking employment), but not an owner and/or operator of:

1. Any agency that provides services to or for the benefit of children who are victims of CA/N;
2. Any of the following types of facilities:
   a. Child care center,
   b. Child care home (whether or not required to be licensed),
   c. Child care ministry (whether or not licensed),
   d. Residential group home,
   e. Child caring institution,
   f. School,
   g. Juvenile detention center, or
   h. Licensed child placing agency (LCPA).
3. Any other facility that provides residential care for children;
4. Any other agency that is a contracted service provider for DCS; or
5. A home that provides:
   a. Child care; or
   b. Services to, or for the benefit of, children who are victims of CA/N, for a child or children to whom the person is not related.

The process described herein applies regardless of whether or not the allegation includes actions taken within the scope of employment as a child care worker or as a licensed resource parent.

It is the responsibility of the alleged perpetrator to notify the assessing Family Case Manager (FCM) that he/she is a child care worker or licensed resource parent in the event that the allegations are related to the individual’s personal life.
DCS will allow the child care worker or licensed resource parent who is an alleged perpetrator to participate in a Child Care Worker Assessment Review (CCWAR), as an opportunity to present any information he or she feels could assist DCS in making an accurate decision. The CCWAR is an informational meeting only and no official recording (i.e., audio recording) will be made of the meeting.

The child care worker or licensed resource parent who is an alleged perpetrator has the right to have an attorney or other representative present at the CCWAR. The attorney or representative may assist the alleged perpetrator in presenting information at the meeting. However, witness testimony is prohibited.

DCS will require that the CCWAR be conducted by one of the following persons who was not involved in the assessment or the preparation of the assessment report, and does not have a conflict of interest:

1. The DCS Local Office Director (LOD) in the county responsible for the assessment;
2. The DCS Local Office Deputy Director in the county responsible for the assessment;
3. The DCS Local Office Division Manager (DM) in the county responsible for the assessment; or
4. The Regional Manager (RM) in the region responsible for the assessment.

**Note:** If the DCS LOD, DCS Local Office Deputy Director, DM or RM was the person who approved the initial Assessment of Child Abuse or Neglect (SF 113) determination, or was otherwise involved in the assessment, preparation of the report, or has a conflict of interest, he or she will not conduct the CCWAR.

The CCWAR will occur within **15 business days** from the date that the alleged perpetrator is notified of the proposed substantiation determination, in the Notice of Intent to Substantiate Allegations of Child Abuse and/or Neglect by a Child Care Worker/Licensed Resource Parent (Chapter 2 Notification Tool - Section F), regardless of the attendance of the child care worker or licensed resource parent alleged perpetrator. DCS will proceed with the CCWAR, including the approval process, if the alleged perpetrator does not attend the CCWAR.

DCS will require that the CCWAR occur prior to the FCM Supervisor’s approval of the assessment finding.

DCS will allow the child care worker or licensed resource parent who is an alleged perpetrator the opportunity to continue the CCWAR under limited circumstances. Those limited circumstances include:

1. Before the scheduled date for the CCWAR, if the DCS LOD, or other person authorized to hold the CCWAR receives a written request for a continuance from the child care worker or licensed resource parent who is an alleged perpetrator;
2. If the FCM Supervisor has determined that the requested continuance will not endanger the health or safety of a child, the DCS LOD, or other person authorized to hold the CCWAR can grant the request in writing, with a phone call or a face to face contact documented in the case management system, to the child care worker or licensed resource parent who is an alleged perpetrator (due to the short time frame):
   a. The continuance must be contingent on the agreement of a child care worker or licensed resource parent who is an alleged perpetrator to allow DCS to notify the employer or licensing agency of the pending assessment, if warranted,
b. The phone call or face to face contact must be followed by written notice to the child care worker or licensed resource parent who is an alleged perpetrator of the rescheduled date, time, and location of the continued CCWAR, and

c. Copies must be sent to the child care worker or licensed resource parent’s attorney, if applicable.

3. The rescheduled CCWAR must be held within 15 calendar days from the originally scheduled CCWAR; and

4. The CCWAR may not be continued more than once.

DCS recognizes the right of the child care worker or licensed resource parent who is an alleged perpetrator to request an Administrative Appeal Hearing, if he or she disagrees with the assessment finding. See separate policy, 2.5 Administrative Appeal Hearings. DCS will notify the child care worker or licensed resource parent who is an alleged perpetrator in writing of the assessment finding and his/her appeal rights regardless of whether he or she participates in the CCWAR.

DCS may notify the child care worker’s employer or prospective employer, if known, if the CCWAR results in an approved substantiated report. DCS will notify the employer within two (2) business days of the approval of substantiation, if the CCWAR reviewer concludes that the health or safety of a child will be potentially endangered if the child care worker has continuing unsupervised contact with children. DCS will send the Notice to Employer of Assessment Decision by the Indiana Department of Child Services (DCS) (Chapter 2 Notification Tool - Section I). See Practice Guidance or Forms and Tools for Chapter 2 Notification Tool link.

DCS reserves the right to contact the appropriate licensing unit and/or agency regarding an emergency closure at any time during the assessment process, if the immediate safety and/or well-being of the alleged victim or another child at the facility or home is in question.

**Administrative Reviews for Allegations Substantiated Prior to October 15, 2006**

For licensed resource parents who had CA/N allegations substantiated prior to October 15, 2006, the perpetrator will receive an automatic agency review of the decision to substantiate prior to the decision to deny or revoke the person’s foster home license, if the denial or revocation is based on the substantiation.

For a child care worker who has CA/N allegations substantiated prior to October 15, 2006, upon submission of a written request, the perpetrator will receive a courtesy review. The courtesy review must be completed by a DCS LOD, DCS Local Office Deputy Director, DM or RM, who was not directly involved in the original assessment decision. The DCS LOD, DCS Local Office Deputy Director, DM or RM who conducts the review will decide whether to uphold or unsubstantiate each allegation classified as substantiated. The following situations will support a decision to uphold the substantiation:

1. The decision to substantiate is supported by a criminal conviction or court finding(s) that resulted in a Child in Need of Services (CHINS) adjudication based on the same facts and circumstances as the substantiation;

2. The perpetrator was provided notice and opportunity for administrative hearing by an Administrative Law Judge;

3. A courtesy review has already been conducted and the substantiation was upheld; or

4. The facts of the assessment are sufficient to uphold the substantiation.
The DCS LOD, DCS Local Office Deputy Director, DM or RM who conducted the review will insert the date of the review, along with the basis for the review conclusion into the case management system. The reviewer will send written notification of the review conclusion to the perpetrator using the Chapter 2 Notification Tool (Sections J and K) as a guide. Upon a decision to unsubstantiate allegations, the LOD, DCS Local Office Deputy Director, DM or RM who conducted the review will unsubstantiate the allegations in case management system. Following agency review of a substantiation that was approved prior to October 15, 2006, the perpetrator has no right to administrative appeal of the decision. The written notice sent to the perpetrator by the reviewer upholding the substantiation will be the final agency decision, subject to judicial review under IC 4-21.5-5.

Code References
1. IC 31-9-2-16.3 Child Care
2. IC 31-9-2-16.4 Child Caregiver
3. IC 31-9-2-31 (b)(2) Custodian
4. IC 31-9-2-133 Victim of child abuse or neglect
5. IC 31-33-26 Child Protection Index
6. IC 4-21.5-3 Adjudicative Proceedings
7. IC 4-21.5-5 Judicial Review
8. 465 IAC 3-2-2(m) Administrative Reviews and Hearings
9. 465 IAC 3-1-4 "Child Care Worker" defined

PROCEDURE

The Family Case Manager (FCM) will:
1. Complete the assessment in accordance with the DCS assessment policies found in Chapter 4: Assessment;
2. Notify his/her Supervisor that the assessment involves a child care worker or licensed resource parent as defined in this policy; and
3. Complete a draft copy of the Assessment of Alleged Child Abuse or Neglect (SF 113). Ensure that the word “DRAFT” is stamped on every page or watermarked on the Assessment of Alleged Child Abuse or Neglect (SF 113).

The FCM Supervisor will:
1. Notify the DCS LOD, RM, DCS Local Office Deputy Director, or DM, as appropriate of the need for a CCWAR within one (1) business day of receiving the recommendation from the FCM; if the FCM’s recommendation is to substantiate and the FCM Supervisor agrees;
2. Wait to approve the Assessment of Alleged Child Abuse or Neglect (SF 113) until the CCWAR is conducted and the CCWAR decision is received.

The DCS LOD or other person authorized to hold the CCWAR will:
1. Notify the child care worker or licensed resource parent alleged perpetrator of the intent to substantiate and the time, date and place for the CCWAR within three (3) business days of being notified by the FCM Supervisor, by sending the Notice of Intent to Substantiate Allegations of Child Abuse and/or Neglect by a Child Care Worker/Licensed Resource Parent (Chapter 2 Notification Tool - Section F). Include a draft redacted copy of the Assessment of Child Abuse or Neglect (SF 113) with the notice. Refer to separate policy, 2.2 Requests for Administrative Review for redaction procedure;
2. Hold a CCWAR within **15 business days** from the date that the Notice of Intent to Substantiate Allegations of Child Abuse and/or Neglect by a Child Care Worker/Licensed Resource Parent (Chapter 2 Notification Tool - Section F) is sent;

3. Review the case file with input from the DCS Staff Attorney, including the child care worker or licensed resource parent’s statement and any other documentation presented by the individual; and

4. Decide which of the following actions will be taken:
   a. Substantiate one or more of the allegations,
   b. Unsubstantiate one or more of the allegations, or
   c. Return the assessment to DCS for further assessment and reconsideration of the report. Send the Notice of Review Decision to Further Assess Allegations Against a Child Care Worker or Licensed Resource Parent (Chapter 2 Notification Tool - Section G)

5. Notify the FCM Supervisor of the review decision;

6. Within five (5) business days of holding the CCWAR, notify the alleged child care worker or licensed resource parent perpetrator, using the Notice of Right to Administrative Appeal of a Child Abuse or Neglect Determination (SF 55148) or Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse or Neglect (Chapter 2 Notification Tool - Section H), if unsubstantiated. Include a copy of the Request an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation (SF 54776) with the notice, as well as an approved redacted copy of the Assessment of Child Abuse or Neglect (SF 113), if the substantiation is approved; and

7. Assure that all remaining assessment tasks are completed in a timely manner as set out in Chapter 4: Assessment.

The FCM Supervisor will, upon receipt of the decision from the DCS LOD or other person authorized to hold the CCWAR:

1. Approve the Assessment of Child Abuse or Neglect (SF 113) consistent with the decision by the person who conducted the review; or

2. Instruct the FCM to gather additional information or conduct additional interviews as requested by the DCS LOD or other person authorized to conduct the CCWAR and review the FCM’s recommendation following further assessment and send Notice of Intent to Substantiate Allegations of Child Abuse and/or Neglect by a Child Care Worker/Licensed Resource Parent (Chapter 2 Notification Tool - Section F) or Notice of DCS Decision to Unsubstantiate Allegations of Child Abuse or Neglect (Chapter 2 Notification Tool - Section H) as appropriate; and

3. Assure that the child care worker’s employer and/or the appropriate licensing unit or agency are notified within two (2) business days of substantiation using Notice of Assessment Decision by Indiana Department of Child Services (DCS) (Chapter 2 Notification Tool - Section I) if applicable.

If the child care worker or licensed resource parent who is a perpetrator chooses to appeal a decision to substantiate, see separate policy, 2.5 Administrative Appeal Hearings.

**PRACTICE GUIDANCE**

The **Chapter 2 Notification Tool** will be used to send the following Notices:

1. Notice of Assessment Outcome and Right to Request Administrative Review (Section A);
2. Notice of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse or Neglect (Section B);
3. Notice of Administrative Review Decision Report Returned for Further Assessment (Section C);
4. Notice of Administrative Decision after Further Assessment (Section D);
5. Notice of Denial of Administrative Review (Section E);
6. Notice of Intent to Substantiate Allegations of Child Abuse or Neglect by a Child Care Worker or Licensed Resource Parent (Section F);
7. Notice of Administrative Review Decision to Further Assess Allegations against a Child Care Worker or Licensed Resource Parent (Section G);
8. Notice of DCS Decision to Unsubstantiate Allegation of Child Abuse or Neglect (Section H);
9. Notice to Employer of a Report of Child Abuse or Neglect Assessment Decision (Section I);
10. Notice of Child Care Worker (CCW) Assessment Review Decision for an Assessment Closed Prior to October 15, 2006 (Section J);
11. Notice of an Administrative Review Decision for an Assessment Closed Prior to October 15, 2006 (Section K);
12. Notice of Assessment Outcome for a DCS Employee (Section L); and
13. Notice of Deadline to Reactive Administrative Review or Appeal Request (Section M)

Instructions for developing a Notice using the Chapter 2 Notification Tool
The Chapter 2 Notification Tool should be used by DCS FCMs authorized to notify a perpetrator or an employer in a case involving a DCS employee or CCW regarding an assessment conclusion by DCS. The DCS FCM should insert language from the appropriate section and place it on DCS local office letterhead. The Notice should be signed by the DCS FCM and sent by mail or hand delivered with proper attachments within the allotted timeframe.

Placing Notices and Letters in the file
A copy of the Notice should be sent back to the DCS local office where the assessment was completed and placed in the DCS assessment file. Any letters or Notices received from the alleged perpetrator regarding the assessment should also be placed in the assessment file.

FORMS AND TOOLS

1. Assessment of Alleged Child Abuse or Neglect (SF113) – Available in the case management system
2. Request an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation(SF54776) – Available in the case management system
3. Chapter 2 Notification Tool

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires that any DCS employee being assessed as an alleged perpetrator of Child Abuse and/or Neglect (CA/N) notify, within one (1) business day of learning of the assessment:

1. His or her DCS Local Office Director if the employee works in a local office; or
2. His or her work unit manager if the employee works in Central Office, for the Hotline, or for Child Support Bureau.

Note: Failure to notify the appropriate person in a timely manner may result in disciplinary action up to and including dismissal.

During the course of an assessment, if a Family Case Manager (FCM) learns that an alleged perpetrator is a DCS employee, the assessing FCM will notify the following and document that notification was given immediately, but no later than one (1) business day for:

1. Field employees the following individuals must be notified:
   a. FCM Supervisor
   b. DCS Local Office Director (LOD);
   c. Regional Manager (RM); and
   d. Human Resource Director.

2. Central Office, Hotline, and Child Support Bureau employees the following individuals must be notified:
   a. Work Unit Manager; and
   b. Division Deputy Director; and
   c. Human Resource Director.

Assessments involving DCS employees as an alleged perpetrator must be conducted by DCS local office staff in a different DCS local office in which the employee is based. Assessments involving Central Office, Hotline, and Child Support Bureau employees as an alleged perpetrator will be conducted in the county in which the complaint was filed unless there is a conflict of interest.

The assessing local office will restrict any records pertaining to the DCS employee except to appropriate personnel.

DCS will not allow an employee who is an alleged perpetrator to have direct contact, in the course of DCS employment with the children and families (including resource parents) that DCS serves, until the Administrative Review process has been completed.

When DCS employees are identified as Child Care Workers (CCW) under Policy 2.3 Child Care Worker Assessment Review Process, a Child Care Worker Administrative Review (CCWAR) will be completed. If the CCWAR results in substantiating the allegations, forward the assessment with the approved Assessment of Child Abuse and Neglect (SF 113) to the Administrative Review Team.
DCS will have fifteen (15) business days from approval of the Assessment of Child Abuse and Neglect (SF 113) to provide the Notice of Assessment Outcome-DCS Employee (Chapter 2 Notification Tool - Section L) and a copy of the redacted Assessment of Child Abuse and Neglect (SF 113), if substantiated, to the employee via certified mail. See Practice Guidance or Forms and Tools for Chapter 2 Notification Tool link.

DCS will require that an Administrative Review be conducted for all substantiated assessments that identify a DCS employee as a perpetrator. This Administrative Review must be completed within fifteen (15) business days from approval of the substantiation. The Administrative Review Team or designee will notify the employee perpetrator in writing of the Administrative Review decision. The Notice of Right to Administrative Appeal of a Child Abuse or Neglect Determination (SF 55148) will be mailed, emailed, and/or hand delivered to the DCS employee within five (5) business days of the decision.

DCS will require that an Administrative Review of a DCS decision to substantiate on a DCS employee be conducted by the Administrative Review Team which is comprised of:

1. A Regional Manager (RM);
2. Deputy Director of Field Operations or Designee; and
3. The DCS General Counsel or Designee.

**Note:** The Administrative Review Team members conducting the review should not work within the alleged employee perpetrator’s local office or be a regional manager in the county/region in which the employee works or in which the assessment was conducted.

DCS recognizes that a DCS employee who is a perpetrator has the right to request an Administrative Appeal of the Administrative Review Team decision if the substantiation is upheld. See separate policy, 2.05 Administrative Appeal Hearings.

DCS reserves the right to take disciplinary action up to and including dismissal upon completion of the Administrative Review, if the substantiation is affirmed, regardless of whether the allegations involve actions taken in the scope of DCS employment. See separate SPD (State Personnel Department) Standard Policy on, Discipline – Responsibilities and Procedures.

**Code References**

1. 465 IAC 3: Administrative Reviews and Hearings
2. IC 31-33-26-8 Notification after index entry; notice to perpetrators; request for administrative hearing
3. IC 31-33-26-13 Adoption of rules

**PROCEDURE**

The DCS employee who is an alleged perpetrator will notify his/her FCM Supervisor, or Work Unit Manager and LOD within one (1) business day of learning of the assessment.

The assessment FCM will notify the following and document that notification was given immediately, but no later than one (1) business day for:

1. Field employees the following individuals must be notified:
   a. FCM Supervisor
   b. DCS Local Office Director (LOD); and
   c. Regional Manager (RM); and

---

1 The designee must be at least one supervisory level above the alleged employee perpetrator.
d. Human Resource Director.

2. Central Office, Hotline, and Child Support Bureau employees the following individuals must be notified:
   a. Work Unit Manager; and
   b. Division Deputy Director; and
   c. Human Resource Director.

In addition, the assessment FCM will:
1. Assure timely completion of the assessment. Refer to separate policy, 4.25 Completing the Assessment Report;
2. Send the Assessment of Child Abuse and Neglect (SF 113) to the FCM Supervisor for approval.

The FCM Supervisor will:
1. Review the Assessment of Alleged Child Abuse and Neglect (SF 113) for accuracy and completeness and approve the FCM recommendations, if appropriate.
2. Notify the employee of the outcome of the assessment and pending Administrative Review, if substantiated. Attach a copy of the redacted Assessment of Alleged Child Abuse or Neglect (SF113) and Notice of Assessment Outcome- DCS Employee (Chapter 2 Notification Tool) Section-L.

Note: If a DCS employee who is an alleged perpetrator is also a Child Care Worker (CCW), a CCWAR should be conducted prior to any Assessment of Alleged Child Abuse and Neglect (SF 113) approval.

In addition, the FCM Supervisor will notify the following of the results of the assessment and document that notification was given immediately, but no later than one (1) business day for:
3. Field employees the following individuals must be notified:
   a. DCS Local Office Director (LOD); and
   b. Regional Manager (RM); and
   c. Human Resource Director.
4. Central Office, Hotline, and Child Support Bureau employees the following individuals must be notified:
   a. Work Unit Manager; and
   b. Division Deputy Director; and
   c. Human Resource Director.

If a DCS employee is an alleged perpetrator and also a CCW, the DCS staff person authorized to hold the CCWAR will notify the DCS employee if the allegations are unsubstantiated following the CCWAR. If allegations are substantiated, the Assessment of Alleged Child Abuse and Neglect (SF 113) will be approved and forwarded to the Administrative Review Team for an additional Administrative Review. The Notice of substantiation will be done by the Administrative Review Team, not the CCWAR reviewer.

The DCS RM or Division Deputy Director of the alleged DCS employee perpetrator will:
1. Upon notification of an assessment identifying a DCS employee as an alleged perpetrator, submit a request of notification to restrict access to the case management system records pertaining to DCS employees. Any records pertaining to the DCS employee who is an alleged perpetrator will be restricted except to appropriate personnel;
2. Coordinate with appropriate staff to place the employee on desk duty or reassign the employee and to ensure the DCS employee is notified within one (1) business day of the decision;
3. Ensure that the assessment is assigned to a DCS local office other than the DCS local office in which the employee is employed;
4. Contact the DCS Human Resource Director, in the event that emergency suspension is considered; and
5. Notify the DCS LOD and FCM Supervisor (for Field Operation) or Work Unit Manager (for Central Office, Hotline or Child Support Bureau) of the Administrative Review Team’s decision.

The DCS Field Operations Deputy Director or designee will:
1. Coordinate the Administrative Review process by convening the Administrative Review Team members; and
2. Notify the employee’s DCS RM or Division Deputy Director of the Administrative Review Team’s findings and whether any additional actions should be taken.

The Administrative Review Team will:
1. Review the complete DCS assessment file;
2. Review any information, documentation, or statements provided by the alleged DCS employee perpetrator;
3. Decide to do one of the following:
   a. Uphold the substantiated determination
   b. Overturn the determination and reclassify it as unsubstantiated, or
   c. Return the file to the FCM assessor for further assessment of the report.
4. Notify the employee of the Administrative Review Team’s decision:
   a. If the substantiation is upheld, notify the DCS employee perpetrator of the decision using the Notice of Right to Administrative Appeal of a Child Abuse or Neglect Determination (SF 55148) form. Also send the Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation (SF 54776) form; or
   b. If the allegations are unsubstantiated, or returned for further assessment, notify the alleged DCS employee perpetrator of the decision using the Notice of Assessment Outcome-DCS Employee (Chapter 2 Notification Tool) - Section L form, and notify the assessing office of the decision.

**PRACTICE GUIDANCE**

The Chapter 2 Notification Tool will be used to send the following Notices:
1. Notice of Assessment Outcome and Right to Request Administrative Review (Section A);
2. Notice of Administrative Review Decision to Unsubstantiate Allegations of Child Abuse or Neglect (Section B);
3. Notice of Administrative Review Decision Report Returned for Further Assessment (Section C);
4. Notice of Administrative Decision after Further Assessment (Section D);
5. Notice of Denial of Administrative Review (Section E);
6. Notice of Intent to Substantiate Allegations of Child Abuse or Neglect by a Child Care Worker or Licensed Resource Parent (Section F);
7. Notice of Administrative Review Decision to Further Assess Allegations against a Child Care Worker or Licensed Resource Parent (Section G);
8. Notice of DCS Decision to Unsubstantiate Allegation of Child Abuse or Neglect (Section H);
9. Notice to Employer of a Report of Child Abuse or Neglect Assessment Decision (Section I);
10. Notice of Child Care Worker (CCW) Assessment Review Decision for an Assessment Closed Prior to October 15, 2006 (Section J);
11. Notice of an Administrative Review Decision for an Assessment Closed Prior to October 15, 2006 (Section K);
12. Notice of Assessment Outcome for a DCS Employee (Section L); and
13. Notice of Deadline to Reactive Administrative Review or Appeal Request (Section M)

Instructions for developing a Notice using the Chapter 2 Notification Tool
The Chapter 2 Notification Tool should be used by assessing FCMs and Administrative Review team members authorized to notify a perpetrator or an employer in a case involving a DCS employee or CCW regarding an assessment conclusion by DCS. The FCM or review team member should insert language from the appropriate section and place it on DCS local office letterhead. The Notice should be signed by the assessing FCM or a review team member and sent by mail, email, and/or hand delivered with proper attachments within the allotted timeframe.

Hand Delivery
Hand delivery requires successful face-to-face contact with the perpetrator and a documented contact in the case management system.

Notices and Letters
Any Notices or Letters sent to or received from the perpetrator regarding the assessment should be placed in the assessment file.

FORMS AND TOOLS

1. Assessment of Alleged Child Abuse or Neglect (SF1 13) – Available in the case management system
2. Chapter 2 Notification Tool
3. Notice of Right to Administrative Appeal of an Child Abuse or Neglect Determination (SF55148) – Available in the case management system
4. Request for an Administrative Appeal Hearing for Child Abuse and/or Neglect Substantiation (SF 54776) – Available in the case management system
5. SPD Standard Policy – Discipline
6. SPD Standard Policy – Responsibilities and Procedures

RELATED INFORMATION

Desk Duty for DCS Employees Who are Alleged Perpetrators
In the event that a DCS employee who is an alleged perpetrator is assigned to desk duty, that DCS employee will not be allowed to have direct contact, in the course of DCS employment with the children and families DCS serves. Depending on the position, the duties of the DCS employees may or may not change.

Consulting with Human Resources
Child Abuse and/or Neglect assessments of DCS employees are very sensitive situations. The Central Office Human Resource Department is always available to assist management staff with any decisions that must be made surrounding reassigning or suspending a DCS employee.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) recognizes the right of the perpetrator to request an Administrative Appeal Hearing if substantiated allegations of Child Abuse and/or Neglect (CA/N) are upheld in the DCS Administrative Review. The process outlined herein will apply to all substantiated CA/N determinations made on or after October 15, 2006.

If the substantiated assessment is against a minor perpetrator, the request for an Administrative Appeal Hearing must be made by the child’s parent, guardian, attorney, Guardian ad Litem (GAL), or Court Appointed Special Advocate (CASA).

DCS requires that all requests for Administrative Appeal Hearing by a perpetrator utilize the Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation (SF 54776) and that the request be received by DCS Hearings and Appeals within 30 calendar days (if request hand delivered) or 33 calendar days (if request mailed) from the date identified on the Notice of Right to Administrative Appeal of a Child Abuse or Neglect Determination (SF 55148).

Note: If the request for an Administrative Appeal is received on a day that the DCS Hearings and Appeals is closed, the next business day is considered the receipt date. If the request deadline is on a day that the DCS local office is closed, the deadline is extended to the next business day.

If the substantiated assessment is against a DCS Employee or a child care worker as defined in DCS policies 2.3 Child Care Worker Assessment Review Process and 2.4 Assessment and Review of DCS Staff Alleged Perpetrators, the Administrative Appeal Hearing will be held within 20 calendar days of the date the request is received by Hearings and Appeals, unless the perpetrator (appellant) waives the time limit in writing as outlined in 465 IAC 3-3-9.

Note: If the perpetrator is a DCS employee or a child care worker, DCS cannot ask for a continuance. See 465 IAC 3-3-18.
DCS will hold all other hearings within 90 calendar days from the date the request is received by Hearings and Appeals unless the appeal is stayed or continued pursuant to applicable law or rule.

A person who is denied administrative review may file a request to reconsider the denial. If upon reconsideration, the denial is upheld, the person may administratively appeal that decision. Any administrative appeal will be limited to the denial itself, as a procedural issue, and will not include the merits of the underlying substantiation. If the denial is upheld, the ALJ decision will be the final DCS decision. If the denial is reversed, the case will be remanded to DCS so that an administrative review can be conducted.
The DCS Hearings and Appeals unit will notify the appellant and the DCS local office in writing of the hearing date, via mail or email, at least 10 calendar days in advance.

**Note:** An appellant is the person identified as a substantiated perpetrator of child abuse and/or neglect who has completed an administrative review by DCS and has submitted a complete request for an administrative appeal hearing.

DCS acknowledges that the appellant has the right to bring witnesses and/or legal counsel to the hearing to present relevant evidence and cross examine DCS's witnesses.

**Note:** For those administrative appeals that were stayed before the effective date of this policy, the administrative appeal process must be reactivated in accordance with the stay letter or order of Stay provided to the appellant.

DCS will not conduct an Administrative Appeal Hearing and will order a Stay of the Administrative Appeal process if a motion is filed by either the appellant or the DCS local office and documentation is filed with Hearings and Appeals to show that one of the following applies:

1. A Child in Need of Services (CHINS) petition has been filed based on the facts of the substantiated assessment, until the court has ruled on the petition:
   a. Any request received for an Administrative Appeal will be stayed due to a pending CHINS matter by submitting the Preliminary Inquiry and CHINS Petition and/or other appropriate supporting documentation, and
   b. During the Stay, the substantiation will remain on the Child Protection Index (CPI).

2. Criminal charges or a Juvenile Delinquency Petition (JD) have been filed based on the same facts and circumstances that the report of CA/N was substantiated, until the case is resolved:
   a. Any request received for an Administrative Appeal will be stayed due to a pending criminal or JD matter by submitting a Probable Cause Affidavit, charging information and/or other supporting documentation, and
   b. During the Stay, the substantiation will remain on the CPI.

3. An Informal Adjustment (IA) has been filed and is pending. A copy of the filed IA will suffice as supporting documentation. During the Stay, the substantiation will remain on the CPI.

4. DCS has received notification from the County Prosecutor’s Office that criminal charges are under review based on the same facts and circumstances which resulted in the classification of allegations as substantiated against the perpetrator who has requested an Appeal Hearing.

**Note:** The DCS local office or appellant must notify Hearings and Appeals by notice or motion to request that the Administrative Appeal process be stayed.

When appropriate, either the DCS local office or appellant may request that the administrative appeal process be reactivated or dismissed, in accordance with the order of stay of the Administrative Law Judge (ALJ).

**Note:** The Stayed case will remain open on the Hearings and Appeals docket until it is concluded by a final ALJ decision.

The DCS Administrative Appeal Hearing will be conducted and decisions issued in accordance with the procedures outlined in 465 IAC 3-3.
The presiding ALJ will issue a written decision:
1. Within 15 calendar days after completion of the hearing or closure of the hearing record for child care workers and DCS Employees; or
2. Within 30 calendar days after completion of the hearing or closure of the hearing record for all other perpetrators.

The ALJ’s decision will be the final decision of DCS regarding the classification of the Child Protective Services (CPS) assessment and report, subject to the right to judicial review as provided in IC 4-21.5-5.

**Note**: This policy does not apply to any Administrative Appeal other than the substantiation of allegations of CA/N by DCS.

**Code References**
1. IC 31-33-26: Child Protection Index
2. IC 4-21.5-5 Judicial Review
3. 465 IAC 3: Administrative Reviews and Hearings

**PROCEDURE**

The perpetrator will request an Administrative Appeal Hearing by submitting a copy of the following documents to DCS Hearings and Appeals, within 30 calendar days of the date on the Notice of Right to Administrative Appeal for a Child Abuse or Neglect Determination (SF 55148):
1. The Notice of Right to Administrative Appeal for a Child Abuse or Neglect Determination (SF 55148);
2. The Assessment of Alleged Child Abuse and Neglect (SF 113); and
3. A Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation (SF 54776).

An additional three (3) days will be allowed for mail time.

**Note**: If the request is received on a Saturday, Sunday, or legal holiday under state statute the next business day is to be considered the receipt date.

When a request for a hearing is received DCS Hearings and Appeals will:
1. Record the case in the DCS hearing tracking system;
2. Assign the case to a DCS Administrative Law Judge (ALJ);
3. Schedule a hearing; and
4. Notify the perpetrator (appellant), the appellant’s representative (if applicable), the ALJ, the DCS Local Office Director (LOD), and the DCS Staff Attorney of the date, time and specific location of the hearing.

**Note**: If concerns for the security of any witness or employee comes to the attention of a DCS employee, the employee is to notify the Hearings and Appeals, and DCS LOD where the hearing is being conducted.

At the hearing, the DCS local office representative will:
1. Review assessment documentation prior to the hearing; and
2. Bring supporting documentation to be entered as evidence and witnesses to the hearing. Exhibits should be appropriately redacted to eliminate all Social Security numbers, identification of the report source, and any other information necessary for redaction.
The ALJ will:
1. Conduct a hearing in accordance with the procedures specified in 465 IAC 3-3; and
2. Issue a written decision:
   a. Within 15 calendar days after completion of the hearing or closure of the hearing record for child care workers, and DCS employees, or
   b. Within 30 calendar days after completion of the hearing or closure of the hearing record for all other hearings of substantiated assessments of CA/N.

After the hearing, the DCS Hearings and Appeals Coordinator will ensure that all of the following persons are notified of the decision:
1. The appellant (perpetrator);
2. The appellant’s (perpetrator’s) representative or legal counsel, if applicable;
3. The DCS LOD of the county who assessed the case;
4. The RM; and
5. DCS Staff Attorney.

**Note:** All distribution of notices and orders to the DCS LOD, DCS Staff Attorney, and RM will be emailed in PDF format. Assessments completed by the Institutional Child Protective Services (ICPS) Unit will also be notified of the ALJ decision.

The RM, DCS LOD or the Program Manager for the Institutional Child Protective Services (ICPS) Unit will ensure that DCS complies with the decision issued by the ALJ, including any remand.

**PRACTICE GUIDANCE**

**Hand Delivery**
Hand delivery requires successful face-to-face contact with the alleged perpetrator and a documented contact in the case management.

**Preparation for a Scheduled Administrative Appeal Hearing**
The DCS local office should prepare exhibits and witnesses for an Administrative Appeal Hearing in the same manner as if it were preparing for a CHINS Juvenile Court Fact Finding Hearing. Thorough records and documentation should be compiled and presented at the Administrative Appeal Hearing as DCS local office exhibits. DCS must prove by a preponderance of credible evidence that child abuse and/or neglect occurred and that the appellant is responsible for the child’s abuse and/or neglect.

**Presenting the DCS Case at the Hearing**
At the Administrative Appeal Hearing, the DCS case may be presented by a Family Case Manager (FCM), FCM Supervisor, Program Manager for the Institutional Assessment Unit and/or DCS Staff Attorney. The DCS LOD may decide who is best able to represent the Agency. The appellant may present his or her case personally or through counsel or other representative. Each party has the right to bring witnesses to the hearing, present relevant evidence and cross examine the other parties' witnesses.
Provide copies of interviews or video recordings at the Hearing
The use of audio or video recordings, including forensic interviews, can be helpful in proving a DCS case. If submitted as an exhibit, it must be in a format that can be played at the hearing (laptop computer, recorder, etc.).

Note: All exhibits must be provided to the ALJ with a copy to the opposing party.

Final Decision of DCS
The ALJ’s decision will be the final decision of DCS regarding the classification of the CPS assessment and report, subject to judicial review as provided in IC 4-21.5-5.

FORMS AND TOOLS

1. Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation (SF 54776) – Available in case management system
2. Notice of Right to Administrative Appeal for a Child Abuse or Neglect Determination (SF 55148) – Available in the case management system
3. Assessment of Child Abuse or Neglect (SF 113) – Available in the case management system

RELATED INFORMATION

Location of Hearings
All hearings for child care workers and DCS employees will be held in Indianapolis, unless the perpetrator/appellant, in writing, both:
1. Requests that the hearing be held in another location; and
2. Requests an extension of the hearing time limits and waives an expedited hearing.

All other hearings will be held in a pre-determined centralized location near the county of residence of the appellant. The ALJ may order a hearing site other than those identified in the event of natural disaster or other reason as determined by the ALJ. The locations are as follows:

<table>
<thead>
<tr>
<th>Appellant resides in:</th>
<th>Hearing will be held in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1, Region 2</td>
<td>Gary, Indiana</td>
</tr>
<tr>
<td>Region 3, 4, 6 (Miami, Fulton and Wabash County), 7 (Blackford, Grant, Jay and Randolph County)</td>
<td>Fort Wayne, Indiana</td>
</tr>
<tr>
<td>Regions 5, 6 (Cass and Howard County), 7 (Delaware County), 8, 9, 10, 11, 12, 14 (Johnson County and Shelby County)</td>
<td>Indianapolis, Indiana</td>
</tr>
<tr>
<td>Regions 13, 14 (Bartholomew, Jackson, Jennings County), 15, 18 (Clark, Floyd, and Scott County)</td>
<td>Seymour, Indiana</td>
</tr>
<tr>
<td>Regions 16, 17, 18 (Harrison, and Washington County)</td>
<td>Jasper, Indiana</td>
</tr>
</tbody>
</table>

Note: Hearings may also be conducted via telephone or video conference if approved by the ALJ.
STATMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will hold confidential all information obtained, reports written, photographs taken, and audio recording concerning reports of Child Abuse and/or Neglect (CA/N), CA/N assessments, and the provision of ongoing case management services. The identity of the reporting source, children, and others protected by law must be held confidential unless authorized by statute or court order.

Note: Any and all audio recordings of CA/N reports called into the DCS Child Abuse Hotline (Hotline) are confidential and may be released only upon court order except when requested in writing by a prosecuting attorney investigating a false report of CA/N.

DCS will abide by Indiana law and share confidential information with only those persons entitled to receive it.

DCS will maintain the confidentiality of information and records that it receives from other sources, in accordance with the laws applicable to the owner, and/or sender of the records. This confidential information may include medical records such as physical or mental health records and Human Immunodeficiency Virus (HIV) status, Law Enforcement Agency (LEA) records, or court records.

Note: Child specific information, such as any diagnosis and/or behavioral needs, may be released to a Licensed Child Placing Agency (LCPA) or residential facility to determine feasibility for placement of that child.

DCS shall comply with any request to conduct CA/N history checks received from another state’s child welfare agency, as long as the records have not been expunged, when:

1. The check is being conducted for the purpose of placing a child in a foster or adoptive home;
2. The check is being conducted in conjunction with a CA/N assessment for an alleged victim/perpetrator residing in the requesting state and the agency is seeking previous history CA/N within Indiana; or
3. The requesting state agency has care, custody and control of the child and the request is to check Child Protective Services (CPS) history of an individual who has a prior relationship with the child.

DCS will advise parents, guardians, custodians and perpetrators of any rights regarding access to confidential CA/N information.

DCS will make available for public review and inspection all statewide assessments, reports of findings, and program improvement plans developed as a result of a full or partial Child and
Family Services Review (CFSR), redacted as legally required. Release of these documents will occur after approval of DCS General Counsel and the Data Governance Committee.

DCS may provide unidentifiable CA/N information of a general nature, and not subject to pending litigation, to persons engaged in research. The DCS Central Office may provide such information upon approval of a written request for specified data.

Fatality or near fatality records may be released by court order exercising juvenile jurisdiction, after properly redacted, if:

1. The fatality or near fatality allegations are substantiated and the result of abuse, abandonment, or neglect; or
2. A prosecuting attorney has filed charges as a result of a child’s death or near fatality reasonably believed to be the result of abuse, abandonment, or neglect.

Exception: If a police investigation or criminal prosecution is ongoing or information in a record is otherwise confidential under state or federal law, DCS must provide a copy of the record to the juvenile court exercising jurisdiction.

Upon receiving a request for records on a fatality or near fatality that meets the criteria for release, the DCS Office of the General Counsel will submit all records created or received by DCS Central Office or a DCS local office in connection with the fatality or near fatality assessment to the juvenile court in the county where the child died or the near fatality occurred for the court’s redaction and the court’s release of such records to the requestor. This information should include any prior history records concerning the child.

All records that are sent from DCS and are confidential under this policy shall be labeled or stamped "CONFIDENTIAL" at the top of each record. Any envelope containing records shall also be labeled "CONFIDENTIAL".

DCS will protect the confidentiality of all information gained from victims of domestic violence. Prior to releasing any information (i.e. during court proceedings where disclosure of certain information is mandatory), DCS will notify the victim so he or she may plan for his or her safety and the safety of the child.

Code References
1. **IC 4-1-6-8.5** Consistent handling of information among and between agencies; principles and procedures
2. **IC 5-14-3** Access to Public Records
3. **IC 12-18-8** Domestic Violence Fatality Review Team
4. **IC 12-18-9-3** Statewide domestic violence fatality review committee purpose
5. **IC 16-49-6** Fetal-Infant Mortality Review Teams
6. **IC 16-50-1-3** Statewide maternal mortality review committee established; duties; authority
7. **IC 31-25-2-20.4** Citizen review panels; membership appointment; duties; response report; prohibited acts
8. **IC 31-27** Child Services; Regulation of Residential Child Care
9. **IC 31-27-3-18** Records
10. **IC 31-27-4-21** Records regarding children
11. **IC 31-33-7-8** Reports after initiation of assessment or investigation; contents; confidentiality
12. **IC 31-33-8-9** Provisions of copies of investigative report by department of child services
13. **IC 31-33-18-1** Confidentiality: exceptions
14. **IC 31-33-18-1.5** Written findings; copies to the department of child services; certain records held by governmental entities not confidential if redacted; procedure for reacting records
15. **IC 31-33-18-2** Disclosure of un-redacted material to certain persons
16. **IC 31-33-18-3** Disclosure to qualified researchers
17. **IC 31-33-18-4** Notice to parent, guardian, or custodian of availability of reports, information, and juvenile court records; release form; copying costs
18. **IC 31-33-22-2** Obtaining child abuse or neglect information under false pretenses; knowingly falsifying records or interfering with an investigation
19. **42 U.S.C. 671 (a)(8)** State Plan for Foster Care and Adoption Assistance
20. **465 IAC 2-5-1** Release of information to individuals engaged in research projects on child abuse; written request; good faith research project; qualifying individual

**PROCEDURE**

**DCS (Intake and Assessment) Records**

All CA/N reports and assessment information, including written reports, audio/video recordings and photographs are confidential. It is a criminal offense for a person to knowingly obtain or to falsify CA/N information or records. In addition, it is a Class A infraction for a public employee to knowingly and intentionally disclose information classified as confidential by state statute.

Upon request, the Family Case Manager (FCM) shall provide access to reports made; other information obtained; reports written; and photographs taken to a police officer or other Law Enforcement Agency (LEA), a prosecuting attorney, and in a case involving death, the coroner, who are investigating a report of a child who may be a victim of CA/N. Also upon receipt of a request, an assessment report will be made available to the United States Department of Defense Family Advocacy Program, if a parent, guardian, or custodian or a child who is the subject of a substantiated investigation of abuse or neglect, is an active duty member of the military.

Upon receipt of a written request and approval from the **DCS Staff Attorney**, the FCM may provide access to reports made; other information obtained; reports written or photographs taken to the following (with redaction as required to protect the report source and the life or safety of any other person):

1. A legally mandated public or private child protective agency investigating a report of CA/N or treating a child or family that is the subject of a report or record;
2. A physician treating a child whom the physician suspects may be abused or neglected;
3. Anyone legally authorized to take protective custody of an abused or neglected child when the information is needed to determine whether to remove the child and make an out-of-home placement;
4. An agency with legal responsibility or authorization to provide care, treatment, or supervision for the subject child, or the child's parent, guardian, custodian, or other person responsible for the child's welfare;
5. The alleged victim (if requested as an adult);
6. The Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) of the alleged victim;
7. The parent (including non-custodial parent), guardian, custodian or other person responsible for the child named in a report and his or her attorney;
Note: Each parent, guardian, or custodian must be given verbal notice of the availability of the assessment report and must be provided with the Notice of Availability of Completed Reports and Information: Investigation of Allegations of Child Abuse or Neglect (SF 48201). A copy of the Assessment of Alleged Child Abuse or Neglect (SF 113) will be provided upon written request. See separate policy, 4.10 Interviewing the Parent/Guardian/Custodian.

8. A court that requires the information to decide an issue before it;
9. A grand jury;
10. An appropriate state or local official responsible for legislation in carrying out official functions¹;
11. A community Child Protection Team (CPT), upon request, in order to carry out its purpose;
12. A person about whom a report has been made;
13. An employee of DCS, an FCM, or a Juvenile Probation Officer conducting a criminal history check to assess the appropriateness of a family for placement and to make a placement recommendation to the court for a child in out-of-home care;
14. A local child fatality review team;
15. The statewide child fatality review committee;
16. If the report of CA/N is substantiated, the Division of Family Resources (DFR), in relation to a license applicant, licensee, employee or volunteer of a child care center, child care home, or child care ministry;
17. Any authorized employee of DCS for an appropriate purpose, as determined by the Director or Deputy Director of Field Operations;
18. A citizen’s review panel, established under IC 31-25-2-20.4;
19. The DCS Ombudsman;
20. The State Superintendent of Public Instruction;
21. The State child fatality review coordinator employed by the state department of health;
22. [For incidents that occur on or after 7-1-2014] A person who operates a child caring institution, group home, or secure private facility if ALL of the following apply:
   a. The child caring institution, group home, or secure private facility is licensed under IC 31-27
   b. The report or other materials concern:
      i. An employee of,
      ii. A volunteer providing services at, or
      iii. A child placed at the child caring institution, group home, or secure private facility.
   c. The allegation in the report occurred at the child caring institution, group home, or secure private facility.

23. [For incidents that occur on or after 7-1-2014] A person who operates a child placing agency if ALL of the following apply:
   a. The child placing agency is licensed under IC 31-27.
   b. The report or other materials concern:
      i. A child placed in a foster home licensed by the child placing agency,
      ii. A person licensed by the child placing agency to operate a foster family home,

¹ Release of un-redacted material under this provision must be approved by the DCS General Counsel
iii. An employee of the child placing agency or a foster family home licensed by the child placing agency, or
iv. A volunteer proving services at the child placing agency or a foster family home licensed by the child placing agency.

c. The allegations in the report occurred in the foster family home or in the course of employment or volunteering at the child placing agency or foster family home.

24. The National Center for Missing and Exploited Children (NCMEC);
25. A local domestic violence review team established under IC 12-18-8, as determined by DCS to be relevant to the death or near fatality that the local domestic violence fatality review team is reviewing; and
26. The statewide domestic violence review committee established under IC 12-18-9-3, as determined by DCS to be relevant to the death or near fatality that the statewide domestic violence review committee is reviewing.
27. The statewide maternal mortality review committee established under IC 16-50-1-3, as determined by DCS to be relevant to the case of maternal morbidity or maternal mortality that the statewide maternal mortality review committee is reviewing.
28. The local fetal-infant mortality review team established under IC 16-49-6 as determined by DCS to be relevant to the case of fetal or infant fatality that the local fetal infant mortality team is reviewing.

**Providing Information to Another CPS Agency**

Within one (1) business day of receiving the request DCS will:

1. Determine whether the requesting agency is a legally mandated public or private CPS agency;

   **Note:** The requesting agency must send a written request for information on agency letterhead or from the out-of-state’s child welfare agency’s business e-mail address with the requestor’s name, name of the Child Welfare agency, job title, and contact information. (e.g., Jane Doe, State of Texas, Family Case Manager, CPS Unit, Marion County DCS Local Office, e-mail jane.doe@tx.state.gov).

2. Determine the basis for the agency’s request by asking the requesting agency to provide the purpose of their request in writing (i.e., whether the requesting agency is currently assessing a report of CA/N in the requesting state and is seeking information for an individual currently in their state, who previously resided in Indiana).

   **Note:** Indiana DCS will not complete a CA/N search on an individual currently residing in Indiana. Requests should go through Interstate Compact for the Placement of Children (ICPC).

   a. The written request shall contain a listing of the specific information needed (i.e., assessment when children are victims, only assessment with substantiation, assessment regardless of finding) and any information that would assist the FCM in identifying the appropriate CPS case file (i.e., adult’s current names/maiden names, child’s name, a date of birth or social security number and/or any previous Indiana address, county of residence and dates). As much information as possible should be provided to ensure the release of accurate information.
Note: If the CPS agency requests the immediate release of records due to an emergency, the FCM shall acquire the approval of the Unit Supervisor or DCS Staff Attorney prior to the release of records.

b. The FCM will collect the information needed to make the determinations outlined above from the requesting CPS agency and document this information within the case file, and

c. The DCS Staff Attorney will determine if the records are accessible to the CPS agency based upon the information provided and shall orally advise the FCM of the appropriate response to the requesting CPS agency.

3. Redact the name of the report source and any information concerning any children or adults that are not the subject of the request prior to sending to the requesting agency.

Providing Information to Parent, Guardian, Custodian, Perpetrator, or Child
Upon request from the parent, guardian, custodian, subject child (if he or she is an adult at the time of request), appointed CASA/GAL, representative, or perpetrator, the FCM will:

1. Provide information regarding the assessment, after deleting the identities of the person making the report and other appropriate individuals;

Note: Carefully review to determine what information should be redacted to protect the safety of an adult victim and children of families with identified domestic violence and any other person named in a report whose health or safety could be at risk, as determined by the DCS local office.

2. Provide a copy of the psychological evaluation to the person who is the subject of the evaluation only (unless the subject is a child);

Note: If anyone other than the subject of the psychological evaluation requests a copy, that request must be submitted to the doctor or psychologist who provided the service. Care should be taken to review evaluations to determine if the doctor or psychologist has made any recommendations regarding the disclosure/non-disclosure of the evaluation to the subject of the report. The DCS staff attorney should be consulted regarding the existence of any court issued protective order.

3. Consult with the DCS Staff Attorney prior to releasing school records; and
4. Notify the DCS Staff Attorney of a request for release of audio and/or video recordings.

Upon notification of a request for release of audio and/or video recordings, the DCS Staff Attorney will consult with DCS Chief Counsel, or other supervising attorney, for guidance.

No prerequisites for obtaining information beyond a written request may be imposed upon any person or agency entitled to obtain a copy of the information, other than reasonable copying costs. See Related Information for copying cost.

Release of Child Fatality and Near Fatality Records through a Public Records Request
All fatality and near fatality records and other records relating to a child victim for whom DCS has substantiated that the fatality or near fatality was a result of CA/N are subject to court approved release. The records may be subject to court approved release upon the completion of the fatality or near fatality assessment or earlier if a prosecutor has filed criminal charges against an alleged perpetrator of CA/N that resulted in a fatality or near fatality.
Note: If a police investigation or criminal prosecution is ongoing or information in a record is otherwise confidential under state or federal law, the fatality or near fatality records may not be subject to release and DCS shall disclose the record and any known information regarding existence of a pending police investigation or criminal prosecution to the juvenile court exercising jurisdiction over the matter.

Upon receipt of a public records request (phone, written, e-mail, fax or by walk-in) for fatality or near fatality records, the DCS local office will within one (1) business day of receiving the request, e-mail the Central Office Fatality Unit the following information:
1. Name, address and phone number of the requestor;
2. Relationship, if any, of the requestor to the identified child; and
3. Organizational affiliation of the requestor (e.g. Indianapolis Star, Indianapolis Channel 6 News).

Upon receipt of the public records request on a fatality or near fatality that meets the criteria for release, the DCS Central Office Fatality Unit will notify the DCS General Counsel, or his or her designee of the request. The DCS General Counsel will:
1. Send a notice to the requestor regarding DCS’ ability to process the request; and
2. Submit the file retrieved by the DCS Central Office Fatality Unit or DCS Local Office to the juvenile court of the county in which the child died or the near fatality occurred.

Note: Only the juvenile court has the authority to release fatality or near fatality records.

Case Records for Children in Foster Care or Residential Placement
DCS will keep all records regarding children and information gathered about the child, the parent, guardian, custodian, or their relatives confidential. Information about children involved in ongoing services cases and placed in a licensed home or facility may be released to the following:
1. A state agency involved in the licensing of the out-of-home care home or facility where the child is placed;
2. A legally mandated child protection agency. Refer to procedure outlined above in CPS Intake and Assessment Records; Providing information to another state agency;
3. An LEA;
4. An agency having legal responsibility to care for a child placed in out-of-home care or facility;
5. The parent, guardian, or custodian of the child in out-of-home care or facility;
6. A citizens review panel; and
7. The DCS Ombudsman.

As provided under Title IV-E of the Social Security Act, DCS will restrict the use or disclosure of information concerning a child or his or her family. The information may be released only for one of the following purposes:
1. Administration of the state plan under Title IV-B, Title IV-D, or Title IV-E of the Social Security Act;
2. Any related investigation, civil or criminal proceeding;
3. Administration of any other federally assisted program based on need of the persons assisted;
4. Any governmental agency audit of administration of any referenced plan or program funded under the plan; or
5. Reporting to appropriate authorities any information concerning known or suspected 
CA/N.

**Licensing Records**
Information contained in licensing files is considered public information with the exception of 
the following:
1. CA/N information;
2. Information concerning children in out-of-home care, day care children or the parent, 
guardian, or custodian of these children;
3. Medical or psychological information;
4. Federal Bureau of Investigation (FBI) transcript reports;
5. Financial information; and 
6. Inter-agency and intra-agency decision-making communications.

**PRACTICE GUIDANCE**

**Maintaining Confidentiality for Youth**
DCS employees should ensure that information that has potential to cause safety and well-
being issues for youth has been redacted when releasing confidential information. This includes 
but is not limited to HIV status of either the youth or the parents, sexual orientation (Lesbian, 
Gay, Bisexual, Transgendered, and Questioning (LGBTQ). Except for cases where confidential 
information may be relevant to abuse, neglect, removal, placement or reunification, 
confidentiality must be maintained. In cases where the safety and well-being of the youth is in 
question, the FCM should consult with the FCM supervisor and/or DCS Staff Attorney.

**Adoption Records Requests**
Any requests for adoption records should be referred to Dcspublic.recordsrequest@dcs.in.gov.

**Incarcerated Parents**
Confidential information may be shared with Indiana Department Of Corrections (DOC) when 
collaborating with DOC to facilitate services to the parent that are within DOC’s service 
array. DCS shall share information with DOC regarding the progress of a parent-child 
relationship as exhibited during visits with an incarcerated parent.

**FORMS AND TOOLS**

1. [Notice of Availability of Completed Reports and Information: Investigation of Allegations 
of Child Abuse or Neglect (SF 48201)]
2. [Assessment of Alleged Child Abuse or Neglect (SF 113)]

**RELATED INFORMATION**

**Copying Cost**
No fee may be charged for inspection of public records. However, a reasonable copying fee 
may be charged.
POLICY

The Indiana Department of Child Services (DCS) is committed to safeguarding Social Security Numbers (SSN). DCS complies with state laws regarding the confidentiality and permitted disclosures of Social Security numbers (SSN). DCS staff may not disclose an individual’s SSN unless such disclosure falls under the established exceptions to nondisclosure or permitted disclosures.

Note: Disclosure of the last four (4) digits of an individual’s SSN is not a disclosure of the individual’s SSN. See Code References.

Exceptions to Nondisclosures: Unless prohibited by state law, federal law, or court order, the following apply:

1. DCS staff may disclose the SSN of an individual to a state, local, or federal government agency as long as it is related to the case file;
2. DCS staff may disclose the SSN of an individual to the judicial branch of government; and
3. A state law enforcement agency may, for purposes of furthering an investigation, disclose the SSN of an individual to any individual, state, local, or federal agency, or other legal entity.

DCS may disclose the SSN of an individual if any of the following apply:

1. The disclosure of the SSN is expressly required by state law, federal law, or a court order;
2. The individual expressly consents in writing for the disclosure of the individual’s or his/her minor child(ren)’s SSN. The signed release may be valid for up to two (2) years from the date it was signed;
3. The disclosure of the SSN is for the purpose of administration of Title IV-D of the Federal Social Security Act.

For Public Record Requests
DCS staff must remove or permanently obscure an individual’s SSN on a public record prior to disclosing the record.

Social Security Administration (SSA) Data Access Audit
DCS will designate at least one employee who will conduct data access audits.

Code References
1. IC 4-1-10 Release of social security numbers
2. IC 4-1-10-2 State agency
3. IC 4-1-10-3 Non-disclosure of social security number
PROCEDURE

If DCS determines there is a specific need to release an individual’s SSN, the Family Case Manager (FCM) will:

1. Ask that the request be made in writing, signed and dated by the individual making the request;
2. Place a copy of the request in the child’s case file;
3. Obtain a signed Consent to Release Social Security Number (SF 53254) form from the individual or the individual’s parent or legal guardian if the individual is a minor; or

   Note: In cases where parental rights have been terminated, DCS will complete the consent form.

4. Obtain court order to release the SSN if a parent or legal guardian refuses or is unable to sign the consent form for the minor child.

If the FCM becomes aware of a questionable release of SSNs, the FCM will report the questionable disclosure to the Supervisor, DCS Local Office Director (LOD), and/or Regional Manager (RM).

   Note: Central Office must be advised promptly to ensure compliance with all pertinent time-sensitive reporting requirements.

For a Social Security Administration (SSA) Data Access Audit, DCS Central Office will:

1. Verify the proper usage of SSA data by DCS employees;
2. Send an electronic letter to the FCM Supervisor, DCS LOD and/or RM of the DCS employee, if DCS Central Office is unable to determine proper usage of SSA data; and
3. Forward the request to the Executive Manager, if a response is not received from the FCM Supervisor, LOD and/or RM of the DCS employee. See Related Information.

The DCS LOD and/or RM will respond to the letter from DCS Central Office within 10 business days.

PRACTICE GUIDANCE

Release of a Child’s SSN to a Resource Parent for Tax Purposes
A request for a child’s SSN by a resource parent must be made in writing and include the reason for the request (i.e. income tax purposes). A copy of the request should be placed in the case file.
DCS staff should not give an opinion as to whether or not the resource parent can properly claim the child as a dependent or whether the resource parent would be eligible for the child tax credit for the foster child. Any response DCS staff may give to these types of questions should only advise the taxpayer to seek such answer directly from his/her personal tax adviser or private attorney.

**Release of Child’s SSN to Contractors/Providers**
DCS staff may disclose a child’s SSN to a Contractor or Provider when necessary while providing for the child’s care and treatment. Some examples of situations where such information may be released include but are not limited to the following:

1. For children age sixteen and older if the case plan requires Contractor to assist the child in finding employment;
2. For children enrolled in the Medicaid program as needed for program enrollment and for on-going confirmation of enrollment status; or
3. For children for whom the rights of the parents have been terminated, DCS may consent to release of the child’s SSN.

**Note:** DCS must obtain a confidentiality form from any entity or agency that does not have an existing contract on file with DCS. See Confidentiality Form for Disclosure of SSN to Providers with no DCS Contract.

The Contractor/LCPA should seek independent legal advice from its agency’s private counsel before deciding what information it desires to release to its agency’s foster parents.

**FORMS AND TOOLS**

1. Consent to Release Social Security Number (SF 53254)
2. Confidentiality Form for Disclosure of SSN to Providers with no DCS Contract

**RELATED INFORMATION**

**Social Security Administration (SSA) Data Access Audit**
DCS entered into an agreement to establish terms, conditions, and safeguards under which the SSA agrees to disclose information relating to the verification of income and eligibility factors for state-administered programs authorized by sections 453 and 1137 of the Social Security Act (the Act); verifying Social Security numbers of applicants for, and recipients of, benefits under which programs; and defining safeguards against unauthorized use and re-disclosure of such information by DCS. This computer matching agreement is executed under the Privacy Act of 1974, 5 U.S.C. § 552a, as amended by the Computer Matching and Privacy Protection Act of 1988 (CMPPA), and related regulations.

Family and Social Services Administration (FSSA) will initiate a monthly random pull of 20 Indiana Client Eligibility System (ICES) records accessed by DCS employees. Penalty levels for violation of this legislation are established as follows:

1. Any state employee who knowingly, intentionally, or recklessly discloses a Social Security number commits a Class D felony which is punishable by up to one (1) year in jail;
2. Any person who knowingly, intentionally, or recklessly makes a false presentation to a state agency to obtain a Social Security number from the agency commits a Class D felony which is punishable by up to one (1) year in jail; and

3. Any employee of a state agency who negligently discloses a Social Security number commits a Class A infraction which is punishable by the levying of a fine.

If a questionable disclosure occurs, Indiana Administrative Code (IAC) controls the steps that must be taken.

**Note:** Disclosure includes handing a person a copy of information, allowing the person to view the information, and verbally releasing the information.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will maintain electronic records housed in the case management system for all open and closed Child Abuse and Neglect (CA/N) assessments and cases.

DCS employees will access the case management system records for work purposes only. DCS employees will only document and/or view records in case management system that are related to assigned field operations or central office job duties.

**Note:** If concerns arise regarding whether particular access is within the employee’s assigned job duties, the DCS employee should staff with his or her Supervisor regarding whether or not viewing or documenting records within the case management system is appropriate. Employees will be required to justify the reason for accessing specific assessments or cases. Any unresolved concerns may be referred to the Ethics Officer and/or Internal Affairs.

DCS employees who gain or give unauthorized access to any child welfare records, including case management system records, will be subject to disciplinary action, up to and including termination. See the Information Resources User Agreement (IRUA) and Code of Conduct for additional information.

**Note:** Improper disclosure of confidential information is against the law and may subject the employee to action under IC 5-14-3-10, pursuant to IC 35-44.2-4-1.

DCS may restrict access to assessment records in the case management system pertaining to DCS employees or immediate family members of DCS employees. DCS reserves the right to restrict access to assessments where there may be a conflict of interest. See separate policy 4.39 Restricting Assessments in the Case Management System.

**Code References**

1. IC 31-33-26-5: Establish access restrictions; maintain confidentiality; read only access by child services ombudsman
2. IC 35-44.2-4-1 Disclosure of confidential information
3. IC 5-14-3-10 Classified confidential information; unauthorized disclosure or failure to protect; offense; discipline
4. 42 IAC 1-5-6 Conflicts of Interest, Decisions and Voting
5. 42 IAC 1-5-10 Benefiting from Confidential Information
6. 42 IAC 1-5-11 Divulging Confidential Information
7. 42 IAC 1-5-12 Use of State Property
## PROCEDURE

DCS employees will:

1. Access, document, and view records in the case management system that are related to assigned job duties only; and

   **Note**: It is acceptable for DCS employees to view the case management system records regarding assessments or cases that are pertinent to assigned duties for reasons such as placement options, potential safety concerns, or other issues that may arise that may be cause for reviewing the case management system records. If concerns arise, DCS employees should staff with his or her Supervisor.

2. Report concerns to his or her Supervisor of any known conflicts of interest involving any assessments or cases that may need to be restricted.

## PRACTICE GUIDANCE

**Conflict of Interest**

Family Case Managers (FCMs) should staff situations with his or her FCM Supervisor immediately if concerns arise regarding a potential conflict of interest. DCS staff will not allow private or personal interests or relationships, financial or otherwise, to conflict with or influence their professional duties and responsibilities; this includes behavior that would lead a reasonable person to believe that private or personal interests has motivated an action or decision. See the [Code of Conduct](#) for additional information on conflict of interest.

## FORMS AND TOOLS

1. [Information Resources User Agreement (IRUA)](#)
2. [Code of Conduct](#)

## RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will verify the identity of an adult or a child prior to conducting a background check on the individual.

Prior to placing a child in the home of a relative, DCS will verify the relationship between the child and said relative.

Code References
N/A

PROCEDURE

To verify the identity of an adult or a child who is a United States (U.S.) Citizen, the Family Case Manager (FCM) will ask to see a valid, government-issued photo identification (ID). See Related Information for details.

To verify the identity of an adult or a child who is a documented immigrant, the FCM will ask to see any available original government-issued documentation, such as a Passport, driver's license, Permanent Residence Card (“Green Card”), etc.

To verify the identity of an adult or a child who is an undocumented immigrant, the FCM will:
1. Ask to see any available documentation, such as the Matricula Consular and other Consulate-issued identification, etc.;
2. Ask to see the person’s Individual Tax Identification Number (ITIN); and
3. Make a Permanency and Practice Support referral in KidTraks for International and Cultural Affairs to assist in locating vital documents that are required to verify identity. See separate policy, 2.22 International and Cultural Affairs.

To verify the relationship between a child and relative prior to placing the child with said relative, the FCM will:
1. Provide the said relative with a copy of the Statement of Attestation by Relative Regarding Relationship (SF 52727);
2. Obtain a signature from said relative and sign the form as a witness;
3. Place a copy of the signed form in the child’s case file; and

Note: When placing a child with a relative who is a foreign national or if human trafficking is suspected, the FCM must obtain a copy of the relative’s birth certificate to verify the relationship with the child, see Policy 2.21 Human Trafficking and for more information.
4. Enter the relationship of the child and relative in the case management system. See separate policy, 2.23 Verifying Citizenship and Immigration Status.

**PRACTICE GUIDANCE**

If unable to verify the identity for the child and further involvement is warranted, request the child’s birth certificate/social security card. Otherwise, notify the FCM Supervisor of the inability to verify the child’s identity, and document the request to the family to produce valid identification.

**Verifying the Identity of an Illegal Alien (Undocumented Immigrant)**

It is important to be aware of how different cultures communicate. Children and family members may refer to adult non-relatives in their lives as “Husband”, “Wife”, “Aunt”, or “Uncle” when they are not actually blood relatives. FCMs should always verify the identity of all individuals as to not make a mistake in identity and cause further trauma to the child. This is important in all cases including human trafficking cases when children are being told to say things that are not true about individuals who may be trafficking them. See separate policy, 2.23 Verifying Citizenship and Immigration Status and 2.21 Human Trafficking for additional information.

**International and Cultural Affairs (ICA) Resources**

ICA information is available on the Permanency and Practice Support SharePoint. This information includes documents and additional information on services provided by ICA. The Permanency and Practice Support SharePoint serves as a resource for FCMs and other DCS staff seeking information to help improve services to multicultural populations and families (e.g., immigrant; tribal; sensory-impaired; Lesbian, Gay, Bi-Sexual, Transgender, Questioning [LGBTQ]; military) by honoring the diversity of cultures and perspectives constituting the Indiana child welfare population. An email inbox is available to obtain guidance from an ICA liaison (Internationalandculturalaffairs@dcs.in.gov). Questions that may be sent to the email inbox include questions regarding service providers for interpreter services. Emergency situations that require immediate attentions should not be emailed to the inbox.

**FORMS AND TOOLS**

1. Statement of Attestation by Relative Regarding Relationship (SF 52727)
2. Statement of Attestation by Relative Regarding Relationship (Spanish) (SF 54251)

**RELATED INFORMATION**

**Government-Issued Identification for Children**

For children who are of legal driving age (16 in Indiana), ask to see a valid driver’s license or learner’s permit. For children who are younger than legal driving age, ask to see a school-issued identification card.

**Child Does Not Have Government-Issued Photo ID**

If a child does not have a government-issued photo ID, ask to see any available photo ID (e.g., community pool pass photo ID, etc.) and a copy of the child’s social security card or original birth certificate.
Child Does Not Have a Photo ID
If a child does not have a photo ID, ask to see two (2) forms of government-issued identification, such as a social security card AND a birth certificate.

Government-Issued Identification for Non-Drivers
For persons of legal driving age who do not drive, ask to see a state government-issued identification card.

Illegal Alien (Undocumented Immigrant)
For an individual who is an illegal alien (undocumented immigrant) and does not have any form of identification, a request should be made for the individual to provide some type of written documentation verifying personal demographics (e.g., proof of employment in writing, lease or contract). The information received may be used to assist in the assessment of whether the individual has the ability to care for the child.

Child Placed with Relative
Identifying the relationship between the child and the placement provider and documenting it in the case management system will maximize funding to DCS. Documenting the relative relationship in the case management system is important information used to determine eligibility for federal funding, which covers the costs of out-of-home care and administrative expenditures.

Human Trafficking
There are two types of human trafficking: sex trafficking and labor trafficking. The Victims of Trafficking and Violence Protection Act of 2000 defines sex trafficking and labor trafficking as follows:

1. Sex trafficking—“the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where the commercial sex act is induced by force, fraud, or coercion, or the person being induced to perform such act is under 18 years of age.”

2. Labor trafficking—“the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.”
POLICY

The Indiana Department of Child Services (DCS) shall take measures to ensure that any child who is a member of a federally recognized Indian tribe is afforded all rights under the Indian Child Welfare Act (ICWA).

DCS will begin utilizing active efforts immediately upon learning of the possible removal, formal or informal involvement with an Indian child. DCS will make ongoing efforts to determine if a child is a member of an Indian tribe or eligible for membership in an Indian tribe. Active efforts will continue throughout DCS involvement with the child(ren) and family. DCS will comply with all rules, regulations, and laws governing ICWA and make an active effort to not only identify those children and families subject to the Act, but apply active efforts when developing interventions, providing service, engaging communication and all aspects of DCS involvement.

DCS will notify the child’s parents, Indian custodian, and Indian tribe, whenever there is an action pending regarding parental rights involving a child who is, or is believed to be, a member or eligible for membership in an Indian tribe. DCS will also send a copy of the notice to the appropriate Area Director of the Bureau of Indian Affairs (BIA) and to the United States (U.S.) Secretary of Interior. If DCS is unable to identify or locate the parent, Indian custodian, or the Indian tribe, DCS will send the ICWA notification to the appropriate Area Director of the BIA for assistance and the U.S. Secretary of Interior. See www.bia.gov for further information.

DCS will provide notification of each and every court proceeding to the child's parents, Indian custodian, and Indian tribe. All notices will be sent by certified mail, return receipt requested, and DCS will not make a foster care placement or hold a Termination of Parental Rights (TPR) proceeding until at least 10 days after receipt of notice by the parent, Indian custodian, and the tribe or the U.S. Secretary of Interior. The parent, Indian custodian and the tribe may, upon request, be granted up to 20 additional days to prepare for the proceeding.

If there is imminent risk of physical harm, DCS may detain an Indian child in order to prevent imminent physical damage or harm to the child but must provide the notifications addressed

---

1 ‘Active efforts’ are intended primarily to maintain and reunite an Indian child with his or her family or tribal community and constitute more than reasonable efforts as required by Title IV-E of the Social Security Act (42 U.S.C. 671(a)(15)). Active efforts are: affirmative, active, thorough, and timely efforts intended primarily to maintain or reunite an Indian child with his or her family. Active efforts must be documented in detail in the child’s record. Active efforts Quick Reference Sheet can be located at http://www.bia.gov/cs/groups/xois/documents/document/idc2-041405.pdf
above. This emergency removal only exists if the child is in imminent danger, and is not to be applied when the situation is only in need of services for improvement (e.g., the family has little to no food in their home, which could be remedied by actively taking them to the food pantry). Once the emergency no longer exists and the child is no longer at risk of imminent physical harm, the child must be returned home. This temporary custody timeframe without a hearing shall only last 30 days. The emergency removal process does not authorize DCS to remove a child from a reservation where a tribe exercises exclusive jurisdiction.

Preference for placement of an Indian child must be given in the following order to:
1. A member of the child’s extended family;
2. A foster home licensed, approved, or specified by the Indian child’s tribe;
3. An Indian foster home licensed or approved by an authorized non-Indian licensing authority; or
4. An institution for children approved by an Indian tribe or operated by an Indian organization, which has a program suitable to meet the Indian child’s needs.

**Note**: Foster care placement may not be ordered in proceedings involving an ICWA child in the absence of a determination, supported by clear and convincing evidence, **(including testimony of qualified expert witnesses)** that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

DCS will follow established procedures for the transfer of responsibility for the placement and care of a child to a Tribal Title IV-E agency or Indian Tribe with a Title IV-E agreement. See Tool 2.A Procedure for Transfer of a Child to a Tribe or Tribal Agency.

Applicability of ICWA depends upon whether the proceedings in question (Child in Need of Services [CHINS], Detention, TPR, etc.) involve is an “Indian child” within the definition utilized in 25 U.S.C. §1903(4). To promote early identification of ICWA applicability and to ensure compliance with ICWA requirements, DCS shall make ongoing efforts to determine whether ICWA procedures may apply to the case by inquiring whether there is a reason to believe the child is an Indian child:
1. Prior to any initial removal from the parents;
2. At any detention hearing;
3. Prior to any change in foster care placement;
4. Prior to any adoptive placement;
5. At review hearings and at permanency hearings; and
6. Prior to the filing of any TPR petition.

In the event that a tribe does not formally intervene in a DCS case, DCS is still subject to the provisions of ICWA. The tribe has the right to intervene at any time during the course of DCS involvement.

**Code Reference**
2. [25 U.S.C. §1911: Indian tribe jurisdiction over Indian child proceedings](#)
7. 25 U.S.C. §1922: Emergency removal or placement of child; termination; appropriate action
8. 25 C.F.R. §23.2: Definitions
9. 25 C.F.R. §23.11: Notice
10. 25 C.F.R. §23: ICWA Proceedings (Final Rule)

PROCEDURE

The Family Case Manager (FCM) will:
1. Engage the child (if age appropriate) and family, during the initial contact, to assist in determining if the child and/or family are of Indian heritage or if the child is eligible for membership in an Indian tribe;
2. Engage the family to obtain information regarding the tribe if the parent or Indian custodian indicates he or she is a member of an Indian tribe or the child is eligible for membership, and complete the Indian Status Identification Form and genogram if the child is involved in any current legal actions;
3. Document the tribal identity of the child in the case management system, by selecting the Indian Tribe from the list;
4. Complete the required verification of tribal membership or eligibility by selecting the type of verification, uploading a copy of the verification and providing the date of verification in the case management system. If the family does not have verification, select pending verification;
5. Provide the Indian Status Identification Form and genogram to the FCM Supervisor for review and forward to the DCS Staff Attorney before proceeding with the steps below;
6. Document or correct the tribal identity of the child in the case management system, after tribe confirmation, if verification was pending or the tribal confirmation is different from what was originally reported and complete date of verification;
7. Make a Permanency and Practice Support (PPS) referral in KidTraks to the International and Cultural Affairs (ICA) liaison for state tracking purposes and to assist with any ICWA related questions or concerns; and
8. Continue to review the Indian Status Identification Form with the family throughout the life of the case.

Note: If it is determined the Indian parent or Indian custodian is a member of an Indian tribe and/or the child is eligible for membership, the FCM will complete and/or update a PPS referral in KidTraks for the ICA liaison to reflect membership.

The FCM Supervisor will:
1. Ensure the FCM asks each child and family member if he or she is a member of an Indian tribe or eligible for membership;
2. Ensure the Indian Status Identification Form and genogram are completed prior to forwarding to the Staff Attorney; and
3. Assist the FCM to ensure adherence to ICWA.

The DCS Staff Attorney will:
1. Review the Indian Status Identification Form upon receipt to ensure it is complete;

DCS CW Manual/Chapter 2 Section 12: Indian Child Welfare Act (ICWA)
2. Obtain the address for ICWA Designated Tribal Agents for Service of Notice at www.bia.gov/WhoWeAre/BIA/OIS/HumanServices/IndianChildWelfareAct/index.htm

3. Notify the Indian tribe immediately that there is a pending proceeding in Indiana involving an Indian child;

4. Complete and send the ICWA Notification (a template can be found on Quest) by certified mail, with return receipt requested, to the Indian child’s parents or custodian and the tribe;

5. Send copies of the notification, via mail, to the Midwest Regional Director and the U.S. Secretary of the Interior;

U.S. Department of Interior    U.S. Department of Interior
Bureau of Indian Affairs        U.S. Secretary of Interior
Midwest Regional Director       Indian Services
ATTN: ICWA                     1849 C Street, N.W., MS 4513-MIB
Norman Pointe II Building       Washington DC, 20240
5600 W. American Blvd., Suite 500
Bloomington, MN 55437

Note: If contact information cannot be found for the child’s parent, Indian custodian, or Indian tribe, and there is reason to believe the child is an Indian child, the ICWA Notification must be sent certified mail, with return receipt requested, to the Midwest Regional Director of the Bureau of Indian Affairs. The BIA will not make a determination of tribal membership, but may be able to identify tribes for DCS to contact. The U.S. Secretary of the Interior has 15 days after receipt to provide the required notice to the parent or Indian custodian and the tribe. Any hearings regarding placement, including prospective placement, may not be held until 10 days after the latest receipt by the parent, custodian, tribe, Midwest Regional Director of the Bureau of Indian Affairs, and the U.S. Secretary of Interior.

6. Notify the FCM of the child’s tribal eligibility following confirmation from the Indian tribe; and

7. Notify, in writing, all tribes which received notice of the child custody proceeding once an Indian tribe has been designated as the child’s Indian tribe. File a copy of that document with the court and send to each party to the proceeding and each person or governmental agency that received notice of the proceeding. Notices should also be sent in voluntary proceedings.

PRACTICE GUIDANCE

The FCM should engage every child (if age appropriate) and/or family in a discussion to determine if the child and/or family are of Indian heritage or if the child is eligible for membership in an Indian tribe. The BIA provides guidelines for State Courts and Child Welfare Agencies when implementing ICWA. These guidelines are found in the Federal Register/Vol. 80, No. 37/ Wednesday, February 25, 2015/Notices, and the guidelines suggest that DCS should ask, in every child custody proceeding, ”Is this child an Indian child?”. Even if the child is not an enrolled member, DCS should also ask, “Is this child eligible for membership?”. Whether or not a child is an Indian child, for purposes of ICWA, must be determined by the tribe of
membership and federal law, and is not an arbitrary label assigned at the discretion of the parent. The tribe alone retains the responsibility to determine tribal membership. An Indian child does not have to be enrolled to be considered a member. See www.bia.gov for further information.

If any questions arise, contact the Midwest Regional Office for assistance:

U.S. Department of Interior  
Bureau of Indian Affairs  
Midwest Regional Office  
Norman Pointe II Building  
5600 W. American Blvd., Suite 500  
Bloomington, MN 55437  
Telephone: (612) 713-4400  
(612) 725-4500  
Fax: (612) 713-4401

Regional Director  
Phone: (612) 725-4502  
Fax: (612) 713-4401

Regional Social Worker  
Phone: (612) 725-4571  
Fax: (612) 713-4439

**International and Cultural Affairs (ICA) Resources**

ICA information is available on the Permanency and Practice Support Sharepoint. This information includes several helpful documents and information regarding all services provided by ICA. The Permanency and Practice Support SharePoint serves as a resource for FCMs and other DCS staff seeking information to help improve services to multicultural populations and families (e.g., immigrant; tribal; sensory-impaired; Lesbian, Gay, Bi-Sexual, Transgender, Questioning [LGBTQ]; and members of the military) by honoring the diversity of cultures and perspectives constituting the Indiana child welfare population. An email inbox is available to obtain guidance from an ICA liaison (Internationalandculturalaffairs@dcs.in.gov).

**FORMS**

1. ICWA Notification – Legal document
2. Indian Status Identification Form
3. Notice to Relatives (SF 55211)
4. 2.A Tool: Procedure for Transfer of a Child to a Tribe or Tribal Agency

**RELATED INFORMATION**

**Indian Child Welfare Act (ICWA)**

The Indian Child Welfare Act of 1978 was initially enacted by Congress to ensure that agencies meet the cultural needs of Indian children and to protect the continued existence and integrity of Indian tribes. ICWA provides heightened protection for Indian families, and it gives the Indian child’s parents or custodian and the tribe, the right to intervene or request transfer to their tribal court of any state proceedings involving an Indian child.
Pokagon Band of Potawatomi Indians
The Pokagon Band of Potawatomi Indians are a federally-recognized tribe. Six (6) northern counties in Indiana are home to some of the Pokagon members, although the Pokagon Band of Potawatomi Indians headquarters remains in Michigan. If a case involving an Indian child, identifying as a member of the Pokagon Band of Potawatomi Indians, comes to the attention of DCS, contact the Pokagon Band at the address below to verify the child’s eligibility for tribal membership:

Pokagon Band of the Potawatomi Indians
Social Services Director
58620 Sink Road
Dowagiac, MI 49047
Phone: (269) 462-4277
Fax: (269) 782-4295
Mark.Pompey@pokagonband-nsn.gov

Indian Tribe Membership and Eligibility
If the child is a member of a tribe or eligible for membership in a tribe, the family, the Indian custodian, and the tribe have rights under ICWA. These rights apply to any child protection action, adoption, guardianship, TPR, runaway, or truancy matter regarding the involvement and/or placement of an Indian child (e.g., foster care placements, prospective adoptive placements, adoptive placements, both voluntary and involuntary placements, transfers of placement, and placements due to failed adoptions). Below are definitions that apply to cases involving a child who is a member of a tribe or eligible for membership in a tribe:

1. “Foster care placement” is any action removing a child from his or her parent or Indian custodian for temporary placement in a foster home or institution or the home of a guardian or conservator where the parent or Indian custodian cannot have the child returned upon demand, although parental rights have not been terminated;
2. “Termination of parental rights” is any action resulting in the termination of the parent-child relationship;
3. "Preadoptive placement" is the temporary placement of an Indian child in a foster home or institution after TPR, but prior to or in lieu of adoptive placement;
4. “Adoptive placement” is the permanent placement of an Indian child for adoption, including any action resulting in a final decree of adoption;
5. “Indian Child” is any unmarried person who is under age 18 and is either:
   a. A member of an Indian tribe; or
   b. Eligible for membership in an Indian tribe and the biological child of a member of an Indian tribe.
6. “Indian Tribe” is any Indian tribe, band, nation, or other organized group or community of Indians recognized as eligible for the services provided to Indians by the Secretary because of their status as Indians, including any Alaska Native village as defined in 43U.S.C. 1602 (c). In the case of an Indian child who is a member or eligible for membership in more than one tribe, the Indian tribe with which the Indian child has more significant contacts will be designated as the child’s tribe. See ICWA Guidelines 2015 for further information.
ICWA Protection for Parents and Indian Custodians
ICWA provides several protections for parents or Indian custodians of an Indian child. These protections include the right to revoke voluntary consents to placements and adoptions at any time prior to a decree of voluntary termination or adoption, whichever occurs later. If a consent is withdrawn, the Indian child shall, with court approval, be immediately returned to the parent or Indian custodian. After a final Decree of Adoption is entered, based on a voluntary consent, the parent may petition the court to vacate the adoption decree based on fraud or duress. Upon a finding that consent was obtained through fraud or duress, the court shall vacate the adoption decree and return the child to the parent. However, no adoption in effect for at least two (2) years may be challenged on this basis. A consent given prior to or within 10 days after the birth of the Indian child is not valid.

If a final Decree of Adoption is ever vacated, set aside, or the adoptive parents voluntarily consent to termination of their parental rights, the Indian child shall be returned to the biological parent or prior Indian custodian unless the court determines returning the child is not in the best interests of the child.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 2: Administration of Child Welfare
Effective Date: November 1, 2019

Section 12: Indian Child Welfare Act (ICWA)
Version: 7

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) shall take measures to ensure any child who is a member of a federally recognized Indian tribe is afforded all rights under the Indian Child Welfare Act (ICWA).

DCS will begin utilizing active efforts immediately upon learning of the possible formal or informal involvement with an Indian child. DCS will make ongoing efforts to determine if a child is a member of an Indian tribe or eligible for membership in an Indian tribe. Active efforts will continue throughout DCS involvement with the child and family. DCS will comply with all rules, regulations, and laws governing ICWA. DCS will make an active effort to identify those children and families subject to the Act and apply active efforts when developing interventions, providing services, engaging the family, and all aspects of DCS involvement.

DCS will notify the child’s parent, Indian custodian, and Indian tribe when there is an action pending regarding parental rights involving a child who is, or is believed to be, a member or eligible for membership in an Indian tribe. DCS will also send a copy of the notice to the appropriate Area Director of the Bureau of Indian Affairs (BIA). If DCS is unable to identify or locate the parent, Indian custodian, or the Indian tribe, DCS will send the ICWA notification to the appropriate Area Director of the BIA for assistance and the United States (U.S.) Secretary of the Interior (see www.bia.gov and Procedure for more information).

DCS will provide notification of each court proceeding to the child's parent, Indian custodian, and Indian tribe. All notices will be sent by registered or certified mail, return receipt requested, and DCS will not make a foster care placement or hold a Termination of Parental Rights (TPR) proceeding until at least 10 days after receipt of notice by the parent, Indian custodian, and the tribe or the U.S. Secretary of the Interior. The parent, Indian custodian and the tribe may, upon request, be granted up to 20 additional days to prepare for the proceeding (see Procedure for more information).

Exception: If there is an imminent risk of physical harm, DCS may detain an Indian child in order to prevent imminent physical damage or harm to the child but must provide the notifications addressed above. Once the emergency no longer exists and the child is no longer at risk of imminent physical harm, the child must be returned home. This temporary custody timeframe without a hearing shall only last 30 days. The emergency removal process does not authorize DCS to remove a child from a reservation where a tribe exercises exclusive jurisdiction. See the Guidelines for Implementing the Indian Child Welfare Act for more information and guidance.
Preference for placement of an Indian child must be given in the following order to:

1. A member of the child's extended family;
2. A foster home licensed, approved, or specified by the Indian child’s tribe;
3. An Indian foster home licensed or approved by an authorized non-Indian licensing authority; or
4. An institution for children approved by an Indian tribe or operated by an Indian organization, which has a program suitable to meet the Indian child’s needs.

**Note**: Foster care placement may not be ordered in proceedings involving an ICWA child in the absence of a determination, supported by clear and convincing evidence (including testimony of Qualified Expert Witnesses (QEW) that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

DCS will follow established procedures for the transfer of responsibility for the placement and care of a child to a Tribal Title IV-E agency or Indian Tribe with a Title IV-E agreement. See 2.A Tool: Procedure for Transfer of a Child to a Tribe or Tribal Agency.

Applicability of ICWA depends upon whether the proceedings in question (Child in Need of Services [CHINS], Detention, TPR, etc.) involve an “Indian child” within the definition utilized in 25 U.S.C. §1903(4). To promote early identification of ICWA applicability and to ensure compliance with ICWA requirements, DCS shall use due diligence to determine whether ICWA procedures may apply to the case by inquiring whether there is a reason to believe the child is an Indian child:

1. Prior to any initial removal from the parents;
2. At any detention hearing;
3. Prior to any change in foster care placement;
4. Prior to any adoptive placement;
5. At review hearings and at permanency hearings; and
6. Prior to the filing of any TPR petition.

In the event that a tribe does not formally intervene in a DCS case, **DCS is still subject to the provisions of ICWA**. The tribe has the right to intervene at any time during the course of DCS involvement.

**Code References**

2. 25 U.S.C. §1911: Indian tribe jurisdiction over Indian child proceedings
3. 25 U.S.C. § 1912 (e): Pending Court Proceedings
7. 25 U.S.C. §1922: Emergency removal or placement of child; termination; appropriate action
8. 43 U.S.C. 1602 (c).
9. 25 C.F.R. §23.2: Definitions
10. 25 C.F.R. §23.11: Notice
11. 25 C.F.R. §23: ICWA Proceedings (Final Rule)

**PROCEDURE**

The Family Case Manager (FCM) will:
1. During the initial contact, ask the child (if age appropriate) and family if the child and/or family are of Indian heritage or if the child is eligible for membership in an Indian tribe;
2. Engage child (if age appropriate) and the family to obtain information regarding the tribe if the parent or Indian custodian indicates he or she is a member of an Indian tribe or the child is eligible for membership, and complete the Indian Status Identification (SF 55407) and genogram if the child is involved in any current legal actions;
3. Document the tribal identity of the child in the case management system, by selecting the Indian Tribe from the list;
4. Complete the required verification of tribal membership or eligibility by selecting the type of verification, uploading a copy of the verification, and providing the date of verification in the case management system. If the family does not have verification of tribal membership, select pending verification;
5. Provide the Indian Status Identification (SF 55407) and genogram to the FCM Supervisor for review and forward to the DCS Staff Attorney before proceeding with the steps below;
6. Document the tribal identity of the child in the case management system after tribal confirmation. If the tribal confirmation is different from what was originally reported, correct the tribal verification in the case management system along with the date of verification.
7. Complete a Permanency and Practice Support (PPS) referral in KidTraks to the International and Cultural Affairs (ICA) liaison for state tracking purposes and to assist with any ICWA related questions or concerns; and
8. Continue to review the Indian Status Identification (SF 55407) with the family throughout the life of the case.
9. Provide relatives with written notice of the removal using form Notice to Relatives (SF 55211) within 30 days of the removal. See policy 4.28 Involuntary Removals for additional information.

The FCM Supervisor will:
1. Ensure the FCM asks each child and family member if he or she is a member of an Indian tribe or eligible for membership;
2. Ensure the Indian Status Identification (SF 55407) and genogram are completed prior to forwarding to the DCS Staff Attorney; and
3. Assist the FCM to ensure adherence to ICWA.

The DCS Staff Attorney will:
1. Review the Indian Status Identification (SF 55407) upon receipt to ensure it is complete;
2. Obtain the address for ICWA Designated Tribal Agents for Service of Notice at www.bia.gov/WhoWeAre/BIA/OIS/HumanServices/IndianChildWelfareAct/index.htm
3. Notify the Indian tribe immediately that there is a pending proceeding in Indiana involving an Indian child;
4. Complete and send the ICWA Notification (a template may be found on Quest) by certified mail, with return receipt requested, to the Indian child’s parents or custodian and the tribe;
5. Send copies of the notification, via mail, to the Midwest Regional Director of Bureau of Indian Affairs and the U.S. Secretary of the Interior.

Note: If contact information cannot be found for the child’s parent, Indian custodian, or Indian tribe, and there is reason to believe the child is an Indian child, the ICWA Notification must be sent by registered or certified mail, with return receipt requested, to the Midwest Regional Director of the Bureau of Indian Affairs. The BIA will not make a determination of tribal membership, but may be able to identify tribes for DCS to contact. Any hearings regarding placement, including prospective placement, may not be held until 10 days after the latest receipt by the parent, custodian, tribe, and Midwest Regional Director of the Bureau of Indian Affairs.

6. Notify the FCM of the child’s tribal eligibility following confirmation from the Indian tribe;

and

7. Notify, in writing, all tribes which received notice of the child custody proceeding once an Indian tribe has been designated as the child’s Indian tribe. File a copy of that document with the court, and send the document to each party to the proceeding and each person or governmental agency that received notice of the proceeding. Notices should also be sent in voluntary proceedings.

PRACTICE GUIDANCE

Guidelines for Implementing the Indian Child Welfare Act:
The FCM should engage every child (if age appropriate) and/or family in a discussion to determine if the child and/or family are of Indian heritage or if the child is eligible for membership in an Indian tribe. The BIA provides guidelines for State Courts and Child Welfare Agencies when implementing ICWA. See current Guidelines for Implementing the Indian Child Welfare Act for more information. The guidelines suggest that DCS should ask, in every child custody proceeding, “Is this child an Indian child?”. Even if the child is not an enrolled member, DCS should also ask, “Is this child eligible for membership?”. Whether or not a child is an Indian child, for purposes of ICWA, must be determined by the tribe of membership and federal law, and is not an arbitrary label assigned at the discretion of the parent. The tribe alone retains the responsibility to determine tribal membership. An Indian child does not have to be enrolled to be considered a member. See www.bia.gov for further information. If additional questions arise, you may contact the Midwest Regional Office of Bureau of Indian Affairs.

FORMS AND TOOLS

1. ICWA Notification – Legal document
2. Indian Status Identification Form (SF 55407)
3. Notice to Relatives (SF 55211)
4. 2.A Tool: Procedure for Transfer of a Child to a Tribe or Tribal Agency

RELATED INFORMATION

International and Cultural Affairs (ICA) Resources
ICA information is available on the Permanency and Practice Support SharePoint. This information includes several helpful documents and information regarding all services provided by ICA. The Permanency and Practice Support SharePoint serves as a resource for FCMs and other DCS staff seeking information to help improve services to multicultural populations and families (e.g., immigrant; tribal; sensory-impaired; Lesbian, Gay, Bi-Sexual, Transgender, Questioning [LGBTQ]; and members of the military) by honoring the diversity of cultures and perspectives constituting the Indiana child welfare population. An email inbox is available to obtain guidance from an ICA liaison (Internationalandculturalaffairs@dcs.in.gov).

**Indian Child Welfare Act (ICWA)**

The Indian Child Welfare Act of 1978 was initially enacted by Congress to ensure that agencies meet the cultural needs of Indian children and to protect the continued existence and integrity of Indian tribes. ICWA provides heightened protection for Indian families and it gives the Indian child’s parent or custodian and the tribe the right to intervene or request transfer to their tribal court of any state proceedings involving an Indian child.

**Active Efforts**

Active efforts are intended primarily to maintain and reunite an Indian child with his or her family or tribal community and constitute more than reasonable efforts as required by Title IV-E of the Social Security Act [42 U.S.C. 671(a)(15)]. Active efforts are: affirmative, active, thorough, and timely efforts intended primarily to maintain or reunite an Indian child with his or her family. Active efforts must be documented in detail in the child’s record. Active efforts Quick Reference Sheet can be located at Bureau of Indian Affairs (BIA) Active Efforts Reference Sheet.

**Qualified Expert Witness (QEW)**

The regulations stipulate that a QEW must be able to testify to whether the Indian child’s continued custody by the parents is likely to result in serious emotional or physical damage to the Indian child and should be qualified to testify to the prevailing social and cultural standards of the Indian child’s tribe. The regulations also state that the Indian child’s tribe may designate a QEW and that a state social worker assigned to the Indian child may not serve as a QEW.

**Pokagon Band of Potawatomi Indians**

The Pokagon Band of Potawatomi Indians is a federally recognized tribe with headquarters in Michigan. The Pokagon members, and the Pokagon Band maintains sovereign land in Indiana within St. Joseph County. If a case involving an Indian child identifying as a member of the Pokagon Band of Potawatomi Indians comes to the attention of DCS, contact the Pokagon Band Family Services Supervisor.

**Indian Tribe Membership and Eligibility**

If the child is a member of a tribe or eligible for membership in a tribe, the family, the Indian custodian, and the tribe have rights under ICWA. These rights apply to any child protection action, adoption, guardianship, TPR, runaway, or truancy matter regarding the involvement and/or placement of an Indian child (e.g., foster care placements, prospective adoptive placements, adoptive placements, voluntary and involuntary placements, transfers of placement, and placements due to failed adoptions). Below are definitions that apply to cases involving a child who is a member of a U.S federally recognized tribe or eligible for membership in a U.S. federally recognized tribe:
1. “Foster care placement” is any action removing a child from his or her parent or Indian custodian for temporary placement in a foster home, institution, or the home of a guardian or conservator where the parent or Indian custodian cannot have the child returned upon demand, although parental rights have not been terminated, see ICWA Guidelines 2016 for further information.

2. “Termination of parental rights” is any action resulting in the termination of the parent-child relationship.

3. "Preadoptive placement" is the temporary placement of an Indian child in a foster home or institution after TPR, but prior to or in lieu of an adoptive placement;

4. “Adoptive placement” is the permanent placement of an Indian child for adoption, including any action resulting in a final decree of adoption;

5. “Indian Child” is any unmarried person who is under age 18 and is either:
   a. A member of an Indian tribe; or
   b. Eligible for membership in an Indian tribe and the biological child of a member of an Indian tribe.

6. “Indian Tribe” is any Indian tribe, band, nation, or other organized group or community of Indians who are U.S. federally recognized as eligible for the services provided to Indians by the U.S. Secretary of the Interior because of their status as Indians, including any Alaska Native village as defined in 43 U.S.C. 1602 (c). In the case of an Indian child who is a member or eligible for membership in more than one (1) tribe, ICWA establishes that one (1) tribe must be designated as the “Indian child’s tribe”. See ICWA Guidelines 2016 for further information.

ICWA Protection for Parents and Indian Custodians

ICWA provides several protections for parents or Indian custodians of an Indian child. These protections include the right to revoke voluntary consents to placements and adoptions at any time prior to a decree of voluntary termination or adoption, whichever occurs later. If a consent is withdrawn, the Indian child shall, with court approval, be immediately returned to the parent or Indian custodian. After a final Decree of Adoption is entered, based on a voluntary consent, the parent may petition the court to vacate the adoption decree based on fraud or duress. Upon a finding that consent was obtained through fraud or duress, the court shall vacate the adoption decree and return the child to the parent. However, no adoption in effect for at least two (2) years may be challenged on this basis. A consent given prior to or within 10 days after the birth of the Indian child is not valid.

If a final Decree of Adoption is ever vacated, set aside, or the adoptive parents voluntarily consent to termination of their parental rights, the Indian child shall be returned to the biological parent or prior Indian custodian unless the court determines returning the child is not in the best interest of the child.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure records are maintained in accordance with the rules and regulations set forth in IC 31-33-26-15, IC 31-33-27, IC 31-39-8, and the DCS Records Retention Schedule.

DCS will maintain Child Abuse and Neglect (CA/N) files of substantiated cases, unless expungement of the record is ordered by a court or Administrative Law Judge. These substantiated cases include both hard copy files and electronic files located in the case management system. DCS will maintain hard copy files of substantiated cases in the DCS local office for 10 years after the assessment has been approved by the supervisor. At that time, the hard copy file will be transferred to the records center.

DCS will maintain hard copy files of unsubstantiated cases in the DCS local office for six (6) months after the assessment has been approved by the supervisor. At that time, the hard copy file will be transferred to the records center. Case management system files of unsubstantiated cases will be maintained until 24 years after the birth of the youngest child named in the DCS assessment report as an alleged victim of CA/N. Cases are included in this category if:

1. DCS approved the assessment as unsubstantiated; or
2. The court in a Child In Need of Services (CHINS) case entered a final judgment based on a finding that CA/N did not occur.

Audio recordings of CA/N calls to the Indiana Department of Child Services (DCS) Child Abuse Hotline (Hotline) will be retained for 24 years from the date of the call.

Code References
1. IC 31-33-8-12 Classifying Reports as Substantiated or Unsubstantiated
2. IC 31-33-27 Expungement of Child Abuse or Neglect Reports
3. IC 31-33-26-15 Expungement and amendment of record procedures
4. IC 31-39-8 Expungement of Records Concerning Delinquent Child or Child in Need of Services
5. 470 IAC 1-4-1 Administrative Appeals

PROCEDURE

When an assessment is unsubstantiated, the Family Case Manager (FCM) will scan all documentation in the case file into the case management system. The FCM Supervisor will ensure the hard copy of the case is maintained in the DCS local office for six (6) months, then transferred to the records center.

When an assessment is substantiated, the FCM will scan all documentation in the case file into the case management system. The FCM Supervisor will ensure the hard copy of the case is maintained in the DCS local office for 10 years, then transferred to the records center.
When the DCS local office receives a court order to expunge substantiated CA/N records, the FCM will:

1. Determine the location of all records specified in the court order;
2. Provide the records for a review by the FCM Supervisor and the DCS Staff Attorney;
3. Following the review by the FCM Supervisor and DCS Staff Attorney destroy any written record, hard copy, or electronic copy as specified in the court order for expungement; and
4. Contact the case management system Manager to request the specified electronic records in the case management system be expunged.

The FCM Supervisor will:

1. Review the court order;
2. Consult with the FCM regarding the identification and location of all documentation to be expunged; and
3. Review and provide this documentation to the DCS Staff Attorney prior to destruction/expungement of records.

The DCS Staff Attorney will:

1. Review the documentation to be expunged; and
2. Provide input to the FCM Supervisor prior to destruction/expungement of records.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. **Assessment of Child Abuse or Neglect (SF113)** – Available in the case management system
2. **DCS Records Retention Schedule**

**[REVISED] RELATED INFORMATION**

**Definition of “Documentation”**
For purposes of expungement, “documentation” includes all files and records created or maintained by DCS. The term includes the original and copies of documents, correspondence, messages, photographs, videotapes, audio recordings, audiovisual recordings, and any other material contained in electronic, paper, or digital format, or in other media.

**Access to Unsubstantiated CA/N Records**
Documentation in electronic form will be maintained until 24 years after the birth of the youngest child named as an alleged victim of CA/N in the unsubstantiated DCS assessment report. This documentation may be used in the assessment of a subsequent report concerning the same child or family; however, DCS may not rely solely on the unsubstantiated history to support substantiation. Unsubstantiated case documentation will not be available when it has been expunged.
**Petition to Expunge Substantiated Report and Related Documentation**
An individual identified as a perpetrator of CA/N may file a petition to expunge the related report and documentation. The petition must be filed with the court exercising juvenile jurisdiction in the county in which the individual resides. The procedure for filing the petition is addressed in IC 31-33-27.

**Request to Expunge Unsubstantiated CA/N Documentation**
DCS may, upon the request of an interested person, expunge documentation relating to an unsubstantiated assessment of CA/N at any time if DCS determines the probative value of the documentation does not justify its retention in the records of DCS. Expungement of unsubstantiated CA/N documentation must be approved by the Deputy Director of Field Operations.

**Automated Expungement of Electronic Unsubstantiated CA/N Records**
Automated expungement of an unsubstantiated DCS assessment report in the case management system will occur 24 years after the birth of the youngest child named as an alleged victim of CA/N. The electronic case management system record will be removed from the case management system and put into a secure database for deletion.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) has a duty to notify the prosecutor when there is a reason to believe a false Child Abuse and/or Neglect (CA/N) report was intentionally made.

The DCS local office will collaborate with local prosecuting attorneys to facilitate the prosecution of individuals who intentionally makes false CA/N reports.

Code References
IC 31-33-22-3 False Reports: Criminal and Civil Liability; notification of prosecuting attorney

PROCEDURE

The intake worker/Family Case Manager (FCM) will immediately notify a FCM Supervisor in writing (email is acceptable) if he or she suspects that a reporter has intentionally made a false CA/N report.

The FCM Supervisor will review the information, and if he or she concurs with the suspicions, forward the matter to the attention of the DCS Local Office Director (LOD).

The DCS LOD will:
1. Consult with the DCS Staff Attorney, if they concur with the FCM Supervisor’s suspicions; and
2. Make a determination about whether or not to forward the information to the local prosecuting attorney for possible prosecution in accordance with local procedures.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) must authorize the release of a child from the hospital when:
   1. He or she is the subject of a Child Abuse and/or Neglect (CA/N) assessment;
   2. Is the patient in a hospital; and
   3. The hospital either was the reporter or has been notified of the CA/N assessment.

DCS will provide the hospital with a written release or a copy of a court order indicating that the child may be released to the child’s parent, guardian, custodian, resource parent, or court approved placement.

   Note: If DCS provides a verbal release, the DCS local office conducting the assessment will provide a written release or court order to the hospital on the next business day, confirming DCS has granted authorization for the child’s release.

Code References
1. IC 31-33-11-1 Conditions for release of child under investigation for abuse or neglect
2. 45 CFR 164.512(b)(1)(ii) Privacy of Individually Identifiable Health Information

PROCEDURE

The Family Case Manager (FCM) will:
   1. Assess if a hospitalized child alleged to be the victim of CA/N can safely be released to the parent, guardian, custodian, resource parent, or a court approved placement;
   2. Staff assessment with their supervisor; and
   3. Provide written notice, signed by their supervisor or a court order to the hospital to advise when the child may be released and to whom the child may be released.

The FCM Supervisor will:
   1. Provide verbal and written authorization to the FCM, after it has been determined that the hospitalized child alleged to be a victim of CA/N can safely be released to the parent, guardian, custodian, resource parent or a court approved placement; and
   2. Sign Indiana Department of Child Services (DCS) Hospital Release Authorization (SF 54337).

   Note: DCS will ensure that a release is provided on screen out reports.

PRACTICE GUIDANCE

Entering Placement Information for Hospitalized Victim of CA/N in the Case Management System

If the child is brought to the hospital by the parent, guardian, or custodian and DCS determines that removal is necessary to ensure the safety of the child, the first placement entered is to be where the child is to be placed once the child leaves the hospital. If the child’s medical
condition warrants continued stay in the hospital, the hospital becomes the placement when DCS takes detention of the child. See separate policy, 6.1 Detention/Initial Hearing.

**FORMS AND TOOLS**

**Indiana Department of Child Services (DCS) Hospital Release Authorization (SF 54337)**

**RELATED INFORMATION**

**Overview of Hospitalized Victim of CA/N**
Whenever a child who is a patient in the hospital is a subject of a DCS assessment for reported CA/N, and the hospital reported, or has been informed of the report and assessment:

1. The hospital should immediately contact the DCS local office to make them aware of the current medical situation of the child;
2. The DCS local office will request access to any written or verbal medical records or reports from the designated hospital staff (e.g., social worker, etc.) in order to assist in making a determination regarding continued detention to ensure the safety of the child;
3. The DCS local office will immediately follow their policy for detention and for obtaining appropriate court intervention or agency services for the continued safety of the child;
4. The hospital is to cooperate fully with whomever the DCS local office deems appropriate to have visitation or any other contact with the child. Approval must be given by DCS for interaction to take place; and
5. The hospital will continue to cooperate with the DCS local office in furnishing all records and information necessary to complete the ongoing assessment even after the child is hospitalized or released to the designated caregiver as determined by DCS.

**Access to medical records for a hospitalized victim of CA/N**
DCS can access the medical records pertaining to CA/N of a hospitalized victim if:

1. The hospital reported the alleged CA/N to DCS; or
2. The hospital has been notified of the CA/N assessment.

**HIPAA**

45 CFR 164.512(b)(1)(ii) makes exceptions to HIPAA for CPS investigations. “A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph to ...A public health authority or other appropriate government authority authorized by law to receive reports of child abuse and neglect.”
The Indiana Department of Child Services’ (DCS) Reflective Practice Survey (RPS) provides a qualitative analysis of intervention and/or case management services. The RPS tool uses field observation and an interview to review assessments, Institutional Child Protective Services (ICPS) assessments, Older Youth Services (OYS) cases, and ongoing cases to assess the case manager’s practice skills.

The RPS will be completed quarterly (i.e., 1st quarter- January to March, 2nd quarter- April to June, 3rd quarter- July to September, and 4th quarter- October to December). One (1) assessment or case is randomly selected per FCM. The RPS case selection shall consist of assessments open during the current quarter and ongoing cases which were open during the previous quarter. DCS will use the information obtained from the RPS to identify regional trends Continuous Quality Improvement (CQI) opportunities.

### Code References

N/A

### PROCEDURE

The FCM, Collaborative Care (3CM) and ICPS FCM Supervisor will:

1. Review the assigned assessment or ongoing case using the RPS tool located in the case management system;
2. Notify the FCM, 3CM, or ICPS FCM that his or her assessment or ongoing case was selected to be reviewed and schedule a time to shadow;
3. Complete field observations for the selected assessment or ongoing case by accompanying the FCM, 3CM, or ICPS FCM during his or her assessment, home visit, and/or Child and Family (CFT) Meeting. The Supervisor may opt to ask questions during observations.
4. Interview the FCM, 3CM, or ICPS FCM after the shadow experience, using the RPS Indicator questions as a guide;
5. Score the assessment or ongoing case in the case management system using information from the field observations and the interview;

**Note:** The RPS must be completed in the case management system within the quarter in which it was assigned for review.

6. Provide feedback to the FCM, 3CM, or ICPS FCM regarding the observations and identify areas of strength and opportunity to achieve better outcomes for the child and family; and
7. Submit a list of case characteristics to his or her manager (i.e., the DCS Local Office Director [LOD], Division Manager (DM), Collaborative Care Division Manager, or ICPS Manager) to develop a list of trends no later than 30 days after the review quarter.

The DCS LOD, DM, Collaborative Care DM, and the ICPS Manager will:
1. Develop a list of trends from the information provided by the Supervisor; and
2. Submit a list of county trends to the Regional Manager (RM) no later than 60 days after the review quarter.

The Regional Manager (RM) will review RPS information and use it in conjunction with other qualitative and quantitative data to develop and monitor CQI plans.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

*RPS Tool* - Available in the case management system

**RELATED INFORMATION**

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will request the court establish child support orders and/or redirect existing child support orders as appropriate when a child is removed from his/her home. A separate child support order will be established for each known parent who does not have custody of the child, when applicable. DCS will request appropriate disposition of existing child support orders when the Child in Need of Services (CHINS) case is closed.

Note: The request to establish a child support order and/or redirect existing child support orders should also be completed for a youth who is a ward of DCS under a CHINS or Collaborative Care case (see Practice Guidance).

Code References
1. IC 31-40-1-5: Obligation of parent or guardian for costs of placement; remittance of support payments; enforcement
2. IC 31-30-1-12: Jurisdiction of child custody, parenting time, or child support proceeding in marriage dissolution; survival of order
3. IC 31-25-4-7: Duties of bureau
4. IC 31-25-4-13.1: Agreements with local government officials; contracting; attorney-client relationship; informing applicant; service level stipulation
5. IC 31-14-11-5: Date for support obligation to begin
6. IC 31-16-6-6 (a): Termination of child support; emancipation; petition for educational wards
7. IC 31-16-6-6 (a)(2): Termination of child support; emancipation; petition for educational needs
8. 42 USC 654: State plan for child and spousal support
9. 45 CFR 302.52: Distribution of support collected in Title IV-E foster care maintenance cases

PROCEDURE

The Family Case Manager (FCM) will:

1. Log onto the Indiana Support Enforcement Tracking System (ISETS) Child Support Case Inquiry Web Tool to determine if a child support order has been established under any cause number [e.g. Juvenile Paternity (JP), Domestic Relations (DR), Guardian (GU), Juvenile Delinquent (JD), Juvenile Status (JS) or Juvenile CHINS (JC)]. See separate policy, 5.5 Genetic Testing for Alleged Fathers if a child support order has not been established;
2. Request that the family provide all financial information necessary for determination of the amount of support under the Indiana Child Support Guidelines;
Note: This request includes but is not limited to income information from all sources, insurance information, child support being paid for other children, daycare expenses etc.

3. Complete the DCS Child Support Worksheet Questionnaire Form;

Note: The information gathered from this questionnaire may be used by the DCS Staff Attorney to complete the official Child Support Obligations Worksheet.

4. Submit the DCS Child Support Worksheet Questionnaire Form to the DCS Staff Attorney.

The FCM Supervisor will:
1. Ensure the FCM has access to ISETS Child Support Case Inquiry Web Tool; and
2. Provide assistance as needed with establishing child support.

The DCS Staff Attorney will:
1. At the time of detention or as soon thereafter as practical or at the Dispositional Hearing:
   a. File a petition to establish, modify, or redirect child support, as appropriate, regarding both parents. See Practice Guidance for link to the CHINS Benchbook Order Form, and
   
   Note: Filing the petition as soon as possible is important because when a child support order is issued it can be made retroactive. This could occur as early as the first court hearing following the removal of the child (see Code References).

   b. Cooperate in getting a completed Child Support Obligations Worksheet in accordance with local practice.

2. No later than the Dispositional Hearing, request that the court issue a child support order for each parent, pursuant to the Indiana Child Support Guidelines:
   a. Request the court to enter an order establishing support if no child support order exists for the parent,

   Note: If child support is being established for the first time in the CHINS case, it is recommended that the child support order(s) be issued separately from any other CHINS order(s). Due to confidentiality of CHINS cases, it is recommended that the child support order(s) be issued under the cause number of the underlying child support cause (e.g. JP or DR), if one exists. Only the child support order(s) should be distributed to the Clerk and the IV-D Prosecutor.

   b. Request the court to modify the amount of support, if appropriate and a child support order already exists for the parent,

   c. Obtain an order for zero dollars “$0” to meet the requirements of federal law, if the court determines that the parent should not pay child support. See Practice Guidance for Child Support Guidelines.

   Note: It is important that child support be addressed in writing in the court order.

   d. Assign DCS or the unlicensed relative caregiver as the payee of any existing or newly established child support order payments and redirect accordingly, if appropriate,
Note: All child support should be paid to the Indiana State Central Collection Unit (INSCCU) for distribution to DCS or the unlicensed relative caregiver as payee,

3. After the Dispositional Hearing, request a copy of only the child support orders be distributed to the IV-D Prosecutor’s Child Support Office and the Clerks of Courts for entry into ISETS Child Support Case Inquiry Web Tool; and

4. At the termination of the CHINS case:
   a. Request that the Court modify the payee as appropriate and/or open a new cause number (e.g., JP/DR/GU) for purposes of the continued support order intended to survive the CHINS case,
   b. Request that the Court vacate the support order if the child support order should not survive the CHINS case, and
   c. Request distribution to the Title IV-D Prosecutor’s Child Support Office and the Clerk of Courts a copy of the order dismissing the CHINS case and any final child support orders that were issued.

PRACTICE GUIDANCE

Indiana Child Support Guidelines

Indiana Child Support Guidelines require that numeric child support orders be established in all cases and the guidelines provide judges with the ability to establish zero dollar support orders.

Establishing either a dollar amount or a zero dollar order, whichever is appropriate, will meet the Federal requirement for establishing child support orders on IV-E cases.

Note: Even if it is a zero dollar order, it must be established by the court with the numeric value of “$0” included in the order.

CHINS Benchbook Forms

The Indiana Judicial Center website page houses the CHINS Benchbook Order Form for child support that complies with the requirements of state and federal law. For access:

1. Scroll down to the Chapter 10, “Disposition,” section;
2. Click on Form C-10.06, “Financial Obligation Order,” and a Microsoft Word document will open; and
3. Scroll down the Word Document to get to the Child Support section.

Indiana Child Support Obligations Worksheet

Indiana Child Support Obligations Worksheet will be used to determine the appropriate amount to request in child support. Zero dollar “$0” obligations may be requested by DCS when appropriate and in the best interest of the child. Orders of “zero” should be obtained from the court in such cases, rather than obtaining no order.

The recommended amount should be the amount determined by the Child Support Obligations Worksheet completed in the prior step; however, a deviation from the Guideline amount may be appropriate where the court makes a specific finding that entry of an order based on the child support guidelines would be unjust or inappropriate considering the best interests of the child and other necessary obligations of the child’s family; or the department does not make foster care maintenance payments to the custodian of the child.
Wards with Children
If a youth who is a ward of DCS under a CHINS or Collaborative Care case is also a parent (i.e., a “parenting youth”), and the parenting youth’s child is also a ward of DCS in a CHINS case, paternity and child support for the parenting youth’s child should be addressed in the parenting youth’s child’s CHINS case, pursuant to this policy, 5.5 Genetic Testing for Alleged Fathers. If a parenting youth has a child who is not a ward of the State, the parenting youth may be referred to the local Prosecutor’s Office to apply for Title IV-D services for assistance with establishing paternity and child support for the parenting youth’s child.

FORMS AND TOOLS
1. DCS Child Support Worksheet Questionnaire Form
2. Indiana Child Support Obligations Worksheet
3. Indiana Child Support Guidelines
4. Judicial Branch of Indiana Child Support Calculator
5. CHINS Bench Book Order Forms-Available via Indiana Juvenile CHINS Benchbook Forms
6. Child Support Orders
7. ISETS Child Support Case Inquiry Web Tool

RELATED INFORMATION [REVISED]

Title IV-D of the Social Security Act requires states to provide services relating to the establishment of paternity or the establishment, modification, or enforcement of child support. In Indiana, the IV-D Child Support program is administered by the Department of Child Services (DCS)/Child Support Bureau (CSB), and is carried out locally by the county prosecutors, county clerks, and courts (IC 31-25-4-7 and IC 31-25-4-13.1).

The Title IV-D Program is required by federal law to provide child support services in certain cases. Among those cases are cases in which benefits or services for foster care maintenance are provided to a child under Title IV-E (42 USC 654). Indiana’s child support performance is evaluated by the Federal government based on five federally mandated performance measures including: establishing paternity, establishing child support orders, current child support collections, child support cases paying on arrears, and cost effectiveness of the program.

Collaborative Care Youth and Emancipation
The duty to support a child ends when the child turns 19. A court can order parents to continue to support the child past the age of emancipation if the child is incapacitated. If a youth in collaborative care is incapacitated, the DCS Staff Attorney may petition the court for a continuation of the child support order prior to the child’s 19th birthday (IC 31-16-6-6(a) and IC 31-16-6-6(a)(2)).

Note: The child support order may have been issued originally in the CHINS case, but if the CHINS case has closed and the child support order survived, the petition to continue child support may be filed in the Collaborative Care case.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will be diligent in its efforts to identify and/or assess allegations of suspected human trafficking as a part of a comprehensive assessment of Child Abuse and/or Neglect (CA/N).

DCS will coordinate with the local Law Enforcement Agency (LEA) when completing an assessment regarding a child who is an alleged victim of CA/N and is suspected to be a victim of human trafficking.

DCS will coordinate with federal agencies (listed in Practice Guidance) if it is determined that a human trafficking forensic interview is appropriate and should be completed by federal agency partners.

Code References
1. IC 35-42-3.5 Human Trafficking
2. IC 31-34-1-3.5 Circumstances in which a child is a Child in Need of Services

PROCEDURE

The Family Case Manager (FCM) will:
1. Be aware of potential signs of human trafficking during the assessment, visits to the home, and interviews with the child and will document any indicators observed (see Practice Guidance);
2. Complete the DCS Indiana Human Trafficking Screening Tool in the case management system when:
   a. A child returns from a runaway episode (see Policy 2.24 Missing and Runaway Children),
   b. A new report of CA/N with allegations of human trafficking is received, or
   c. There are indicators of human trafficking observed during an open assessment or case;
3. Complete the Indiana Human Trafficking Assessment Tool when indicated by the Indiana Human Trafficking Screening Tool (available in the case management system);
4. Assess the medical needs of each child suspected to be a human trafficking victim and determine whether an immediate and/or acute medical exam is warranted (See Related Information and separate policy, 4.16 Medical Examinations, Psychological Testing, Drug Screens, and Substance Abuse Evaluations for additional information). Factors to be considered are:
   a. Suspected sexual assault,
   b. Potential exposure to Sexually Transmitted Diseases (STDs) or Other Communicable Diseases (See separate policy, 8.31 HIV, STDs, and Other Communicable Diseases for additional information.), and
c. Evidence of physical injuries which may need immediate care.

5. Staff the Indiana Human Trafficking Assessment Tool and any additional information and observations (including medical concerns) with the FCM Supervisor to determine next steps;
6. Arrange for an immediate and/or acute medical examination for the child if this is determined to be a next step;
7. Scan and upload the Indiana Human Trafficking Assessment Tool in the case management system and document staffing decisions;
8. Contact the appropriate local LEA to plan for a human trafficking forensic interview if this is determined to be a next step (see Practice Guidance); and

**Note:** A human trafficking forensic interview is a forensic interview that considers the unique needs and trauma of the person being interviewed. The FCM will advocate that the interview be completed at a safe place.

9. Consider the safety of the alleged victim(s) of human trafficking prior to the scheduled interviews.

**Note:** It is important that the suspected trafficker is not present during the interview, as the trafficker may intimidate the victim(s) or not allow him or her to speak for himself/herself. The child’s parent, guardian, or custodian may be the child’s trafficker or the trafficker may be dishonest and identify himself/herself as the child’s parent, guardian, or custodian.

10. Determine if the non-custodial parent or other relatives would be appropriate placement options, if human trafficking is confirmed and it is determined that the child cannot remain in his or her home;

**Note:** The child should not be placed until it is determined that the potential placement is not the trafficker or associated with the trafficker, and that the child can remain safe in the placement.

11. Identify an appropriate placement for the child if placement with the non-custodial parent or other relative is not appropriate;

**Note:** When selecting a placement, the FCM will consider that many children who are victims of human trafficking run away from their placements and return to their trafficker or a similar situation from which they came.

12. Refer for appropriate services and safe placement, if recommended, after a Child and Adolescent Needs and Strengths (CANS) Assessment has been completed; and
13. Staff all decisions on securing placements with his or her immediate supervisor with input from the Local Office Director (LOD) or designee.

**Note:** For questions regarding human trafficking DCS staff may contact dcshumantraffickinginformation@dcs.in.gov.

The FCM Supervisor will:
1. Discuss all information regarding the case and the Indiana Human Trafficking Assessment Tool with the FCM;
2. Guide the FCM in arranging an immediate and/or acute medical examination, if needed; and
3. Utilize the Indiana Human Trafficking Assessment Scoring Guide to provide guidance on
next steps.

**PRACTICE GUIDANCE**

**Human Trafficking Expertise and Consultation**

The Federal Bureau of Investigation (FBI) and Federal Department of Homeland Security may
investigate labor trafficking and sex trafficking for international and domestic victims. Due to the
complexities of human trafficking, these federal agencies are available to consult and/or provide
assistance on cases in which human trafficking is present or suspected and the need for special
expertise warrants federal involvement.

Contact an agency listed below to request an interviewer if human trafficking is identified during
the CA/N intake or the FCM observes indicators of human trafficking and it is determined a
human trafficking forensic interview is appropriate and should be completed by federal agency
partners.

Federal Bureau of Investigation (FBI): 317-595-4000, select option 2
Homeland Security: 1-800-973-2867

**Note:** For non-emergencies, contact the Office of the Attorney General’s tip-line at
humantraffickingtip@atg.in.gov.

**Indicators of Human Trafficking**

If any of the following indicators or a combination of several indicators of human trafficking are
observed during the course of an assessment, the FCM should complete the Indiana Human
Trafficking Screening Tool.

**Child Indicators:**

1. Child may not be able or willing to speak on his or her own behalf;
2. Child may not be able to speak English;
3. Child may not be allowed to speak to the FCM alone;
4. Child may not have access to identification and/or travel documents;
5. Child may work long hours and receive little or no pay;
6. Child may not cooperate with the FCM during the interview (e.g., provide wrong
   information about identity and living situation);
7. Child may not attend school or has large gaps in his or her education history;
8. Child may live at his or her workplace or with his or her employer and many other people
   in a small area;
9. Child may have a heightened sense of fear and distrust of authority;
10. Child may have engaged in prostitution or commercial sex acts;
11. Child may have a significantly older boyfriend or girlfriend;
12. Child may be a runaway; and/or
13. Child may be in a public place (e.g., hotel) and found in possession of drugs/alcohol.

**Indicators in the Home:**
During each home visit, the FCM will observe for the following potential signs of human trafficking. If the FCM believes that human trafficking may be occurring, the FCM will speak to his or her supervisor to determine if a human trafficking forensic interview is needed.

1. The child’s home lacks personal effects (e.g., no toys) or the child has a small room that is different from the rest of the house;
2. The yard may be fenced and access to phones is denied;
3. The child may live in the same place he or she works (e.g., behind a restaurant, in a motel with other workers, etc.);
4. The child may be unaware of the location of his or her home due to multiple moves or the human trafficker may lie to the child about his or her whereabouts;
5. The child may be isolated and have no relationships outside of the home (e.g., the child does not attend school or play with other children in the neighborhood); and/or there may be multiple, unrelated people living in the home.

**Types of Questions to Ask During an Interview for Possible Cases of Human Trafficking**
When allegations of human trafficking have been made or the FCM observes indicators of human trafficking during the interview with the child, the following questions should be asked to help determine if a human trafficking forensic interview is needed:

1. Tell me about your friends. What activities do you do with them? Where do these activities occur? (These questions will help determine if the child is able to leave the home, play, and visit friends- this can indicate levels of control and possible trafficking.)
2. Tell me about what you do in a typical day. What do you do outside of the home (e.g., work, extracurricular activities, etc.)? Do you like your work/doing these activities? Has someone told you/pressured you to participate in these activities? What happens if you do not participate in these activities? (These questions will help determine if the child feels forced to work or participate in other activities and what the consequences are if they do not participate.)
3. How long have you been working? How many hours do you work each week? How much money do you make from work? How often are you paid? What do you do with your money after you are paid? Do you owe anyone any money, if so, how much do you owe and what led to the debt? (These questions will help determine if the child is forced to work to pay off any “debt”, such as travel expenses, clothing, food, and/or rent. The number of hours the child works may also indicate if the child’s work interferes with school attendance.)

**FORMS AND TOOLS**

1. **Indiana Human Trafficking Screening Tool** – Available in the case management system
2. **Indiana Human Trafficking Assessment Tool** – Available in the case management system forms
3. **Indiana Human Trafficking Assessment Score Guide**
4. **Child and Adolescent Needs and Strengths (CANS) Assessment** – Available in the case management system
RELATED INFORMATION

Human Trafficking
There are two types of human trafficking: sex trafficking and labor trafficking. The Victims of Trafficking and Violence Protection Act of 2000\(^2\) defines sex trafficking and labor trafficking as follows:

1. Sex trafficking- “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where the commercial sex act is induced by force, fraud, or coercion, or the person being induced to perform such act is under 18 years of age.”

2. Labor trafficking- “the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.”

Forensic Interviews for Children who are Alleged Victims of Human Trafficking
Human trafficking may include either labor or sex trafficking. General screening questions should be incorporated into the initial interview to assist FCMs in recognizing indications of human trafficking. If human trafficking is suspected, FCMs will staff the case with their supervisor to determine if a forensic interview is needed. It is best for a child who is an alleged victim of human trafficking to be interviewed by a professional who is trained and experienced in interviewing victims of human trafficking. The forensic interview will include more extensive questions regarding human trafficking.

A forensic interviewer trained in human trafficking will take into account the complex nature of human trafficking. Victims of human trafficking rarely self-identify, and they may not identify their exploiter as their trafficker. Victims of human trafficking may have experienced trauma bonding and demonstrate a sense of loyalty or affection for their trafficker, and they may believe the trafficker cares for them. Victims may refer to the person controlling them as their boyfriend/girlfriend, father/mother (“daddy”/“mommy”), employer, or boss; therefore, the interviewer should mirror the language used by the child to avoid terms that may be offensive. Victims may have suffered physical abuse and/or received threats against them or their loved ones, which may lead them to be hesitant to accuse their trafficker or ask for help due to concerns about possible repercussions. In addition, victims of human trafficking are often lied to by their trafficker about what may happen to them if they report or seek help (e.g., a victim of sex trafficking may be told he or she will be arrested for prostitution), and foreign-born victims are often told they will be deported.

Medical Exams for Alleged Sexual Abuse Victims
The extent and type of medical evaluation administered for a sexual abuse victim will be determined by a medical doctor. The doctor will likely consider such things as the length of time that has passed since the incident and the age of the child (in relation to the trauma of an invasive exam).

---

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure all children and families with international and cultural needs receive services through DCS International and Cultural Affairs (ICA).

ICA should be contacted for services and information including, but not limited to:

1. Cultural needs or concerns;
2. Notification to Consulate or Embassy;
   a. Detention of child,
   b. Termination of Parental Rights (TPR),
   c. Change in legal custody, and
   d. Guardianship.
3. Immigration status concerns;
   a. Visas,
   b. Immigration relief options (Special Immigrant Juvenile Status [SIJS] and Deferred Action for Childhood Arrivals [DACA]),
   c. Citizenship, and
   d. Refugees.
4. International dialing (See Practice Guidance);
5. Translation requests/interpreter services (see separate policy, GA-3 Language Services);
6. Requests for Vital Documents issued abroad;
   a. Birth certificate/verification,
   b. Death certificate/verification,
   c. Marriage certificate, and
   d. Divorce Order.
7. International family search;
8. International background checks;
   a. Criminal background check,
   b. Child Abuse Registry check, and
   c. International Deoxyribonucleic Acid (DNA) testing.
9. International placement or international permanency plans;
   a. Repatriation of child (see Related Information),
   b. International home study,
   c. International DNA testing.
10. Immigration and Customs Enforcement (ICE) holds or custody;
   a. Deportation verification,
   b. Detained parent search,
   c. Immigration court information, and
   d. Visit pending deportation.

11. Indian Child Welfare Act (ICWA) (see separate policy, 2.12 Indian Child Welfare Act (ICWA)); and

12. Any other cultural need or concern that may arise that is not an emergency.

DCS will utilize ICA to communicate with Immigration and Customs Enforcement (ICE) and any embassy or consulate.

**Note:** ICA liaisons are the only individuals authorized to communicate with an embassy, consulate, or ICE. The ICA liaison will provide updated information and carbon copy (cc) the DCS Staff Attorney on any email communication with the Consular Official. ICA should be contacted immediately if information is obtained regarding a parent, guardian, or custodian in ICE custody.

DCS will thoroughly complete the SF 55676 Consulate/Embassy Notification immediately when a foreign or dual national child is detained or foreign nationality is identified, whichever comes first. A SF 55676 Consulate/Embassy Notification must be completed for each child at detention, filing Termination of Parental Rights (TPR), change in legal custody, and Guardianship. DCS will notify the appropriate foreign consulate or embassy in the United States (U.S.) within 48 hours of detention. See Practice Guidance for additional information.

**Code References**

1. United States Executive Order 13166 Limited English Proficiency
2. Section 601 of Title VI of the 1964 Civil Rights Act, 42 U.S.C. 2000d
3. IC 34-45-1-3: Interpreters; entitlement
4. IC 34-45-1-4: Interpreters; appointment and qualifications

**PROCEDURE**

The Family Case Manager (FCM) will contact the ICA liaison immediately when:

1. Communication (phone, fax, email) from ICE and/or Consulate/Embassy is received;
2. Information is received that a parent, guardian, or custodian is subject to deportation; or

The FCM will:

1. Complete a Permanency and Practice Support referral in KidTraks for ICA services when a need is identified (see policy section above for services offered);
2. Provide the ICA Liaison with updated information and cc the DCS Staff Attorney on all communication with the ICA liaison;
3. Ensure all child and family cultural needs are met by utilizing ICA for identified services;
4. Verify the identity of all family members (see separate policies, 2.9 Verifying Identity and 2.23 Verifying Citizenship or Immigration Status; and

5. Complete the SF 55676 Consulate/Embassy Notification immediately when a foreign or dual national child is detained or foreign nationality is identified, whichever comes first, and send to the ICA liaison.

Note: A SF 55676 Consulate/Embassy Notification must be completed for each child.

The ICA liaison will:
1. Provide updated information and cc the DCS Staff Attorney on any email communication with the Consular Official and FCM; and
2. Notify the appropriate foreign consulate or embassy in the United States (U.S.) within 48 hours of detention of a foreign or dual national child or when foreign nationality is identified, whichever comes first.

PRACTICE GUIDANCE

Completing the Notification to Consulate or Embassy
When completing the SF 55676 Consulate/Embassy Notification, it is imperative to have accurate information. If information is unknown, the form should reflect that it is unknown. FCMs should not submit a SF 55676 Consulate/Embassy Notification with an assumed place of birth. If the place of birth is unknown, attempt to obtain the information by:
1. Reviewing the child’s birth certificate;
2. Asking the parent to which country the absent parent, guardian, or custodian was deported;
3. Contacting known relatives; and/or
4. Reviewing any identification paperwork obtained.

Do not contact ICE to obtain this information.

FCMs should attach copies of any case documents (e.g., court orders, identification documents, paternity orders, etc.) and any additional contact information they may have received when submitting the SF 55676 Consulate/Embassy Notification to ICA.

ICE Holds, Custody, and Communication
It is important to contact ICA immediately when information is obtained that a parent, guardian, or custodian may be deported (ICE hold). Individuals may still be deported even if they hold a Green Card (an identity card attesting the temporary or permanent resident status of an alien in the U.S.). It is important to attempt to gather as much information as possible when a non-citizen parent is incarcerated or in ICE custody, as individuals will be deported without notification to DCS even if there is an open case regarding their children.

A person’s immigration status (legal alien/resident, temporary resident, refugee, student visa holder, undocumented, etc.) is independent from his or her nationality/citizenship. See separate policy, 2.23 Verifying Citizenship or Immigration Status for additional information on verifying identity.

If an FCM receives communication from ICE or a Consular Official, they should refer them to ICA. ICA will provide updated information to the FCM and cc the DCS Staff Attorney on any email or communication with ICE or a Consular Official.
**Cultural Awareness**

FCMs should be aware that children and families from different cultures may refer to adult non-relatives in their life as “Husband”, “Wife”, “Aunt”, or “Uncle” when they are not blood relatives. FCMs should always verify the identity of all individuals involved with the family. See separate policy, **2.9 Verifying Identity**. This is also important in cases of human trafficking as children may be forced to claim familial relationships with the individuals who are exploiting them.

**Verification Requests**

Consulates are the only entity able to verify birth certificates issued by a respective country. A request for verification of a birth certificate may be submitted to ICA. If deportation is suspected, a request may be submitted to ICA.

**International Dialing**

International dialing cards are ONLY to be used for the specific purpose of making international calls on behalf of the agency as part of DCS’ involvement with a child or family. An interpreter should be present to ensure effective communication with the individual being contacted. An FCM may contact his or her Regional Manager (RM) to request the International Dialing Card and follow tracking instructions outlined by the RM.

**ICA Resources**

ICA information is available on the [Permanency and Practice Support SharePoint](#). This information includes services provided by ICA, and several documents are also available on the SharePoint. The [Permanency and Practice Support SharePoint](#) serves as a resource for FCMs and other DCS staff seeking information to help improve services to multicultural populations and families (e.g., immigrant; tribal; sensory-impaired; Lesbian, Gay, Bi-Sexual, Transgender, Questioning [LGBTQ]; and members of the military) by honoring the diversity of cultures and perspectives constituting the Indiana child welfare population. An email inbox is available to obtain guidance from an ICA liaison, ([Internationalandculturalaffairs@dcs.in.gov](mailto:Internationalandculturalaffairs@dcs.in.gov)). Questions that may be sent to the email inbox include questions regarding service providers for interpreter services. Emergency situations that require immediate attention, should not be emailed to the inbox.

### FORMS AND TOOLS

**SF 55676 Consulate/Embassy Notification**

### RELATED INFORMATION

**Foreign National**

A foreign national is any person (adult or child) who is born outside of the U.S. and has not become a U.S. citizen.

**Dual Nationality/Citizen**

A dual national/citizen is a person who holds or shares two (2) or more nationalities. If one (1) of the child’s parents is born in a different country, the child may be a dual national.

**Repatriation**

Repatriation is the process of permanently placing the child with their parent(s) or relative(s) in a placement. The child and/or the child's parent(s) are known to be nationals of the other country.
The child may be a dual citizen (citizen of the U.S. and a citizen of the other country) and still be considered for reunification through repatriation procedures.

**Vienna Convention**
In compliance with the provisions of the Vienna Convention, DCS will contact the appropriate foreign consulate or embassy in the U.S. as soon as possible after the detention of a foreign national.

**Memorandum of Understanding (MOU) with the Mexican Consulates**
The MOU with the Mexican Consulates serving Indiana may be found on the [Permanency and Practice Support SharePoint](#). DCS will notify the Mexican Consulates of the detention of a child who is a Mexican National or whose parent(s) are Mexican Nationals.
STATEMENTS OF PURPOSE

The Department of Child Services (DCS) will verify the citizenship or immigration status for children and families served by DCS.

DCS will require acceptable documentation verifying the citizenship or immigration status for the child and parent(s).

DCS will accept the original or certified copies of the documents as proof of citizenship or immigration status.

DCS will accept verified data from the Central Eligibility Unit (CEU) obtained from the Indiana Client Eligibility System (ICES) as proof of citizenship or verification of immigration status.

Code Reference
N/A

PROCEDURE

The Family Case Manager (FCM) will make copies of the front and back of original documents or certified copies verifying the individual’s citizenship or immigration status and return original documents or certified copies.

Note: FCMs may make a Permanency and Practice Support referral through KidTraks for International and Cultural Affairs (ICA) liaison to assist in locating the required documents necessary for verifying citizenship or immigrant status.

DCS must obtain copies of any one (1) of the following documents as proof of United States (U.S.) citizenship:
1. U.S. public birth certificate showing birth in one (1) of the 50 states, District of Columbia, Puerto Rico, 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 U.S. (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”; or
If the parent and/or child is not a U.S. citizen any one (1) of the following are acceptable immigration documents verifying legal residency:

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; or
7. Form I-94 stamped with “Section 208” asylum status.

DCS must obtain copies of at least one (1) of the following documents as proof of foreign citizenship:
1. Birth Certificate, or
2. Passport.

**Note:** A Social Security card is not proof of citizenship.

**PRACTICE GUIDANCE**

**ICA Resources**
ICA information is available on the [Permanency and Practice Support SharePoint](#). This information includes services provided by ICA, and several documents are also available on the SharePoint. The [Permanency and Practice Support SharePoint](#) serves as a resource for FCMs and other DCS staff seeking information to help improve services to multicultural populations and families (e.g., immigrant; tribal; sensory-impaired; Lesbian, Gay, Bi-Sexual, Transgender, Questioning [LGBTQ]; and members of the military) by honoring the diversity of cultures and perspectives constituting the Indiana child welfare population. An email inbox is available to obtain guidance from an ICA liaison ([Internationalandculturalaffairs@dcs.in.gov](mailto:Internationalandculturalaffairs@dcs.in.gov)). Questions that may be sent to the email inbox include questions regarding service providers for interpreter services. Emergency situations that require immediate attention should not be emailed to the inbox.

**FORMS AND TOOLS**

N/A

**RELATED INFORMATION**

**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 out-of-home care and DCS’ administrative expenditures. The child’s citizenship status needs to be documented in and uploaded to the Management Gateway for Indiana’s Kids (MaGIK). Copies of the required documentation are to be kept in the child’s case file.
POLICY

The Indiana Department of Child Services (DCS) will make on-going diligent attempts to expeditiously locate any child missing from his or her placement.

Note: This includes a child who is placed or remains in-home through an in-home Child in Need of Services (CHINS) determination, Trial Home Visit (THV), or Informal Adjustment (IA) or a child involved in an open assessment.

When a child involved in an open DCS case or assessment runs away or is missing, DCS will:

1. Ensure the appropriate local law enforcement agency (LEA) is contacted immediately (not later than 24 hours) to report the child missing;
2. Verify with the Indiana State Police (ISP) that the child has been entered into the National Crime Information Center (NCIC) database;
3. Complete the National Center for Missing and Exploited Children Form;
4. Email the National Center for Missing and Exploited Children Form to the DCS Child Abuse Hotline (Hotline) immediately (not later than 24 hours) for reporting to the National Center for Missing and Exploited Children (NCMEC);

Note: A current photograph of the child should be attached to the email. Ensure the Release for Use of Photographs (SF 54968) has been signed by the parent, guardian, or custodian (unless Termination of Parental Rights [TPR] has been finalized).

5. Ensure NCMEC is contacted to:
   a. Report the child’s missing status, and
   b. Provide requested details regarding the missing child;
6. Ensure the child’s parent, guardian, or custodian (unless TPR is finalized) is notified;
7. Ensure the court is notified (if there is an open case); and
8. Update the child’s placement and document all actions taken in the case management system.

When the child is located, DCS will:

1. Notify the child’s parent, guardian, or custodian; the court (if there is an open case); ISP; local LEA; NCMEC; and all other parties previously contacted to assist in the search for the child;
2. Interview the child concerning the reason(s) the child ran away and where and with whom the child was residing;
3. Complete the Indiana Human Trafficking Screening Tool in the case management system (see separate policy, 2.21 Human Trafficking);
Note: A new placement cannot be entered for a child until the Indiana Human Trafficking Screening Tool has been completed for the child who had a runaway or missing person episode entered as a placement.

4. If recommended by the Indiana Human Trafficking Screening Tool, complete the Indiana Human Trafficking Assessment Tool:

5. Discuss the case and the results of the Indiana Human Trafficking Assessment Tool to determine next steps regarding:
   a. Safety needs,
   b. Placement,
   c. Service referrals,
   d. Involvement of LEA, and
   e. Need for a human trafficking forensic interview;

Note: If recommended by the Indiana Human Trafficking Assessment Tool, contact the appropriate LEA (see Practice Guidance) immediately to plan for a human trafficking forensic interview. For further guidance, see separate policy, 2.21 Human Trafficking.

6. Document the results of the Indiana Human Trafficking Assessment Tool in the case management system; and

7. Convene a Child and Family Team (CFT) Meeting within five (5) business days of the child’s return, to discuss and respond to the child’s needs, circumstances that led to the runaway episode, placement concerns, safety issues, and any additional topics that may affect stability for the child.

DCS will continue to make foster care payments to the resource parent(s) for a maximum of five (5) days when a child in out-of-home placement is missing or runs away if the intent is for the child to return to the same resource parent(s). See separate policy, 8.37 Holding a Placement During a Hospitalization and Practice Guidance for additional information.

Code References
1. 42 USC 671(a)34
2. 42 USC 671(a)35
3. IC 5-2-17-1 “High risk missing person”
4. IC 10-13-5-4 “Missing child”
5. IC 31-33-18-2 Disclosure of unredacted material to certain persons
6. IC 31-34-1-3.5 Victim of human or sexual trafficking
7. IC 31-36 Missing Children

PROCEDURE

When notified that a child involved in an open DCS case or assessment has run away or is missing, the Family Case Manager (FCM) will:

1. Advise the resource parent(s), residential provider, or custodial parent to contact the appropriate local LEA to file a runaway/missing person report;

2. Gather pertinent information from the child’s caregiver(s) and other household members regarding:
   a. When and where the child was last seen,
   b. The child’s last known state of mind,
   c. Any unusual events prior to the child’s disappearance, and
d. Whether any of the child’s possessions are missing from his or her placement;

3. Ensure the child has been reported as missing to ISP and local LEA (within 24 hours) to:
   a. Request that the child is entered into the NCIC database, if not already done, and
   b. Request ISP and local LEA reports;

4. Complete the National Center for Missing and Exploited Children Form with pertinent information;
5. Utilize the “Email” button within the National Center for Missing and Exploited Children Form to generate an email to the Hotline and ensure supporting documents and a current photograph of the child are attached to the email prior to sending;

   **Note:** Ensure the Release for Use of Photographs (SF 54968) has been signed by the parent, guardian, or custodian (unless TPR has been finalized).

6. Verify with the Hotline that NCMEC is contacted immediately (not later than 24 hours) after the youth has gone missing or runaway;
7. Notify the FCM Supervisor of the child’s absence from care;
8. Notify the parent, guardian, or custodian (unless TPR is finalized) of the child’s runaway or missing status and inquire about the child’s whereabouts and any recent contact with the child;
9. Notify the court of the child’s runaway or missing status (if there is an open case);
10. Attempt to contact the child on his or her cell phone or social media, if applicable;

   **Note:** Consider completing a referral to the DCS Investigators for assistance.

11. Visit locations the child frequents (e.g., school, park, and movie theatre);
12. Contact the child’s family, friends, school staff, employer, and other individuals who have a close relationship to the child to inquire about the child’s whereabouts and any recent contact with the child;
13. Report new relevant information to ISP and local LEA, if applicable; and
14. Document the runaway/missing person episode, corresponding documents, and efforts to locate the child in case management system.

   **Note:** The FCM should continue regular attempts to contact the child, visits to locations the child frequents, and contact with the above individuals throughout the child’s absence from care. Any new information gained should be reported to ISP and local LEA. All efforts and information gathered should be discussed with the FCM Supervisor and documented in the case management system.

When the child is located, the FCM will:
1. Ensure the FCM Supervisor is aware that the child has been located;
2. Notify ISP; local LEA; NCMEC; the parent, guardian, or custodian (unless TPR is finalized); and the court (if there is an open case);
3. Interview the child as soon as possible (within 48 hours) and complete the Indiana Human Trafficking Screening Tool in the case management system;
4. If recommended by the Indiana Human Trafficking Screening Tool, complete the Indiana Human Trafficking Assessment Tool;
5. Discuss the case and the results of the Indiana Human Trafficking Assessment Tool with the FCM Supervisor to determine next steps regarding:
   a. Safety needs,
b. Placement,  
c. Service referrals,  
d. Involvement of LEA, and  
e. Need for a human trafficking forensic interview;  

**Note:** If recommended by the Indiana Human Trafficking Assessment Tool, contact the appropriate LEA (see Practice Guidance) immediately to plan for a human trafficking forensic interview. For further guidance, see separate policy, 2.21 Human Trafficking.

6. Contact the Hotline to make a new report if a child discloses Human Trafficking;  
7. Convene a CFT meeting within five (5) business days of the child’s return, to discuss and plan to meet the child’s needs, with a focus on safety, and respond to the needs of current and subsequent placements (see separate policy, 5.7 Child and Family Team Meetings);  
8. Update the Child and Adolescent Needs and Strengths (CANS) Assessment, in accordance with the critical case juncture of returning from a runaway or missing person episode; and  
9. Document all decisions and actions in the case management system.

The FCM Supervisor will:  
1. Discuss the case and the Indiana Human Trafficking Assessment Tool with the FCM; and  
2. Utilize the Human Trafficking Assessment Scoring Guide to provide guidance on next steps.

The DCS Hotline Intake Specialist (IS) will:  
1. Complete an Intake Report from the Missing and Runaway Youth Information Form; and  

**PRACTICE GUIDANCE**

**Bed Holds**  
A bed hold may be utilized for a maximum of five (5) days. A bed hold will end prior to five (5) days if there is no intent for the child to return to the resource home. If the child does not return to the placement within five (5) consecutive days of absence, then the placement and per diem charge will be terminated for that child, unless otherwise approved by the DCS Regional Manager (RM).

**Note:** Placement and per diem payment for a bed hold in excess of five (5) days may only be made to a Licensed Child Placing Agency (LCPA) with written approval of the DCS Deputy Director of Services.

**National Center for Missing and Exploited Children (NCMEC)**  
1-800-843-5678 (1-800-THE-LOST)  
www.Missingkids.com

**Human Trafficking Expertise and Consultation**  
The Federal Bureau of Investigation (FBI) and Federal Department of Homeland Security may investigate labor trafficking and sex trafficking for international and domestic victims. Due to the complexities of human trafficking, these federal agencies are available to consult and/or provide
assistance on cases in which human trafficking is present or suspected and the need for special expertise warrants federal involvement.

Contact an agency listed below to request an interviewer if human trafficking is identified during the CA/N intake or the FCM observes indicators of human trafficking and it is determined a human trafficking forensic interview is appropriate and should be completed by federal agency partners.

Federal Bureau of Investigation (FBI) 317-595-4000, select option 2
Homeland Security: 1-800-973-2867

Note: For non-emergencies, contact the Office of the Attorney General’s tip-line at humantraffickingtip@atg.in.gov.

Indicators of Human Trafficking
If any of the following indicators or a combination of several indicators of human trafficking are observed during the course of an assessment, the FCM should complete the Indiana Human Trafficking Screening Tool (See Policy 2.21 Human Trafficking for additional information) and staff with his or her supervisor:

Child Indicators:
1. Child may not be able or willing to speak on his or her own behalf;
2. Child may not be able to speak English;
3. Child may not be allowed to speak to the FCM alone;
4. Child may not have access to identification and/or travel documents;
5. Child may work long hours and receive little or no pay;
6. Child may not cooperate with the FCM during the interview (e.g., provide wrong information about identity and living situation);
7. Child may not attend school or has large gaps in his or her education history;
8. Child may live at his or her workplace or with his or her employer and many other people in a small area;
9. Child may have a heightened sense of fear and distrust of authority;
10. Child may have engaged in prostitution or commercial sex acts;
11. Child may have a significantly older boyfriend or girlfriend;
12. Child may be a runaway; and/or
13. Child may be in a public place (e.g., hotel) and found in possession of drugs/alcohol.

Indicators in the Home:
During each home visit, the FCM will observe for the following potential signs of human trafficking. If the FCM believes that human trafficking may be occurring, the FCM will complete the Indiana Human Trafficking Screening Tool (See Policy 2.21 Human Trafficking for additional information) and staff with his or her supervisor:
1. The child’s home lacks personal effects (e.g., no toys) or the child has a small room that is different from the rest of the house;
2. The yard may be fenced and access to phones is denied;
3. The child may live in the same place he or she works (e.g., behind a restaurant, in a motel with other workers, etc.);

---

4. The child may be unaware of the location of his or her home due to multiple moves or the human trafficker may lie to the child about his or her whereabouts;
5. The child may be isolated and have no relationships outside of the home (e.g., the child does not attend school or play with other children in the neighborhood); and/or
6. There may be multiple, unrelated people living in the home.

**FORMS AND TOOLS**

1. National Center for Missing and Exploited Children Form – Located in the case management system
2. National Center for Missing and Exploited Children Instruction Tool – Located in the case management system
3. Release for Use of Photographs (SF54968)
4. Human Trafficking Screening Tool – Located in the case management system
5. Human Trafficking Assessment Tool – Available in the case management system “forms” section
6. Human Trafficking Assessment Score Guide

**RELATED INFORMATION**

Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults
1-800-831-8953

National Runaway Safeline
1-800-RUNAWAY
www.1800runaway.org
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will coordinate with the Juvenile Probation Department to better serve children involved in both the Juvenile Probation and Child Welfare systems. A Memorandum of Understanding (MOU) will be established between the local DCS office and the local Juvenile Probation Department (see Practice Guidance).

DCS will ensure each child is screened to determine whether the child meets the statutory criteria to be identified as Dual Status with DCS and Juvenile Probation. The Dual Status Screening Tool Report is incorporated in the preliminary inquiry and will be provided to the court when filing a Child in Need of Services (CHINS) petition or an Informal Adjustment (IA).

DCS will participate in a Dual Status Assessment Team (DSAT) when ordered by the court. In the event that DCS does not have an open involvement with the child’s family, a representative from the DCS local office will attend the scheduled DSAT meeting and provide information concerning past DCS involvement specific to the identified child.

DCS will follow court orders resulting from the DSAT recommendation.

Note: Court orders for a Dual Status child who does not have current DCS involvement must be reviewed by DCS Management and Legal staff.

Code References

1. IC 31-41-1 Chapter 1 Definitions [Dual status]
2. IC 31-41-1-2 Dual status child
3. IC 31-41-2 Chapter 2 Dual Status Assessment Team
4. IC 31-41-2-3 Dual status team meeting considerations
5. IC 31-41-2-4 Statements communicated in a dual status assessment team meeting
6. IC 31-41-2-5 Dual status team considerations
7. IC 31-41-2-6 Dual status team reports; recommendations
8. IC 31-41-3-1 Determination of lead agency
9. IC 31-34-7-1 Preliminary Inquiry
10. IC 31-34-7-2 Provision of Preliminary inquiry and recommendation to attorney for department
11. IC 31-34-9-2 Authorization to file petition; evidence; finding; determination for dual status assessment
12. IC 31-34-10-2 Initial hearing
13. IC 31-34-23 Modifications of Dispositional Decrees
14. IC 31-37-22 Modifications of Dispositional Decrees
**PROCEDURE**

The FCM will:
1. Ensure the child’s current or past involvement with the Juvenile Probation Department is determined during each Child Abuse and Neglect (CA/N) Assessment;
2. Complete the **Dual Status Screening Tool Report**, including a recommendation to the Court as to whether or not a DSAT assessment should be ordered in conjunction with filing either a CHINS petition or an IA;
3. Prepare a **Preliminary Inquiry** and submit it, along with the Dual Status Screening Tool Report, to the DCS Staff Attorney for filing with the court;
4. Participate on the DSAT when ordered by the court;

   **Note:** The Local Office Director (LOD) will appoint a representative to the DSAT when there is not an open case with DCS or an assigned FCM

5. Ensure consent has been obtained by having the parent, guardian, or custodian sign the **DSAT Informed Consent to Release and Exchange of Information** form, if the youth has an open involvement or history of involvement with the Juvenile Probation Department (See **Practice Guidance** for additional information.);

   **Note:** If the youth has an open involvement or history of involvement with DCS at the time of a delinquency act, the Juvenile Probation Department will obtain the signature on the informed consent form. The FCM should confirm the appropriate consent has been received prior to sharing confidential information.

6. Share available relevant information during the DSAT (see **Practice Guidance**);

   **Note:** The FCM should confirm that the appropriate consent has been received prior to sharing confidential information. See **Practice Guidance** for additional information.

7. Assist DSAT with developing a recommendation to the court; and
8. Follow the orders of the court.

**PRACTICE GUIDANCE**

**Dual Status IC 31-41-1-2**

A child may be considered a dual status child if one (1) of the following is met:
1. A petition alleging the child is a CHINS has been filed, or the child is presently adjudicated to be a CHINS; and a petition alleging the child to be a delinquent child has been filed, or the child is presently adjudicated to be a delinquent child;
2. The child is presently named in an IA and is adjudicated a delinquent child;
3. The child is presently named in a delinquency IA and is adjudicated to be a CHINS;
4. The child was previously adjudicated to be a CHINS in which wardship was terminated or the child participated in an IA that concluded before the current delinquency petition;
5. The child was previously adjudicated to be a delinquent child in a case that has closed or participated in a delinquency IA which was concluded prior to a CHINS proceeding; or
6. The child is eligible for release from commitment of the Department of Correction (DOC), but the child’s parent, guardian, or custodian cannot be located or is unwilling to take custody of the child.
Dual Status Youth Memorandum of Understanding
An MOU regarding Dual Status Youth will be established between the local DCS office and the local Juvenile Probation Department. The MOU must be signed by the Juvenile Court Judge(s) with jurisdiction, the Chief Juvenile Probation Officer, the DCS Agency Director, and the DCS LOD.

Determination of Dual Status
Each child must be screened for dual status during the preliminary inquiry process in both the CHINS and delinquency system. The FCM or the probation officer must make a recommendation to the juvenile court if a dual system assessment team is appropriate.

Determination of Referral to the Dual Status Assessment Team
In accordance with IC 31-34-10-2(e), the juvenile court shall determine if a child should be referred to a DSAT. In making this determination, the juvenile court should take into consideration the “length of time since the delinquent act or the incident of abuse or neglect”.

Dual Status Assessment Team Participants
IC 31-41-2-2 defines the membership of the DSAT to include the FCM (or a representative appointed by the LOD if an FCM is not currently assigned to the case), the probation officer (or a probation officer appointed by the Court if a probation officer is not currently assigned to the case), and a facilitator. The DSAT may also include other members as determined by the juvenile court.

Role of the Dual Status Assessment Team
If ordered by the Court, the DSAT shall consider:
1. In accordance with IC 31-41-2-3(c):
   a. Allegations of abuse or neglect suffered by the child, and
   b. Allegations that the child is a delinquent child; and
2. In accordance with IC -31-41-1-4:
   a. Best interests of the child, and
   b. Needs, strengths, and risks of the child.

In accordance with IC 31-41-2-6, the DSAT will make recommendations to the Court regarding:
1. Whether the court should proceed with an additional initial hearing regarding the CHINS petition and dismiss a pending delinquency petition or IA at the conclusion of a CHINS adjudication;
2. Whether the court should proceed with an additional initial hearing regarding a petition alleging that the child is a delinquent child and dismiss a pending CHINS petition or IA upon conclusion of the delinquency adjudication;
3. Whether the court should proceed with an additional initial hearing and adjudication or IA concerning both a CHINS petition and a delinquency petition;
4. Which agency should be the lead agency in a child’s supervision;
5. Services to be included in a dispositional decree; and
6. Any other matters relevant to the child's best interests.

Dual Status Assessment Team Topics
IC 31-41-2-5 outlines that the DSAT shall consider the child's best interests and well-being, which includes:
1. The child's mental health status, including any diagnosis;
2. The child's school records, including attendance and academic achievement level;
3. The child’s statements;
4. The statements of the child’s parent, guardian, or custodian;
5. The impact of the child’s behavior on any victim;
6. The safety of the community;
7. The child’s needs, strengths, and risk;
8. The need for a parent participation plan;
9. The efficacy and availability of services and community providers;
10. Whether appropriate supervision of the child may be achieved by the dismissal of a
delinquency adjudication in deference to a CHINS adjudication;
11. Whether appropriate supervision of the child may be achieved by combining a
delinquency adjudication or an IA with a CHINS petition;
12. The child’s placement needs;
13. Restorative justice practices that may be appropriate;
14. Whether a CHINS petition or IA should be filed or dismissed;
15. Whether a delinquency petition or IA should be filed or dismissed;
16. The availability of coordinated services, regardless of whether the child is adjudicated to
be a CHINS or a delinquent child;
17. Whether the DSAT recommends the exercise of dual adjudication and, if so, the lead
agency to provide supervision of the child; and
18. Any other information considered appropriate by DSAT.

Sharing DCS and Delinquency Information at the Dual Status Assessment Team Meeting
The DSAT Informed Consent to Release and Exchange Information has been developed to
allow information regarding the child’s CHINS and Delinquency matters to be shared within the
DSAT to assist in making recommendations to court. If the parent’s signature cannot be
obtained, a court order must be requested, authorizing the sharing of information within the
DSAT.

Participation of a Child During a Dual Status Assessment Team Meeting
A child may participate in the DSAT, when authorized by the court. In accordance with IC 31-
41-2-4, statements communicated in a DSAT meeting are not admissible as evidence against
the child in any judicial proceeding and are not discoverable in any litigation. Facts or
circumstances surrounding a pending delinquency petition should not be discussed.

Timeframe for Convening a Dual System Assessment Team
In accordance with IC 31-41-2-3, the DSAT must convene within 10 days of the court order.
The court will designate a facilitator who will convene the meeting.

Lead Agency When a Child is Adjudicated in Both Systems
IC 31-41-3-1 suggests that the DSAT may recommend a “lead agency”. However, in absence of
a recommendation, the court making the “later determination” (which case was filed last) may
determine whether DCS or probation will act as the lead agency. In making the determination,
the court shall consider:
1. The child’s social and family situation;
2. The child’s experiences with DCS;
3. The child’s prior adjudications of delinquency;
4. The recommendations of the DSAT; and
5. The needs, strengths, and risks of the child.

Petition for Modification in the Delinquency Case
The FCM may not file a petition for modification in the delinquency case, even when DCS is the lead agency. The statute states the court may require DCS and the Juvenile Probation Department to work together in the supervision of a dual status child and for the purposes of filing a modification under IC 31-34-23 or IC 31-37-22.

### FORMS AND TOOLS

1. Dual Status Youth MOU (2017-2021) – For MOU established after 2017
2. Dual Status Youth MOU (<2017) – For MOU established prior to 2017
3. Renewal #1 MOU Dual Status Youth – Addendum for MOU established prior to 2017
4. Dual Status Screening Tool Report – Indiana Juvenile CHINS Benchbook Forms
5. Preliminary Inquiry
6. DSAT Informed Consent to Release and Exchange Information
7. Referral to Dual Status Assessment Team – Indiana Juvenile CHINS Benchbook Forms
8. Recommendation of the Dual Status Assessment Team – Indiana Juvenile CHINS Benchbook Forms

### RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct a diligent search for known, absent and non-custodial parents, along with all adult relatives and any non-relative kin, who may provide support to the child and/or family. The diligent search will begin with the child or youth’s first contact with DCS, will include a thorough search of all potential resources, and will continue throughout the child or youth’s involvement with DCS.

DCS shall conduct a diligent search including efforts that utilize search technology (including social media) throughout the life of the case to locate the following:

1. Absent and non-custodial parents for the purposes of notifying them of a Detention and Initial Hearing, other Juvenile Court proceedings, Termination of Parental Rights (TPR), or adoption unless a parent:
   a. Is deceased (certified by a Death Certificate),
   b. Has signed a Consent to Adoption (SF 12582) of the child,
   c. Has surrendered the child for adoption,
   d. TPR has been finalized with respect to the child who is the subject of the Juvenile Court proceeding, or
   e. Has an address that the Family Case Manager (FCM) has been to and confirmed the parent lives there (within the last month).

2. All individuals involved in a Child Abuse and/or Neglect (CA/N) intake report whose whereabouts are unknown for the purpose of conducting an assessment;

3. Relatives required by law to be notified within 30 days of a child’s removal from his or her parent, guardian, or custodian. See separate policy, 4.28 Involuntary Removals for additional information;

4. All adult relatives and other individuals with an established and significant relationship with a child in DCS custody for the purpose of conducting a diligent search to find the best and earliest placement for a child that will result in permanency or support for the family or for child care and other assistance to intact families. See separate policy, 8.1 Selecting a Placement Option for further guidance;

5. Siblings of a child in DCS custody for the purpose of placing the siblings together or to facilitate regular visitation. See separate policy, 8.12 Developing the Visitation Plan for additional information;

6. Individuals who may be possible informal supports and who are identified by the child and/or family of the child; and

7. Any child absent from placement, including any child for whom DCS is legally responsible who is absent from the child’s approved/authorized placement without the consent of the child’s caregiver or DCS. This also includes a child who is placed in protective custody and the child is abducted or the child’s whereabouts become unknown during a pending assessment. See separate policy, 2.24 Missing and Runaway Children for additional information.
Code Reference

1. IC 31-34-3-4.5: Procedures for notices to adult relatives and siblings
2. IC 31-9-2-107 (b) "Relative"
3. 31-34-18-2: Predispositional report; participation by parent, guardian, or custodian; out-of-home placement with blood or adoptive relative caretaker
4. 42 USC 671 (a)(29) Notification of Parents of Siblings

PROCEDURE

The FCM will:

1. Ask the custodial parent where DCS can find the other parent if a non-custodial parent’s whereabouts are unknown;

2. During conversations with the custodial and non-custodial parents, the child, and any known relatives or other supports gather information to conduct a diligent search for siblings (see Related Information for definition of sibling), all adult relatives, friends, or non-relative kin who could be a resource for the child and/or youth or family;

   Note: Obtain addresses, telephone numbers, aliases, veteran status, present or previous employers, the last school the child attended, doctor’s names, tribal affiliation (if applicable), and any other information that would be helpful in locating relatives and resources for the child;

3. Talk with the current caregiver, if the caregiver is not the custodial parent, about the whereabouts of the child’s parent, other relatives and any other known caregivers;

   Note: Results of efforts described in 1 - 3 above, must be documented in a contact within the case management system. These efforts must also be captured or updated in the GenoPro software, Genogram, or Family Network Diagram. See 5.B Tool: Family Network Diagram Instruction Guide for more information.

4. Make an in-person visit to the parent’s last known address if there is reason to believe the parent may be there. See separate policy, 5.6 Locating Absent Parents for specific information. Contact the landlord, if applicable, ensuring the identified individual’s confidentiality is being maintained. See separate policy 2.6 Sharing Confidential Information for further guidance. If there are multiple parents involved, make a good faith effort to make contact with all missing parents. See separate policy, 4.20 Good Faith Efforts for additional information;

5. Conduct a diligent search for siblings and all adult relatives of the child for notice, placement consideration (if applicable), and to encourage participation on the Child and Family Team (CFT). Also see below for additional requirements when a child is removed from his or her home;

   Note: Consider completing a Permanency and Practice Support (PPS) Investigator referral in Kidtraks for assistance in locating individuals which the FCM is not otherwise able to contact. See Related Information for additional guidance.

6. Document all diligent search efforts and the results of each search effort in a contact in the case management system within 24 hours of completion of each respective search;
7. Advise the CFT regarding the identity, or lack thereof, of a noncustodial parent and all adult relatives, efforts made to locate and contact the parent and identified relatives, and the identity and location of other persons contacted as requested by the child or the child’s parent;
8. Continue to pursue diligent efforts to locate absent parents, noncustodial parents, all adult relatives, and siblings, if necessary, throughout the life of the case. See separate policies, 5.4 Noncustodial Parents, and 5.6 Locating Absent Parents for additional information; and
9. Include diligent search efforts in each progress report to the court, if applicable.

In the event of a removal, the FCM will:
1. Identify and conduct a diligent search for all adult relatives, including those individuals required by IC 31-34-3-4.5 to be notified of the removal. See Practice Guidance for more information;
2. Record in the case management system:
   a. The name, address, contact information, and relation to the child, of each person contacted or available to be contacted, and
   b. The name, relation to the child, and diligent efforts made to locate and contact each adult relative and sibling who has not been located for purposes of the written notice of removal.
3. Contact the located individuals as soon as possible to consider them for participation in CFT Meetings, placement for the child, and as informal supports for the child and family;
4. Provide each individual with written notice of the removal using SF 55211 Notice to Relatives within 30 days of the removal;
   Note: When it is known or suspected that a relative has caused family or domestic violence, DCS may not notify that relative of the child’s removal. The decision not to provide notice to any of the required relatives must be made jointly with the FCM Supervisor and documented in the case management system.
5. Follow all confidentiality requirements when communicating with relatives. See Practice Guidance for more information; and
6. Include diligent efforts to locate all adult relatives in each progress report to the court.

PRACTICE GUIDANCE

Notification Required by IC 31-34-3-4.5
Indiana state law requires the FCM to notify the following individuals within 30 days of a child’s removal from his or her parent, guardian, or custodian:
1. Maternal and paternal grandparents;
2. Adult aunts and uncles;
3. A parent of a child’s sibling if the parent has legal custody of the sibling;
4. Any other adult relatives suggested by either parent or the child; and
5. All of the child’s siblings who are at least 18 years of age.
   Note: When it is known or suspected that a relative has caused family or domestic violence, DCS may not notify that relative of the child’s removal. The decision not to provide notice to any of the required relatives must be made jointly with the FCM Supervisor and documented in the case management system.
Coping with Parental Resistance

Often when engaging parents, they will refuse to identify absent parents, relatives or other adults who care about their children. The following are some suggested strategies that may be of assistance in overcoming parental resistance. They include:

1. **Informing parents about the benefits to children of having a relationship with the other parent and permanent connections with relatives and other caring adults and the harmful effects for children who do not have these supports;**

2. **Being persistent** and recognizing that sometimes parents (and others) are not ready to provide information when first asked. Their resistance may lessen as they see other family members are concerned, participate in family preservation or reunification services, CFT Meetings, or reconsider their child’s well-being;

3. **Asking children and youth themselves about who is important to them and who they want to contact.** See [4.A Tool – Interviewing Children](#) for some helpful techniques for interviewing children;

4. **Seeking individuals who may be resources for all kinds of support to children and parents – not just limited to placement options; and**

5. **Partnering with the courts and attorneys to obtain court orders requiring that parents identify relatives to whom written notice of removal is required by law.**

Confidentiality

The law requires DCS to notify certain relatives about a child’s removal and the best way DCS may do this is to send a notification to each person. For example, DCS is unable to guarantee a grandmother will show the notice to the grandfather just because they live at the same address.

All DCS staff members are required to follow confidentiality requirements when communicating with relatives and other supportive individuals. When providing the [SF 55211 Notice to Relatives](#) as required by law, DCS staff members are only permitted to share the information outlined below. If these relatives contact the FCM to request additional information about the case, the FCM should work with the child’s parent to engage the relative in the CFT Meeting process and Visitation Plan, as appropriate. See [2.6 Sharing Confidential Information](#) for further guidance.

Relatives should be told the following information when provided notice of the removal:

1. Notice that the child has been removed from his or her parent, guardian, or custodian by DCS;
2. Options the relative may have to become a relative placement for the child and failure to respond to the notice may result in the loss of this option;
3. The option for the relative to become a licensed resource parent and receive financial assistance;
4. The option for the relative to adopt or obtain guardianship of the child in the event the child is unable to safely return home. The relative may also be able to enter into an agreement with DCS to receive financial assistance; and
5. Additional services available to the child while in foster care.

### FORMS AND TOOLS

1. **Consent to Adoption (SF 12582)**
2. **SF 55211 Notice to Relatives** – Available in the case management system
RELATED INFORMATION

Sibling
1. A brother or sister by blood, half blood, step-sibling or adoption; and
2. Any other individual who would be considered a sibling if parental rights had not been terminated.

Assessing Family Members' Interest by Building Trust with Relatives
When family members do not respond immediately to DCS inquiries this does not necessarily mean that they do not care about the child. When DCS takes the time to build trust with relatives, it may go a long way to help them seriously consider the role they want to play in the child’s life. DCS may help relatives see they do not have to limit their roles to providing a place to stay, but have a variety of ways they may be involved in the child’s life.

Suggested strategies to build trust with relatives include:
1. Persevere – Continue to engage the family during each contact and during CFT Meetings to partner in the identification of family and important individuals in the lives of the child and family members; and
2. Provide Several Opportunities for Family Participation in CFT Meetings – It is important to let family members decide as much as possible about how they may help the child. Once the child’s situation is clear, it is important to give relatives an opportunity to step forward. Family members often take the initiative to let others know about the child’s situation. They often show their support in unanticipated ways – including traveling long distances at their own expense to participate in planning meetings.

Respecting Family and Community Culture
Throughout the relative search process, it is important to honor the family’s culture and background and to integrate their cultural practices into plans for the child’s care. In many cultures, family and community members have a range of supportive roles in caring for children. The family’s cultural traditions may greatly enhance plans for child rearing, parenting, and supporting children. To build rapport with relatives and engage them in developing workable plans, DCS must be familiar with the family’s culture and build on their unique traditions.

DCS Investigators
DCS Investigators are employees of DCS who are responsible for assisting FCMs in locating absent parents, relatives, and/or other identified persons of interest to the case and/or assessment. FCMs may make a referral for this assistance in situations where all procedural steps have been completed and their efforts have been unsuccessful. Additional information regarding how to make a referral, when to make a referral, and other helpful information can be found on the Permanency and Practice Support-Investigator website.
<table>
<thead>
<tr>
<th>Tool Name: Procedure for Transfer of a Child to a Tribe or Tribal Agency</th>
<th>Effective Date: May 1, 2015</th>
</tr>
</thead>
</table>

DCS will work with tribal representatives to ensure the transfer of jurisdiction and/or responsibility for the placement and care of a child under a IV-E plan to a Tribal IV-E agency or an Indian Tribe with a IV-E agreement in a way that does not affect the child’s eligibility or receipt of IV-E payments and the child’s eligibility for Medicaid. DCS will consult with tribes regarding these procedures.

DCS will negotiate, in good faith, with any Indian tribe that would like to enter an agreement with DCS to administer all or part of the IV-E program on behalf of Indian children who are under tribal authority. The IV-E programs include foster care maintenance payments for children placed in DCS or tribally licensed foster family homes, adoption assistance payments, kinship guardianship assistance payments, and tribal access to resources for administration, training, and data collection under Title IV-E. If a tribe expresses an interest in establishing an agreement with DCS, please contact the ICWA Subject Matter Expert Attorney in Central Office or the International and Cultural Affairs (ICA) liaison.

**PROCEDURE**

A tribe may request transfer of jurisdiction from a state court to a tribal court at any point throughout the life of the case. In order to ensure a child remains IV-E eligible when transferring jurisdiction to a Tribal Court, the tribe must be a Tribal IV-E Agency or have an IV-E agreement.

**Tribal Transfers**

Jurisdiction Transfer to Tribal Court

If a motion to transfer is filed in an Indiana court having jurisdiction over a CHINS action involving an Indian child in the custody of DCS, the Court may issue an order approving or authorizing transfer of jurisdiction over the CHINS case to a Tribal Court. If the Tribal Court accepts jurisdiction, the CHINS case will be transferred to the Tribal Court. DCS will request the Indiana Court send a copy of the entire file to the Tribal Court before closing the Indiana CHINS case.

Jurisdiction remains with State Court, and Placement and Care Responsibility is Transferred to Tribe (Tribe is a IV-E agency).

A IV-E eligible child will maintain eligibility under the initial IV-E eligibility determination.

Jurisdiction remains with State Court, and Placement and Care Responsibility is Transferred to Tribe (Tribe is not a IV-E agency)

In situations where a child is IV-E eligible under State placement and care, DCS will collaborate with the Tribe in order to determine the best course of action for placement.
and care costs since the child will lose IV-E eligibility once Placement and Care is transferred to the Tribe. Options should be explored during this collaboration for the child to maintain IV-E eligibility.

Jurisdiction Transfer to Tribal Court, and DCS maintains Placement and Care Responsibility
In situations where a child’s case is transferred from a State Court to a Tribal Court, a IV-E eligible child will remain eligible under DCS Placement and Care responsibility.

**DCS Responsibilities in Facilitating Transfers**
In all of the above options for Tribal Transfers, the DCS Family Case Manager will make contact with the ICA Liaison. ICA will collaborate with the designated DCS Central Office Attorney, along with the Tribe, to determine the most appropriate course of action based on the individual case.

The DCS Staff Attorney and the Family Case Manager (FCM) will collaborate with representatives of a Tribal Agency to ensure that the transfer does not jeopardize the child’s eligibility for Title IV-E and Medicaid (or Indian Health Benefits) and is in the best interest of the child. At a minimum, DCS will:

1. **Establish** the child’s eligibility for Title IV-E prior to the formal transfer, if an eligibility determination has not already been completed,
2. **Provide** the tribe with all essential documents and information used to determine the child’s eligibility for Title IV-E and Medicaid under Title XIX, including, but not limited to:
   a. The Court’s order that the child’s continuation in the home from which they were removed was contrary to their welfare and that reasonable efforts outlined in 42 USC 671(a)(15) were made at the time the child was removed;
   b. Documentation of the date the child was removed;
   c. Any other information used to determine eligibility including information regarding the child’s household and resident’s income at removal, if the child’s IV-E eligibility was based on that income;
   d. Information and documentation available to the agency regarding the child's eligibility or potential eligibility for other Federal benefits;
   e. The child’s current Case Plan;
   f. The child’s health and education records; and
   g. The child’s current placement information, including the most recent resource home license or approval.
3. **Close** the case in the case management system when the DCS Staff Attorney provides the Court’s final order of dismissal of the CHINS court case, and
4. **Contact** the DCS Staff Attorney and an International and Cultural Affairs liaison with any questions at InternationalandCulturalAffairs@dcs.IN.gov.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Child Abuse Hotline (Hotline) will be available to receive reports of Child Abuse and/or Neglect (CA/N) 24 hours per day, seven (7) days per week, through the toll-free Hotline telephone number (800-800-5556).

All allegations of CA/N must be received by the Hotline in order for an intake report to be created.

The Hotline will accept oral, written (hard copy), and electronic reports or requests.

Calls received from a Law Enforcement Agency (LEA) that enters the provided access code will be routed to the front of the queue.

Code References

1. IC 31-33-5: Duty to Report Child Abuse or Neglect
2. IC 31-33-7: Receipt of Reports of Suspected Child Abuse or Neglect
3. IC 31-33-18: Disclosure of Reports; Confidentiality Requirements
4. IC 20-50-1: Homeless Children and Foster Care Children
5. IC 31-36-3: Homeless Children

PROCEDURE

The Hotline Intake Specialist (IS) will complete the following steps for all calls received:

1. Record the date and time of the call;
2. Engage the caller in a courteous and professional manner;
3. Ask relevant questions to gather as much information as possible about the child, family, and allegations;
4. Actively listen to the reporter and take detailed notes;
5. Make an initial determination as to the disposition of the call to be one of the following:
   a. Homeless Unaccompanied Minor:
      Proceed with completing a CA/N intake report regardless of whether abuse and/or neglect is alleged.
   b. CA/N allegations:
      Proceed with creating a Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114). See separate policy, 3.2 Creating a Child Abuse and/or Neglect (CA/N) Intake Report.
   c. Service Requests:
      Proceed with creating a Service Request Intake Report (SF 49548). See separate policy, 3.3 Service Request Intake Reports.
   d. Other action to be taken:
1) **Report to the Hotline Following Initiation of an Assessment of CA/N Allegations:** When an FCM becomes aware of new CA/N allegations while on the scene and immediately initiates an assessment, the FCM will report the new allegations to the Hotline within 24 hours of leaving the scene. See Practice Guidance for additional information.

2) **Out-of-State CA/N allegations:** Reports in which the alleged CA/N occurred in another state will be referred to a local county DCS office for final disposition as with all allegations of CA/N. The local county office may choose to assess the report or screen out the report. Should the local county office choose to screen out the report, the local county office will forward the CA/N information to the appropriate child welfare agency. No further action will be required by DCS unless courtesy interviews are requested by the out-of-state agency.

3) **Allegations of CA/N occurring on tribal land of the Pokagon Band of Potawatomi Indians in St. Joseph County:** Reports in which the alleged CA/N incident occurred on tribal land of the Pokagon Band in St. Joseph County will be referred to St. Joseph County for final disposition. When the report involves a member, or an individual eligible to be a member, of the Pokagon Band of Potawatomi Indians, the local county office should screen out the report and forward the CA/N information to the Pokagon Band’s Child Welfare Agency. Allegations of CA/N which occurred on tribal land but do not involve a member of the Pokagon Band should be assessed by the local DCS office. See Related Information for additional details.

4) **Information only:** If the caller is requesting the phone number of a community resource or service, provide the caller with the requested information; no further action required.

5) **Collateral information:** If a caller would like to provide additional information for an open assessment or case, this will be documented as Information and Referral (I&R) and forwarded to the FCM, FCM Supervisor and the county distribution list of the open assessment or case.

6) **Inquiries:** If a caller is interested in the status of CA/N report, assessment or case see procedures in separate policy, 2.6 Sharing of Confidential Information.

7) **Complaints:** Refer the caller to the appropriate person by following the chain of command, escalating only if previous complaints went unresolved.

8) **Resource parenting inquiries:** Refer the caller to call 1-888-631-9510, the Foster Care Helpline to be connected to a Regional Foster Care Specialist.

9) **Adoptive parenting inquiries:** Refer the caller to call 1-888-25-ADOPT, to be connected with the Special Needs Adoption Program Specialist in their region.

### PRACTICE GUIDANCE

**Reports from Judges, Prosecutors, and LEA**
Incoming reports from Judges and Prosecutors should be screened in and recommended for assessment based on the expectation that the report meets legal sufficiency. LEA officials requesting immediate assistance are screened in and recommended for assessment.

**The Quality of the CA/N Intake Report Impacts Child Safety**
Receipt of a call made at the Hotline is the critical first step in the State’s process of assuring the alleged victim’s safety. The importance of this step cannot be overemphasized. How the call is handled and documented can have a significant impact on the next steps in the process. The quality of the information gathered and how the IS engages the caller impacts the ability of
DCS to make a decision about whether or not the report will be assigned for assessment. The quality of the information gathered will also impact the ability of DCS to conduct an effective assessment.

**Customer Service is Imperative**

Calls placed to the Hotline are often the only contact the community has with DCS. To the community, the IS provides the first impression of the level of public service available through DCS. A negative customer service experience may cause a caller to hesitate to make future CA/N reports. Therefore, the IS should always communicate with callers in a courteous and helpful manner.

**LEA Requesting Immediate Assistance at the Scene**

When the LEA Access Code is entered, those calls will be forwarded to the front of the queue. The IS will collect essential information from the Report Source before requesting immediate assistance from the DCS local office. At the end of the call, the IS will complete the report in the case management system and send to the Hotline Intake Supervisor who will route it to the DCS local office. Immediate Assistance is necessary when LEA requests an FCM on the scene immediately to ensure safety of a child.

**Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline**

When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated upon face-to-face contact with all alleged child victims. See separate policy, 4.38 Assessment Initiation for additional information regarding initiation.

**Note:** If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the DCS Hotline immediately.

**All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case.** See separate policy, 4.36 Linking Child Abuse or Neglect (CA/N) Reports to Open Assessments for more information regarding the receipt of an additional 310 during an open assessment.

The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed 310 form, emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The 310 or equivalent information may be submitted via email to: DCSHotlineReports@dcs.in.gov, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.

**Walk-In Reports at DCS Local Office**

The DCS local office will assist any individual from the community who wishes to make a report in person at the DCS local office. The DCS local office will ensure that the individual has access to a telephone to make their report to the Hotline. If the caller is unable or unwilling to place the call to the Hotline, the DCS local office should take the report and subsequently call the Hotline to report the allegations.
**Forwarding Additional Information**
If the FCM assigned to the assessment or case is not available and the caller is unwilling to leave a voicemail or the call is of an urgent nature, the IS will gather the additional information to be forwarded to the FCM and FCM Supervisor via email if it is urgent.

**Homeless Unaccompanied Minor**
When a child enters a homeless or emergency shelter without the presence or consent of a parent, guardian, or custodian the shelter must notify DCS within 24 hours. The shelter will provide the name of the child, the location of the shelter, and if the child alleges that he or she was abused and/or neglected. DCS must conduct an assessment no later than 48 hours after receiving notification from the emergency shelter or shelter care facility.

**Children in Homeless Shelter with a Parent, Guardian, or Custodian**
When allegations of CA/N are reported for children who are residing in or receiving services from a homeless shelter with their parent, guardian, or custodian the standard intake and assessment procedures should be followed.

<table>
<thead>
<tr>
<th><strong>FORMS AND TOOLS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114)</td>
</tr>
<tr>
<td>2. Service Request Intake Report (SF49548) – Available in case management system</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>RELATED INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mandated Reporters</strong></td>
</tr>
<tr>
<td><a href="#">IC 31-33-5-1</a></td>
</tr>
<tr>
<td>Any individual who has reason to believe that a child is a victim of child abuse or neglect has the duty to make a report; therefore, everyone in Indiana is considered a “mandated reporter.”</td>
</tr>
</tbody>
</table>

| **Professional Reporters** |
| [IC 31-33-5-2](#) and [31-33-5-3](#) |
| Professional reporters, as defined by Indiana Law, are members of the staff of a medical or other public or private institution, school, facility, or agency. These reporters are legally obligated to report the alleged CA/N to the person in charge of the organization for which they work and to make a report to DCS. |

| **Immunity of Persons Making CA/N Reports** |
| [IC 31-33-6](#) |
| A person who makes a CA/N report is immune from any civil or criminal liability that might otherwise be imposed because of such actions if the report is made in good faith. |

| **Homeless Child (as defined by the Department of Education)** |
| [IC 20-50-1](#) |
| "Homeless Child" is defined as a child who lacks a fixed, regular and adequate nighttime residence. It includes: |
| 1. A child who shares another person’s housing due to loss of child's housing or economics; lives in a hotel, motel or campground because of economic hardship; lives in an emergency or transitional shelter; is abandoned in a hospital or other place not intended for general habitation; is awaiting foster care placement; |
2. A child whose primary nighttime residence is a public or private place not ordinarily used to accommodate human beings;
3. A child who lives in a car, a park, a public space, an abandoned building, a bus station, a train station, substandard housing, or a similar setting is homeless; and
4. A child of a migratory worker who also fits in categories 1-3 above is homeless.

Transferring CA/N Intake Reports to Other States
The following page on the U.S. Department of Health and Human Services web site may be helpful to locate contact information for child welfare agencies in other states:
http://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=11-11172

Pokagon Band of Potawatomi Indians
The Pokagon Band of Potawatomi Indians is a federally recognized tribe with headquarters in Michigan. The Pokagon Band maintains Tribal/Sovereign land in South Bend, Indiana within St. Joseph County, which is under jurisdiction of the Pokagon Tribe. See separate policy, 2.12 Indian Child Welfare Act (ICWA) for additional information regarding the Pokagon Band of Potawatomi Indians.

Tribal/Sovereign Land
The United States (U.S.) Government and the Indian Tribes have a government-to-government relationship. Each Federally Recognized Indian Tribe is a separate political entity. The designation of "Indian" by the federal government refers to a political status, rather than a racial status. Sovereignty is the full right and power of a governing body over itself, without any interference from outside sources or bodies. (Wikipedia Definition): Tribal sovereignty in the United States is the concept of the inherent authority of indigenous tribes to govern themselves within the borders of the United States. The U.S. federal government recognizes tribal nations as "domestic dependent nations" and has established a number of laws attempting to clarify the relationship between the federal, state, and tribal governments. See a map of the Pokagon Band’s tribal land located in South Bend, Indiana here.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Child Abuse Hotline (Hotline) will create a Preliminary Report of Alleged Child Abuse or Neglect (SF 114) using the case management system.

Note: A Pediatric Evaluation and Diagnostic Service (PEDS) referral is mandatory for all children less than six (6) years of age with injury or suspected injury to the head or neck and all children less than three (3) years of age with fractures or burns or suspected fractures or burns. Although this policy states the age for mandatory PEDS referrals, all intake reports involving injury or suspected injury to the head or neck of any child, as well as, fractures and burns regardless of age will be identified in the case management system so local office staff may evaluate the need for a non-mandatory referral to the Program. The PEDS program is available 24 hours a day, seven (7) days a week. (See Practice Guidance)

The Hotline will utilize the domestic violence screening questions during each intake report of alleged Child Abuse and/or Neglect (CA/N) to assess for the presence of domestic violence. Screening of all calls allows the intake worker to assess for:

1. Any pattern of domestic violence;
2. The presence and role of the child in domestic violence incidents; and
3. The presence of any factors which suggest a heightened risk of the potential for life threatening injury to the child and non-offending parent.

Note: The early identification of domestic violence is the first step in achieving positive and safe outcomes for adult and child victims.

DCS will hold confidential the identity of persons who report allegations of CA/N unless a court requires the reporter’s identity to be disclosed.

The Hotline will accept CA/N allegations from persons who wish to remain anonymous; however, DCS will strongly encourage all reporters to provide contact information so that follow-up can occur if more information is needed.

Audio recordings of CA/N reports are confidential and can only be released by a court order. A prosecutor can request the recordings to investigate charges of false reporting.

Code References

1. IC 31-33-7-4: Written Reports
2. IC 31-33-18: Disclosure of Reports; Confidentiality Requirements
3. IC 20-50: Homeless Children and Foster Care Children
4. IC 34-6-2-34.5: Domestic or Family Violence  
5. IC 35-41-1-6.5: Crime Involving Domestic or Family Violence Defined

**PROCEDURE**

The Hotline Intake Specialist (IS) will:

1. Gather and document as much information as possible by thoroughly interviewing the reporter about:
   a) The alleged incident,
   b) The alleged child victim,
   c) The alleged perpetrator, and
   d) The alleged child victim’s family, etc.

2. Utilize the domestic violence screening questions for all CA/N reports. See below for screening questions.
   a. Has anyone else in the family/household been hurt or assaulted?
   b. Has anyone in the family/household made threats to hurt or kill another family/household member, pet or themselves? If yes, please describe what happened.
   c. Do you know if the police have ever been called to the home to stop fighting? If yes, how many times? Do you know if anyone was arrested? If yes, who was arrested?
   d. Most people think of weapons as guns or knives, but other objects can be used to hurt someone (e.g., lamps, ashtrays, lighters, etc.). Do you know if weapons have been used to threaten or harm a family member? If so, what kind of weapons? Are the weapons still present?
   e. Are the children safe now? Are the parents safe now?

   **Note:** If domestic violence is suspected based on the answers to the screening questions above, see Practice Guidance for additional questions.

3. Review the information gathered and ask any additional questions needed to clarify vague, confusing, or incomplete statements;
4. Advise the reporter that his or her identity will not be disclosed by DCS to the alleged perpetrator unless the court orders the reporter’s identity to be disclosed;
5. Follow all confidentiality policies and procedures should the reporter ask if his or her report will be assigned for assessment. See separate policy, *2.6 Sharing Confidential Information*;
6. Create a Preliminary Report of Alleged Child Abuse or Neglect (SF 114) in the case management system. Ideally, this will occur during the initial call from the reporter. The Preliminary Report of Alleged Child Abuse or Neglect (SF 114) must be completed by the end of the shift following the conclusion of the initial call from the reporter. Information received by e-mail, US mail or fax should be triaged and reports meeting legal sufficiency completed within 24 hours;
7. Evaluate the report to determine if a PEDS referral is necessary; and
8. Evaluate the report to determine the appropriate DCS response. See separate policy, *3.4 Initial Evaluation of Child Abuse and/or Neglect (CA/N) Intake Reports*. 
PRACTICE GUIDANCE

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals
It is mandatory to complete a PEDS referral for all children less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g. facial bruising, scratches and red “marks” on the face/neck; mouth injuries, eye injuries, head bleeds, skull fractures and a fracture or burn involving the head/neck) and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns. All intake reports with suspected injury to the head or neck of a child, as well as, fractures and burns regardless of age will be identified in the case management system with a denotation of “PEDS allegation is included in this Report”. Evaluations of all reports identified should include any information obtained from the child and/or family. FCMs should utilize critical thinking to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck or with fractures or burns or suspected fractures or burns. A referral should also be considered, if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral may be found here: https://pedsit.pediatrics.iu.edu/ChildProtection_V2/

The Quality of the CA/N Intake Report Impacts Child Safety
Receipt of a call made to the child abuse hotline is the critical first step in the State’s process of assuring the alleged victim’s safety. The importance of this step cannot be overemphasized. How the call is handled and documented can have a significant impact on the next steps in the process. The quality of the information gathered impacts the ability of DCS to make a decision about whether or not the report will be assigned for assessment. The quality of the information gathered will also impact the ability of DCS to conduct an effective assessment.

Excellent Customer Service is Imperative
Calls placed to the Hotline are often the only contact the community has with DCS. To the community, the IS provides the first impression of the level of public service available through DCS. A bad customer service experience may cause a caller to hesitate to make future CA/N reports. Therefore, the IS should always communicate with callers in a courteous and helpful manner.

Domestic Violence Questions:
1. Do you know where the child(ren) were during the incident?
2. Do you know if the child(ren) saw or heard the incident?
3. Did the child(ren) try to stop or intervene in the violence?
4. Was the child(ren) injured during the incident? What was the impact of the incident on the child(ren) and/or adult victim?
5. How long has the fighting been going on? Does the violence seem to be getting more serious?
6. Are any of the family/household members using drugs or alcohol?
7. Has anyone threatened to take the child(ren)? Who was it? What happened?
8. Do you know if the victim has contact with other family or community members?
9. Have any of the family/household members left home to escape the fighting and violence? Where did they go? How long were they gone?
10. How have you seen the violence affect the child(ren) (The purpose of this question is to establish a pattern of violence and/or long term effects on the child(ren))?  
11. Do you know who is protecting the child(ren) right now?

**Clarifying Confusing or Incomplete Statements**
It may be necessary for the IS to ask the reporter to clarify confusing or incomplete statements. Example: The reporter says, “The man molested the little girl.” In this example, the intake worker should ask for more information, such as “Please give me the details of what exactly the man did to the little girl.” This is necessary because people may have different ideas about what the term “molest” means.

**FORMS AND TOOLS**

- Preliminary Report of Alleged Child Abuse or Neglect (SF 114) – Available in the case management system

**RELATED INFORMATION**

**Domestic Violence**
Domestic violence typically involves a pattern of assaultive and coercive behaviors that an individual uses against his or her intimate partner with the intent to degrade, humiliate, or instill fear in him or her. These behaviors typically fall into five (5) general categories:

1. Physical assaults;
2. Sexual assaults;
3. Psychological assaults;
4. Economic coercion; and/or
5. The use of children to control the adult victim.

Domestic violence is a serious issue with potentially fatal implications for all family members. Exposure to domestic violence can have long lasting effects on children. Children who are exposed to domestic violence in their homes are more likely to experience:

1. Childhood behavioral, emotional, and social problems;
2. Cognitive and attitude problems; and
3. Long-term problems such as higher levels of adult depression and trauma and a greater likelihood to be involved in a violent adult relationship than their peers.

In recognition of the negative impact exposure to domestic violence may have on children and the prevalence of child abuse in families experiencing domestic violence, DCS will assure that every CA/N report is screened for the presence of domestic violence.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 3: Child Abuse Hotline
Effective Date: July 1, 2017

Section 3: Service Request Intake Reports
Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Child Abuse Hotline (Hotline) will complete a Service Request (SF 49548) (310SR) in the case management system for situations that do not meet the statutory definition of Child Abuse and/or Neglect (CA/N).

Examples of Service Request Intake Reports include but are not limited to:
1. Courtesy interview requests;
2. Safe Haven intake reports; and
3. Requests received through the Interstate Compact on the Placement of Children (ICPC).

Code References
N/A

PROCEDURE

When creating a Service Request the Hotline Intake Specialist (IS) will:
1. Gather and document as much information as possible about the child’s condition and the family’s issues;
2. Gather the family’s contact information, if known;
3. Create a Service Request (SF 49548) (310SR) in the case management system. The Service Request (SF 49548) (310SR) must be completed in the case management system by the end of the worker’s shift;
4. Route the Service Request (SF 49548) (310SR) to the Hotline Intake Supervisor for review and transfer to the DCS Local Office for follow up; and
5. Create an Information and Referral if appropriate.

The Hotline Intake Supervisor will review the information contained on the report and do one of the following:
1. Evaluate the information and approve the Service Request;
2. Override IS recommendation of “service request” and assign the report to the appropriate DCS local office for a CA/N assessment if the Hotline Intake Supervisor determines the circumstances meet the statutory definition of CA/N. Follow procedures in separate policy, 3.5 Supervisory Review of Child Abuse and/or Neglect (CA/N) Intake Reports; or
3. Send Information and Referrals (I&R) to the appropriate person.

Note: Hotline Supervisor review on any report may be bypassed at DCS management discretion.
PRACTICE GUIDANCE

Finding Community Resources (Service Providers)
Consider the following sources for information:
   1. Printed and online local community resource directories; and
   2. Indiana 2-1-1 (dial 2-1-1; not available in all counties) or local Information and Referral (I&R) hotlines.

Information and Referral (I&Rs)
I&Rs are reports that do not meet the statutory definition of CA/N but DCS is provided with information by the caller regarding an open case or assessment. Additional examples of I & R’s include but are not limited to, providing the caller with information about Community Partners, Food Banks, and Mental Health Providers, etc.

FORMS AND TOOLS

Service Request (SF 49548) (310SR) – Available in the case management system

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Hotline (Hotline) will evaluate every Preliminary Report of Alleged Child Abuse or Neglect (SF 114) it receives and make recommendations about:

1. Whether or not the allegations meet the statutory definition of Child Abuse and Neglect (CA/N) and should be recommended for assessment, see separate policy, 3.8 Statutory Definition of Child Abuse and/or Neglect (CA/N);
2. Whether or not the report contains enough information to identify or locate the child and initiate an assessment; and
3. How quickly the assessment should be initiated.

Note: A Pediatric Evaluation and Diagnostic Service (PEDS) referral is mandatory for all children less than six (6) years of age with allegations of suspected abuse or neglect involving the head or neck and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns. Although this policy states the age for mandatory PEDS referrals, all intake reports involving injury or suspected injury to the head or neck of any child, as well as, fractures and burns regardless of age will be identified in the Management Gateway for Indiana’s Kids (MaGIK) so local office staff may evaluate the need for a non-mandatory referral to the Program. The PEDS program is available 24 hours a day, seven (7) days a week.

Child Abuse and Neglect (CA/N) intake reports that allege that a child witnessed or was present in the home during an incident of domestic violence will be recommended to be sent to the DCS local office with the focus of the assessment being placed on the safety of the child. Other domestic violence related calls that meet the statutory definition of CA/N will also be recommended to be sent to the DCS local office. See Practice Guidance for further information and separate policy, 3.8 Statutory Definition of Child Abuse and/or Neglect (CA/N).

The Hotline Intake Specialist (IS) will relay the CA/N intake report to the Hotline Intake Supervisor for review following the conclusion of the initial call from the reporter. The Hotline Intake Supervisor will subsequently review the CA/N intake report upon receipt from the IS. See separate policy, 3.5 Supervisory Review of Child Abuse and/or Neglect (CA/N) Intake Reports.

All CA/N intake reports involving a child who voluntarily enters an emergency shelter or a shelter care facility, without the presence or consent of a parent, guardian, or custodian will be routed to the DCS local office for assessment. DCS must conduct an assessment concerning the child no later than 48 hours after receiving notification from the emergency shelter or shelter care facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department will not notify the child’s parent, guardian, or custodian as to the specific shelter or facility the child has entered.

DCS CW Manual/Chapter 3 Section 4: Initial Evaluation of Child Abuse and/or Neglect (CA/N) Intake Reports
Code References
1. IC 31-9-2: Family Law and Juvenile Law, Definitions
2. IC 31-34-1: Juvenile Law, Child in Need of Services
3. IC 31-36-3: Homeless Children
4. IC 34-6-2-34.5: Domestic or Family Violence
5. IC 35-41-1-6.5: Crime Involving Domestic or Family Violence Defined

PROCEDURE

At the conclusion of the reporter’s initial call the IS will:
1. Complete the Preliminary Report of Alleged Child Abuse or Neglect (SF 114) in MaGIK;
2. Screen thoroughly each individual named in the report in MaGIK;
3. Determine if the allegations meet the statutory definition of CA/N. See separate policy, 3.8 Statutory Definition of Child Abuse and/or Neglect (CA/N);
4. Complete the following if the statutory definition of CA/N has been met:
   a. Recommend that the report be routed to the DCS local office,
   b. Recommend how quickly the assessment should be initiated and determine if response time is to be advanced.
   c. Evaluate if the report should be marked for a PEDS referral.
5. Send the Preliminary Report of Alleged Child Abuse or Neglect (SF 114) to the Hotline Intake Supervisor to route for recommendation to the DCS local office;

Note: A Hotline Supervisor review on any report may be bypassed at DCS management discretion.

PRACTICE GUIDANCE

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals
It is mandatory to complete a PEDS referral for all children less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g. facial bruising, scratches and red “marks” on the face/neck; mouth injuries, eye injuries, head bleeds, skull fractures and a fracture or burn involving the head/neck) and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns. All intake reports with allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in the case management system with a denotation of “PEDS allegation is included in this Report”. Evaluations of all reports identified should include any information obtained from the child and/or family. FCMs should utilize critical thinking to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck or with fractures or burns or suspected fractures or burns. A referral should also be considered, if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral may be found here: https://pedsit.pediatrics.iu.edu/ChildProtection_V2/.

Records Search
The case management system may reveal pertinent information about the subjects of a CA/N report. The IS should examine all information for "red flags" that would cause a reasonable
person to have concerns for the child’s safety and well-being or worker safety. Pertinent facts should be briefly summarized in the allegations section of the CA/N intake report, such as dates and dispositions of previous DCS reports, assessments, and cases.

**Domestic Violence**
The Hotline will recommend for assessment, domestic violence related reports that meet any of the following criteria:

1. A child has witnessed a domestic violence incident and/or was present in the home when a domestic violence incident occurred;
2. The child has been physically injured because of intervening in or being present during a domestic violence incident;
3. There is reason to believe the child is intervening or will intervene in the domestic violence, placing him or her at risk of injury;
4. The child is likely to be injured during the domestic violence incident (e.g., being held during violence, physically restrained from leaving);
5. The alleged domestic violence offender has made threats of homicide or suicide and has access to weapons or firearms;
6. There are serious, recurring domestic violence incidents and/or domestic violence is occurring in combination with other significant risk factors (e.g., substance abuse);
7. The alleged domestic violence offender does not allow the non-offending parent and/or child(ren) access to basic needs impacting their health and safety;
8. The alleged domestic violence offender has killed, kidnapped, substantially harmed, or is making a believable threat to kill, kidnap, or substantially harm anyone in the family, including extended family members and pets;
9. Serious injury to the non-offending parent (including, but not limited to, broken bones, internal bleeding or injury, extensive bruising or lacerations, poisoning, suffocating, strangling, shooting, or severe malnourishment);
10. Violence increasing in either frequency or severity; and
11. Weapons were used or threatened.

The Hotline will also consider the following factors prior to making a recommendation whether or not to route domestic violence related reports for assessment:

1. Isolated victims with little support;
2. Stalking behaviors (patterns of behaviors that are intimidating to the other party);
3. Interaction with other risk factors including substance abuse or mental illness;
4. Previous reports to DCS or LEA with the same or other child or adult victims;
5. Previous convictions for crimes against persons or serious drug offenses;
6. Violations of restraining orders; and
7. Lack of other community responses or resources.

**CA/N Reports with No Allegation of Child Abuse and/or Neglect**
If the report regarding an unaccompanied homeless child is made by an emergency shelter, a shelter care facility, or a program that provides shelter to homeless individuals, the report must be assigned. Assessment of all CA/N intake reports of this nature must be conducted within 48 hours of receiving notification from the emergency shelter or shelter care facility, even if abuse or neglect is not alleged. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department may not notify the child’s parent, guardian, or custodian as to the specific shelter or facility the child has entered.

**Homeless Unaccompanied Minor**
A homeless unaccompanied minor is an individual who is under the age of 18 and is receiving shelter without a parent, guardian, or custodian present.

**Emancipated Minors**
Shelters are not required to report providing shelter to emancipated minors to DCS. Reports for emancipated minors will not be recommended for assessment.

**Safe Haven**
A child is considered to be eligible for consideration under the Safe Haven Act when he/she is, or appears to be, not more than 30 days of age and whose parent:
1. Has knowingly or intentionally left the child with an emergency medical services provider; or
2. In a newborn safety device; and
3. Did not express an intent to return for the child.

**FORMS AND TOOLS**

**Preliminary Report of Alleged Child Abuse or Neglect (SF 114)**

**RELATED INFORMATION**

**Allegations that Occurred in the Past**
DCS reserves the right to assess allegations of CA/N, no matter how long ago the alleged incidents occurred. This is despite the statute of limitation relative to CA/N ([IC 35-41-4-2](#)), which sets forth the time limits for the prosecution of CA/N. The offenses listed in the Child in Need of Services (CHINS) definitions are either felonies or misdemeanors and are subject to the statute of limitation, after which time prosecution is barred. A Class B, Class C, or Class D felony cannot be prosecuted unless the prosecution is commenced within five (5) years after the commission of the offense; and the prosecution of a misdemeanor must be commenced within two (2) years. A prosecution for murder or a Class A felony may be commenced at any time. The time limit for certain sexual offenses is extended, as detailed further in [IC 35-41-4-2](#).

**Notification to department; investigation of a child; notification to parents (IC 31-36-3-3)**
1. Except as provided in subsection (d), if a child voluntarily enters an emergency shelter or a shelter care facility, the shelter or facility shall notify the department, not later than 24 hours after the child enters the shelter or facility, of the following:
   a. The name of the child,
   b. The location of the shelter or facility, and
   c. Whether the child alleges that the child is the subject of abuse or neglect.

2. The department shall conduct an investigation concerning the child not later than 48 hours after receiving notification from the emergency shelter or shelter care facility under subsection (a).

3. The department shall notify the child's parent, guardian, or custodian that the child is in an emergency shelter or a shelter care facility not later than 72 hours after the child enters the shelter or facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department may not notify the child's parent, guardian, or custodian.
as to the specific shelter or facility the child has entered; and

4. An emergency shelter or a shelter care facility is not required to notify the department of a child who is an emancipated minor.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

<table>
<thead>
<tr>
<th>Chapter 3: Hotline</th>
<th>Effective Date: July 1, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 5: Supervisory Review of Child Abuse and/or Neglect Intake Reports</td>
<td>Version: 8</td>
</tr>
</tbody>
</table>

STATEMENTS OF PURPOSE

All Preliminary Report of Alleged Child Abuse or Neglect (SF 114) will undergo supervisory review and approval by the Hotline Intake Supervisor before a recommendation is made to assign for assessment, refer to another state or screen out. However, at DCS management discretion the Hotline Supervisor review on any report may be bypassed.

Note: A Pediatric Evaluation and Diagnostic Service (PEDS) referral is mandatory for all children less than six (6) years of age with injury or suspected injury to the head or neck and all children less than three (3) years of age with fractures or burns or suspected fractures or burns. Although this policy states the age for mandatory PEDS referrals, all intake reports involving injury or suspected injury to the head or neck of any child, as well as, fractures and burns regardless of age will be identified in the case management system so local office staff may evaluate the need for a non-mandatory referral to the Program. The PEDS program is available 24 hours a day, seven (7) days a week. (See Practice Guidance)

The Indiana Department of Child Services (DCS) Hotline Intake Supervisor will review the Child Abuse and Neglect (CA/N) intake report as soon as possible, not to exceed 24 hours.

A Hotline Intake Supervisor may overturn a Hotline Intake Specialist's (IS) recommendation to "screen out" a report if the allegations meet the statutory definition of CA/N.

A Hotline Intake Supervisor may overturn an IS's recommendation to “assign for assessment” if the allegations do not meet the statutory definition of CA/N.

For all CA/N assessments that must be initiated within one (1) hour or 24 hours, the Hotline Intake Supervisor will forward the intake report to the appropriate local office.

Exception: Per IC 31-36-3, when a child enters a homeless or emergency shelter without the presence or consent of a parent, guardian, or custodian the shelter must notify DCS within 24 hours. The shelter will provide the name of the child, the location of the shelter, and if the child alleges that he or she was abused and/or neglected. DCS must conduct an assessment no later than 48 hours after receiving notification from the emergency shelter or shelter care facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department will not notify the child’s parent, guardian, or custodian as to the specific shelter or facility the child has entered.

The DCS local office will transmit copies of CA/N intake reports to Law Enforcement Agencies (LEA), prosecutors, and in the case of fatalities, coroners.
**Code References**

1. IC 31-33-8-1: Investigations by the department of child services: time of initiation; investigations of child care ministries
2. IC 31-33-7-5: Written report, copies made available to law enforcement agencies, prosecuting attorney and coroner
3. IC 31-33-8-2: Investigations by law enforcement agencies
4. IC 31-36-3: Homeless Children

**PROCEDURE**

For all CA/N intake reports the Hotline Intake Supervisor will:

1. Carefully review the CA/N intake report;
2. Ensure intake reports involving suspected injury to the head or neck of any child are evaluated for a PEDS referral;
3. Agree or disagree with the IS’s recommendations as to whether or not the report should be routed and assigned for assessment, referred to another state, or screened out. The Hotline Intake Supervisor will apply the facts reasonably available to DCS and use the criteria contained in the following policies to make this determination: 3.8 Statutory Definition of Child Abuse and/or Neglect (CA/N), and 3.6 Recommending a Child Abuse and/or Neglect (CA/N) Report for Screen-Out.

**Note:** Final recommendation regarding whether or not a report will be assigned for assessment or screened out will be made at the Local Office level. See Chapter 4-Assessment for additional information on completing assessments.

For CA/N intake reports that will be routed and assigned for assessment, the Hotline Intake Supervisor will:

1. Follow any additional procedures for special intakes. See separate policies: 3.10 Institutional CA/N Intake Reports, 2.14 Intentional False Reports, and 4.29 Joint Assessments;
2. Review the response time assigned by the IS and:
   a. Agree, or
   b. Find that the response time should be changed and disapprove the report or use the override function in the case management sytem to make the change.

For CA/N fatality and near fatality intake reports, the Hotline Intake Supervisor will immediately contact:

1. DCS Agency Director,
2. Deputy Director of Field Operations,
3. Deputy Director of Communications,
4. Assistant Deputy Director of Field Operations,
5. Regional Manager, and
6. Local Office Director (LOD).

If immediate notification is not practical, notification must be given in the same day, regardless of weekends and holidays. Notification will be made via e-mail.

**PRACTICE GUIDANCE**
**Pediatric Evaluation and Diagnostic Service (PEDS) Referrals**

It is mandatory to complete a PEDS referral for all children less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g. facial bruising, scratches and red “marks” on the face/neck; mouth injuries, eye injuries, head bleeds, skull fractures and a fracture or burn involving the head/neck) and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns. All intake reports with allegations of suspected abuse or neglect involving the head or neck of a child, as well as, fractures and burns regardless of age will be identified in the case management system with a denotation of “PEDS allegation is included in this Report”. Evaluations of all reports identified should include any information obtained from the child and/or family. FCMs should utilize critical thinking to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck or with fractures or burns or suspected fractures or burns. A referral should also be considered, if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral may be found here: [https://pedsit.pediatrics.iu.edu/ChildProtection_V2/](https://pedsit.pediatrics.iu.edu/ChildProtection_V2/).

**FORMS AND TOOLS**

**Preliminary Report of Alleged Child Abuse or Neglect (SF114)** – Available in the case management system

**RELATED INFORMATION**

**Notification to department; investigation of a child; notification to parents (IC 31-36-3-3)**

1. Except as provided in subsection (d), if a child voluntarily enters an emergency shelter or a facility, the shelter or facility shall notify the department, not later 24 hours after the child enters the shelter or facility, of the following:
   a. The name of the child,
   b. The location of the shelter or facility, and
   c. Whether the child alleges that the child is the subject of abuse or neglect.

2. The department shall conduct an investigation concerning the child not later than 48 hours after receiving notification from the emergency shelter or shelter care facility under subsection (a);

3. The department shall notify the child's parent, guardian, or custodian that the child is in an emergency shelter or a shelter care facility not later than 72 hours after the child enters the shelter or facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department will not notify the child's parent, guardian, or custodian as to the specific shelter or facility the child has entered; and

4. An emergency shelter or a shelter care facility is not required to notify the department of a child who is an emancipated minor.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will not route for assessment a Preliminary Report of Alleged Child Abuse or Neglect (SF 114) that does not:

1. Meet the statutory definition of Child Abuse and/or Neglect (CA/N); and/or
2. Contain sufficient information to either identify or locate the child and/or family to initiate an assessment.

CA/N intake reports that are not recommended to be assigned for assessment are referred to as “screen-outs”.

CA/N intake reports that involve a homeless unaccompanied minor receiving shelter from an emergency shelter, shelter care facility, or program that provides shelter to homeless individuals without the presence or consent of a parent, guardian, or custodian, may not be “screened out”.

Code References
IC 31-36-3: Homeless Children

PROCEDURE

The Hotline Intake Specialist (IS) will:
1. Recommend a CA/N intake report for screen-out if:
   a. The statutory definition of CA/N has not been met, or
   b. There is not enough information in the CA/N intake report to either identify or locate the child and/or family to initiate an assessment.

   Note: DCS will consider current and future risk to the child(ren) prior to recommending a CA/N intake report that involves domestic violence for screen out.

2. Document the specific reason for the screen-out;
3. Recommend the report be referred to a Law Enforcement Agency (LEA) if the allegations are of a criminal nature; and
4. Forward the CA/N intake report and records search information to a Hotline Intake Supervisor for review and approval of the recommendation to screen-out.

The Hotline Intake Supervisor will:
1. Review the CA/N intake report and records search information; and
2. Evaluate the content of the report and subsequently agree or disagree with the IS’ recommendation to screen out.

Note: For a fatality or near fatality, two (2) supervisors must review and agree on the recommendation to screen out. If the Hotline Intake Supervisors do not agree, the report...
will be staffed with either the Hotline Director or assistant Director to make the final recommendation. Final recommendation regarding whether or not a report will be assigned for assessment or screened out will be made at the Local Office level. See Chapter 4-Assessment for additional information on completing assessments.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. Preliminary Report of Alleged Child Abuse or Neglect (SF 114)

**RELATED INFORMATION**

N/A
Statements of Purpose

The Indiana Department of Child Services (DCS) will use the following criteria when evaluating a Preliminary Report of Alleged Child Abuse or Neglect (SF 114) to determine if the allegations meet the statutory definition for CA/N:

1. The alleged victim is under the age of 18;  
2. The alleged perpetrator’s relationship to the alleged victim is that of parent, guardian or custodian (See Related Information); and 

Exception: For allegations involving sexual abuse, the perpetrator can have any or no relationship to the child.

3. The allegations would cause a reasonable person to believe that CA/N has occurred (See “Allegations” below).

Allegations

Indiana Law includes the following Child in Need of Services (CHINS) definitions as the basis for child CA/N.

This list is intended to be used by an Intake Specialist/Supervisor as a parameter to determine whether a reporter’s allegations would seem to indicate that CA/N has occurred:

CHINS 1: The child's physical or mental condition is seriously impaired or seriously endangered as a result of the parent, guardian, or custodian being unable, refusing, or neglecting to supply the child with necessary food, clothing, shelter, medical care, education, or supervision:

(A) when the parent, guardian, or custodian is financially able to do so; or  
(B) due to the failure, refusal, or inability of the parent, guardian, or custodian to seek financial or other reasonable means to do so; and

The child needs care, treatment, or rehabilitation that:

(A) the child is not receiving; and  
(B) is unlikely to be provided or accepted without the coercive intervention of the court.

CHINS 2: The child’s physical or mental health is seriously endangered due to an injury by the act or omission of the parent, guardian, or custodian.

The Child is a victim of assisting suicide (I.C. 35-42-1-2.5); battery (I.C. 35-42-2-
1); domestic battery (I.C. 35-42-2-1.3); aggravated battery (35-42-2-1.5); strangulation (I.C. 35-42-2-9); neglect of a dependent, child selling (I.C. 35-46-1-4); attempt or conspiracy to commit any of the listed offenses; or attempt or conspiracy to commit murder, causing suicide, voluntary manslaughter, involuntary manslaughter, or reckless homicide. (I.C. 31-34-1-2)

The child lives in the same household as an adult who committed and has been convicted of, or has been charged with committing an offense and is awaiting trial for, any of the following offenses against another child who lives in the household: assisting suicide (I.C. 35-42-1-2.5); battery (I.C. 35-42-2-1); domestic battery (I.C. 35-42-2-1.3); aggravated battery (35-42-2-1.5); strangulation (I.C. 35-42-2-9); neglect of a dependent, child selling (I.C. 35-46-1-4); attempt or conspiracy to commit any of the listed offenses; or attempt or conspiracy to commit murder, causing suicide, voluntary manslaughter, involuntary manslaughter, or reckless homicide. (I.C. 31-34-1-2)

CHINS 3: The child is a victim of an offense listed in IC 31-34-1-3 or is living in a household with an adult who has been charged with an offense listed in IC 31-34-1-3 or IC 35-42-3.5-1 and is awaiting trial or resulted in a conviction or judgement under IC 31-34-11-2 or IC 35-42-3.5-1.

CHINS 3.5: The child is a victim of a human trafficking offense as defined in IC 31-9-2-133.1. A child is considered a victim of human trafficking regardless of whether the child consented to the conduct as defined.

CHINS 4: The child's parent, guardian, or custodian allows the child to participate in an obscene performance.

CHINS 5: The child's parent, guardian, or custodian allows the child to commit a prohibited sex offense (See Tool Sexual Offense Child Abuse and/or Neglect (CA/N) Matrix).

CHINS 6: The child substantially endangers his/her own health or the health of another individual.

CHINS 7: The child’s parent/guardian/custodian fails to participate in a school disciplinary proceeding.

CHINS 8: The child is a “missing child”.

Note: This is a child who is the subject of a missing person’s report and has been found in Indiana.

CHINS 9: The child is disabled and deprived of necessary nutrition or medical intervention.

Note: According to IC 31-34-1-9, a child in need of services under CHINS 1, 2, 3, 4, 5, 6, 7, or 8 of this tool includes a child with a disability who:
1) Is deprived of nutrition that is necessary to sustain life; or
2) Is deprived of medical or surgical intervention that is necessary to remedy or ameliorate a life threatening medical condition; if the nutrition
or medical or surgical intervention is generally provided to similarly situated children with or without disabilities.

CHINS 10: The child is born with fetal alcohol syndrome, neonatal abstinence syndrome or with any amount of controlled substance, a legend drug or a metabolite of a controlled substance or legend drug in the child’s body, including the child’s blood, urine, umbilical cord tissue, meconium.

CHINS 11: The child has an injury, abnormal physical or psychological development, symptoms of neonatal intoxication or withdrawal or experiences risks or injuries from the mother’s use of alcohol, controlled substance or legend drug during pregnancy.

Code References
1. IC 12-7-2-28.8 Child care ministry
2. IC 12-7-2-149.1(4) Provider
3. IC 12-17.2-2-8(6) Licensure exemptions
4. IC 12-17.2-2-9 Migrant children's programs
5. IC 12-17.2-5 Chapter 5 Regulation of Child Care Homes
6. IC 12-17.2-6 Chapter 6 Regulation of Childcare Ministries
7. IC 31-9-2-14: Child abuse or neglect
8. IC 31-9-2-31: Custodian
9. IC 31-27 ARTICLE 27. CHILD SERVICES: REGULATION OF RESIDENTIAL CHILD CARE
10. IC 31-34-1: (Sections 1-15) Circumstances under which a child is a Child in Need of Services
11. IC 35-42-3.5-1 Promotion of human trafficking; sexual trafficking of a minor; human trafficking
12. IC 35-42-4: (Sections 1-4, 7, 9) Rape; criminal deviant conduct; child molesting; child exploitation and pornography; child seduction; sexual misconduct with a minor
13. IC 35-45-4: (Sections 1 and 2) Public indecency and prostitution
14. IC 35-46-1-3: Incest
15. IC 31-33-8-1: Investigations by the department of child services; time of initiation; investigations of child care ministries
16. IC 31-9-2-133: Victim of child abuse or neglect

**PROCEDURE**

The Hotline Intake Specialist will:
1. Complete the Preliminary Report of Alleged Child Abuse or Neglect (SF 114) in the case management system;
2. Screen thoroughly each individual named in the report in the case management system prior to sending to the Hotline Intake Supervisor;
3. Determine if the allegations meet the statutory definition of CA/N. See Practice Guidance;
4. Complete the following if the statutory definition of CA/N has been met:
   a. Recommend that the report be routed to the DCS local office for assessment,
   b. Recommend how quickly the assessment must be initiated and determine if response time is to be expedited.
5. Forward the CA/N intake report to the Hotline Intake Supervisor to be routed to the DCS local office. This may be done electronically.

   **Note:** A Hotline Intake Specialist may not bypass supervisory review on any reports.

### PRACTICE GUIDANCE

**Statutory Definition of CA/N**

The determination as to whether or not allegations meet the statutory definition of CA/N requires a careful, balanced assessment of both objective and subjective information with the paramount consideration being the safety of the alleged victim.

**Emotional Abuse**

Emotional abuse of a child is commonly defined as a pattern of behavior by parents or caregivers that can seriously interfere with a child’s cognitive, emotional, psychological or social development. Emotional abuse may be categorized as the following: Ignoring, Rejecting, Isolating, Exploiting or Corrupting, Verbally Assaulting, and Terrorizing (American Humane Association, 2012). Emotional Abuse may also be in the form of a parent or caregiver making frequent reports to the Hotline alleging CA/N when the same or similar allegations have been the basis of past assessments that were subsequently unsubstantiated.

Emotional abuse occurs when a parent, guardian, or custodian inflicts, creates, or puts a child at risk for emotional abuse. DCS defines emotional abuse as an injury to the mental or psychological capacity or emotional stability of a child as evidenced by a substantial impairment in the child’s ability to function within a normal range of performance and behavior with due regard to his or her age, development, culture, and environment as testified to by a Qualified Mental Health Professional (QMHP).

### FORMS AND TOOLS

1. Sexual Offense Child Abuse and/or Neglect (CA/N) Matrix
2. Preliminary Report of Alleged Child Abuse or Neglect (SF114)

### RELATED INFORMATION

**Relationships**

Parent: The child’s biological or adoptive mother or father.

Guardian: A person appointed by a court to have the care and custody of a child and/or the child’s estate.

---

Custodian: Any person with whom a child resides or any of the following:

1. A license applicant or licensee of:
   a. A foster home or residential child care facility that is required to be licensed or is licensed under IC-31-27,
   b. A child care center that is required to be licensed or is licensed under IC 12-17.2-4, or
   c. A child care home that is required to be licensed or is licensed under IC 12-17.2-5.

2. A person who is responsible for care, supervision, or welfare of children while providing services as an owner, director, manager, supervisor, employee, or volunteer at:
   a. A home, center, or facility described in one (1) above,
   b. A child care ministry defined in IC 12-7-2-28.8 that is exempt from licensing requirements and is registered or required to be registered under IC 12-17.2-6,
   c. A home, center, or facility of a child care provider, as defined in IC 12-7-2-149.1(4), or
   d. A home, center, or facility that is the location of a program that provides child care, as defined in section 16.3 of this Indiana Code, to serve migrant children and that is exempt from licensing under IC 12-17.2-2-8(6), whether or not the program is certified as described in IC 12-17.2-2-9.

3. A school;
4. A child caregiver;
5. A member of the household of the child's noncustodial parent; or
6. An individual who has or intends to have direct contact, on a regular and continuing basis, with a child for whom the individual provides care and supervision.

**Child Caregiver**

IC 31-9-2-16.4 defines a child caregiver as a person who provides, or is responsible for providing, care and supervision of a child (other than a child of whom the person is a parent, stepparent, grandparent, aunt, uncle, sibling, legal guardian, or custodian with whom the person resides) at a residential property that is not the child’s place of residence, if the person:

1. Is not required to be licensed as the operator of:
   a. A child care home under IC 12-17.2-5, or
   b. A foster family home under IC 31-27-4, and

2. Provides care and supervision of a child while unattended by the child’s:
   a. Parent,
   b. Guardian, or
   c. Custodian with whom the child resides, and

3. Receives more than two thousand dollars ($2,000) in annual compensation for providing care and supervision of a child or children.

All of these requirements must be met in order for DCS to assess a child caregiver.

**Child Care Home**

DCS assesses all child care homes whether licensed, unlicensed, or operating illegally without a license. See separate policy, 4.30 Institutional Child Protection Services (ICPS) Unit Assessments.
A child care home is defined in IC 12-7-2-28.6 as a residential structure in which at least six (6) children (not including the children for whom the provider is a parent, stepparent, guardian, custodian, or other relative or any child who is at least 14 years of age and does not require child care) at any time receive child care from a provider:

1. While unattended by a parent, legal guardian, or custodian;
2. For regular compensation; and
3. For more than four (4) hours but less than 24 hours in each of 10 consecutive days per year, excluding intervening Saturdays, Sundays, and holidays.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Hotline will receive reports of Institutional Child Abuse and/or Neglect (CA/N).

The Institutional Child Protection Services Unit (ICPS) will investigate institutional reports of CA/N if the allegations state the incident of CA/N occurred while the child was in the care of any of the following:

1. Residential Facility (i.e. DCS licensed Child Caring Institutions, Group Homes and Private Secure Facilities);
2. School;
3. Hospital;
4. Juvenile Correctional Facility;
5. Bureau of Developmental Disabilities (BDDS) Certified Group Home;
6. Licensed Childcare Home or Center; or
7. Unlicensed Registered Child Care Ministries.

The ICPS Unit will not assess CA/N reports on foster homes or fatalities/near fatalities. The local offices will assess these reports.

Code References

N/A

PROCEDURE

The Hotline Intake Specialist will:

1. Gather as much information as possible to create a thorough Preliminary Report of Alleged Institutional Child Abuse or Neglect (SF 49549) (310A). See separate policy, 3.2 Creating a CA/N Intake Report for additional information;
2. Select "Institutional" in the case management system;
3. Create separate institutional CA/N intake reports in the case management system if multiple alleged victims are identified;
4. Document the name and location of the institution where the alleged CA/N took place; and
5. Evaluate the report for the statutory definition of CA/N. See separate policy, 3.4 Initial Evaluation of CA/N Reports for further information.

Unlicensed Registered Child Care Ministries

The Hotline Intake Specialist will:
1. Gather as much information as possible to create a thorough CA/N intake report. See separate policy, 3.2 Creating a CA/N Intake Report for additional information;
2. Utilize www.childcarefinder.in.gov to determine if the institution that is the subject of the report is an unlicensed registered child care ministry;
3. Select the ‘Institution’ icon in the case management system, if the agency is an active ministry;
4. Create the resource for the intake with the ‘Resource Type’ entered as ‘Registered Child Care Ministry’ and proceed with the intake, if the agency does not exist in the case management system and is verified from www.childcarefinder.in.gov;
5. Evaluate the report for the statutory definition of CA/N. See separate policy, 3.4 Initial Evaluation of CA/N Reports for further information; and

PRACTICE GUIDANCE

Examples of institutions include but are not limited to:
1. Residential Facility (i.e. DCS licensed Child Caring Institutions, Group Homes and Private Secure Facilities);
2. School;
3. Hospital;
4. Juvenile Correctional Facility;
5. Adult Correctional Facility that houses juvenile offenders;
7. Licensed Child Care Home or Center; or
8. Unlicensed Registered Child Care Ministry.

FORMS AND TOOLS

Preliminary Report of Alleged Institutional Child Abuse or Neglect (SF 49549) (310A)

RELATED INFORMATION

N/A
Intake Overview Flowchart

The flowchart below illustrates an overview of the Hotline Intake

**Service Request**
- Self-Referrals
  - Assign to FCM for service referral. Give caller provider contact information.
- Third Party Referral
  - Assign to FCM for service referral. Give caller provider contact information. Ask third party to ask family to call DCS.
- Safe Haven
  - Route to DCS Local Office
- Courtesy Interview
  - Route to DCS Local Office

**CA/N Allegations**
- Assessment Recommended
  - County Agrees with Recommendation
  - County Disagrees and will Screen Out
- Screen Out Recommended
  - County Agrees with Recommendation
  - County Disagrees with Recommendation

**Other**
- Examples: Information only
  - Adoptive/Foster parent inquiry
  - Licensing
  - Collateral information
  - Complaints
  - Wrong numbers
- Family Evaluation
- Information & Referral
  - Route call accordingly
The following chart summarizes sexual offenses that meet the statutory definition of Child Abuse and/or Neglect (CA/N):

<table>
<thead>
<tr>
<th>Code</th>
<th>Crime</th>
<th>Age of Perp</th>
<th>Age of Victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>IC 35-42-4-1</td>
<td>Rape</td>
<td>Any</td>
<td>Less than 18</td>
</tr>
<tr>
<td>IC 35-42-4-3</td>
<td>Child Molesting¹</td>
<td>Any</td>
<td>Less than 14</td>
</tr>
<tr>
<td>IC 35-42-4-4</td>
<td>Child Exploitation</td>
<td>Any</td>
<td>Less than 18</td>
</tr>
<tr>
<td>IC 35-42-4-4</td>
<td>Child Pornography</td>
<td>Any</td>
<td>Less than 18</td>
</tr>
<tr>
<td>IC 35-42-4-5</td>
<td>Vicarious Sexual Gratification</td>
<td>18 or older</td>
<td>Less than 16</td>
</tr>
<tr>
<td>IC 35-42-4-6</td>
<td>Child Solicitation</td>
<td>18 or older</td>
<td>Less than 14</td>
</tr>
<tr>
<td>IC 35-42-4-7</td>
<td>Child Seduction</td>
<td>18 or older</td>
<td>16 or 17</td>
</tr>
<tr>
<td>IC 35-42-4-8</td>
<td>Sexual Battery</td>
<td>Any</td>
<td>Less than 18</td>
</tr>
<tr>
<td>IC 35-42-4-9</td>
<td>Sexual Misconduct with a Minor</td>
<td>18 or older</td>
<td>14 or 15</td>
</tr>
<tr>
<td>IC 35-45-4-1(a)</td>
<td>Public Indecency</td>
<td>Any</td>
<td>Less than 18</td>
</tr>
<tr>
<td>IC 35-45-4-1(b)</td>
<td></td>
<td>18 or older</td>
<td>Less than 16</td>
</tr>
<tr>
<td>IC 35-45-4-2</td>
<td>Prostitution</td>
<td>Any</td>
<td>Less than 18</td>
</tr>
<tr>
<td>IC 35-45-4-3</td>
<td>Patronizing Prostitution</td>
<td>Any</td>
<td>Less than 18</td>
</tr>
<tr>
<td>IC 35-45-4-4</td>
<td>Promoting Prostitution</td>
<td>Any</td>
<td>Less than 18</td>
</tr>
<tr>
<td>IC 35-46-1-3</td>
<td>Incest</td>
<td>18 or older</td>
<td>Less than 18</td>
</tr>
<tr>
<td>IC 35-42-3.5-1</td>
<td>Human Trafficking</td>
<td>Any</td>
<td>Less than 18</td>
</tr>
</tbody>
</table>

**Note:** When DCS receives reports that contain only criminal allegations (no CA/N allegations), the reports are “screened out” and transferred to law enforcement for investigation.

¹ The term does not include a child who is alleged to be a “child in need of services” if the child is alleged to be a victim of a sexual offense under IC 35-42-4-3 unless the alleged offense under IC 35-42-4-3 involves the fondling or touching of the buttocks, genitals, or female breasts. Cases that do not involve the fondling or touching of the buttocks, genitals or female breasts should be referred to law enforcement. (IC 31-9-2-14)
Domestic violence typically involves a pattern of assaultive and coercive behaviors that people use against their family or household members with the intent to degrade, humiliate or instill fear in them. These behaviors typically fall into five (5) general categories: physical assaults, sexual assaults, psychological assaults, economic coercion, and/or the use of children to control the adult victim.

Physical assaults may include, but are not limited to:
1. Pushing and shoving;
2. Restraining;
3. Slapping;
4. Punching;
5. Biting;
6. Kicking;
7. Suffocating or Strangling;
8. Using a weapon;
9. Kidnapping; and
10. Murder.

Sexual Assaults may include, but are not limited to:
1. Rape;
2. Forcing unwanted sex or sexual acts;
3. Forcing the victim to have an abortion or sabotaging birth control methods;
4. Sexual mutilation;
5. Objectifying or treating the victim like a sexual object; and
6. Forcing the victim to watch pornography, have sex with others, or participate in prostitution.

Psychological assaults may include, but are not limited to:
1. Destroying cherished objects;
2. Killing or harming family pets;
3. Humiliating the victim privately or in front of others;
4. Harassing the victim;
5. Isolating the victim;
6. Making accusations of infidelity;
7. Stalking;
8. Refusing to talk to the victim; giving him or her the "silent treatment";
9. Blaming the victim for the abusive behavior; and
10. Controlling where the victim goes, who he or she talks to, and what he or she does.

Economic coercion may include, but is not limited to:
1. Withholding money from the victim;
2. Controlling how much money he or she has access to;
3. Stealing the victim’s money;
4. Withholding all information about finances;
5. Ruining his or her credit;
6. Preventing the victim from obtaining employment or an education; and
7. Making the victim beg or ask for money.

Using the children to control the adult victim may include, but is not limited to:
1. Forcing the children to spy on the victim;
2. Assaulting or threatening to assault the children;
3. Sabotaging the other’s parenting and discipline with the children;
4. Forcing or encouraging the children to assault the victim;
5. Taking the children; and
6. Calling or threatening to report the victim to DCS for poor parenting.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will thoroughly review the Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (Child Abuse and/or Neglect [CA/N] intake report) and other available records in order to gain insight into potential issues prior to making contact with a child and family.

DCS will consider the following when reviewing the CA/N intake report and other records:
   1. The nature and extent of the family’s current and previous involvement with DCS, Division of Family Resources (DFR), and community-based services;
   2. Any safety concerns existing for the child and for the Family Case Manager (FCM); and
   3. Any issues that should be discussed with the child and family members.

The DCS local office will ensure all assigned reports are sent to the appropriate Law Enforcement Agency (LEA) on a daily basis by fax, email, or hand delivery. Reports received on weekends or holidays will be delivered on the following business day.

Code References
   IC 31-36-3-3 (b) Notification to Department; investigation of a child; notification to parents

PROCEDURE

The FCM will:
   1. Review the CA/N intake report;
      Note: Per IC 31-36-3-3 DCS must conduct an assessment concerning a child who voluntarily enters an emergency shelter or shelter care facility without the presence or consent of a parent, guardian, or custodian. DCS must conduct the assessment no later than 48 hours following notification by the emergency shelter or shelter care facility of the child’s name, location, and whether the child alleges CA/N.
   2. Review prior DCS and DFR contact with the family via the following sources if available:
      a. Case management system and/or
   3. Discuss the CA/N intake report with the assigned FCM of any open DCS assessment or ongoing case;
   4. Review pertinent information from outside sources (e.g., LEA, schools, public utility companies, Bureau of Motor Vehicles [BMV]);
5. Obtain and review additional confidential information as needed (e.g., medical records, social services records);
6. Consider the following when reviewing records:
   a. The nature and extent of the family’s current and previous involvement with DCS, DFR, and community-based services,
   b. Any safety concerns exist for the child and for the FCM, and
   c. Any issues should be discussed with the child and family members.
7. Determine if the alleged perpetrator is a DCS employee or a child care worker. See separate policy, 2.3 Child Care Worker Assessment Review Process.

The Local DCS Office will ensure all assigned reports are sent to the appropriate LEA jurisdiction on a daily basis by fax, email, or hand delivery. Reports received on weekends or holidays will be delivered the following business day.

**PRACTICE GUIDANCE**

**Unsubstantiated CA/N History**
Upon FCM Supervisor approval of an unsubstantiated assessment, DCS will retain a hard copy of the documentation relating to the assessment of CA/N in the DCS local office for six (6) months. At that time, the hard copy file will be transferred to the records center in accordance with the Records Retention Schedule.

**Access to Unsubstantiated CA/N Records**
Documentation in electronic form will be maintained until 24 years after the birth of the youngest child named as an alleged victim of CA/N in the unsubstantiated DCS assessment report. This documentation may be used in the assessment of a subsequent report concerning the same child or family; however, DCS may not rely solely on the unsubstantiated history to support substantiation. Unsubstantiated case documentation will not be available when it has been expunged to comply with a court order.

**Thorough Review of Records**
A thorough review of the CA/N intake information enables the FCM to begin initial assessment of the child’s safety. Factors such as the child’s age and vulnerability and the family history are critical in this initial stage of the assessment.

**FORMS AND TOOLS**

1. Preliminary Report of Alleged Child Abuse or Neglect (SF 114)
2. Records Retention Schedule

**RELATED INFORMATION**

N/A
STATMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will thoroughly review the Preliminary Report of Alleged Child Abuse or Neglect (SF 114) (Child Abuse and/or Neglect [CA/N] intake report) and other available records in order to gain insight into potential issues prior to making contact with a child and family.

DCS will consider the following when reviewing the CA/N intake report and other records:
1. The nature and extent of the family’s current and previous involvement with DCS, Division of Family Resources (DFR), and community-based services;
2. Any safety concerns existing for the child and for the Family Case Manager (FCM); and
3. Any issues that should be discussed with the child and family members.

The DCS local office will ensure all assigned reports are sent to the appropriate Law Enforcement Agency (LEA) on a daily basis by fax, email, or hand delivery. Reports received on weekends or holidays will be delivered on the following business day.

Code References
IC 31-36-3-3 (b) Notification to Department; investigation of a child; notification to parents

PROCEDURE

The FCM will:
1. Review the CA/N intake report;

   Note: Per IC 31-36-3-3 DCS must conduct an assessment concerning a child who voluntarily enters an emergency shelter or shelter care facility without the presence or consent of a parent, guardian, or custodian. DCS must conduct the assessment no later than 48 hours following notification by the emergency shelter or shelter care facility of the child’s name, location, and whether the child alleges CA/N.

2. Review prior DCS and DFR contact with the family via the following sources if available:
   a. Management Gateway for Indiana’s Kids (MaGIK) and/or

3. Discuss the CA/N intake report with the assigned FCM of any open DCS assessment or ongoing case;
4. Review pertinent information from outside sources (e.g., LEA, schools, public utility companies, Bureau of Motor Vehicles [BMV]);
5. Obtain and review additional confidential information as needed (e.g., medical records, social services records);
6. Consider the following when reviewing records:
   a. The nature and extent of the family’s current and previous involvement with DCS, DFR, and community-based services,
   b. Any safety concerns exist for the child and for the FCM, and
   c. Any issues should be discussed with the child and family members.
7. Determine if the alleged perpetrator is a DCS employee or a child care worker. See separate policy, 2.3 Child Care Worker Assessment Review Process.

The Local DCS Office will ensure all assigned reports are sent to the appropriate LEA jurisdiction on a daily basis by fax, email, or hand delivery. Reports received on weekends or holidays will be delivered the following business day.

**PRACTICE GUIDANCE**

**Unsubstantiated CA/N History**
Upon FCM Supervisor approval of an unsubstantiated assessment, DCS will retain a hard copy of the documentation relating to the assessment of CA/N in the DCS local office for six (6) months. At that time, the hard copy file will be transferred to the records center in accordance with the Records Retention Schedule.

**Access to Unsubstantiated CA/N Records**
Documentation in electronic form will be maintained until 24 years after the birth of the youngest child named as an alleged victim of CA/N in the unsubstantiated DCS assessment report. This documentation may be used in the assessment of a subsequent report concerning the same child or family; however, DCS may not rely solely on the unsubstantiated history to support substantiation. Unsubstantiated case documentation will not be available when it has been expunged to comply with a court order.

**Thorough Review of Records**
A thorough review of the CA/N intake information enables the FCM to begin initial assessment of the child’s safety. Factors such as the child’s age and vulnerability and the family history are critical in this initial stage of the assessment.

**FORMS AND TOOLS**

1. Preliminary Report of Alleged Child Abuse or Neglect (SF 114)
2. Records Retention Schedule

**RELATED INFORMATION**

N/A
The Indiana Department of Child Services (DCS) will take all foreseeable and necessary precautions to protect the safety of the alleged child victim(s), the Family Case Manager (FCM) and/or other responders during the assessment.

To the extent possible, FCMs will take the necessary steps for adequate preparation prior to initiating any interviews or assessment of home conditions.

DCS will begin identifying the appropriateness of utilizing the Child and Family Team (CFT) meeting process with families in which DCS serves during the assessment preparation stage.

**Code References**
1. IC 5-26.5-1-3: "Domestic violence"
2. IC 34-6-2-34.5: "Domestic or family violence"
3. IC 35-42-3.5: Human Trafficking

**PROCEDURE**

Before initiating any interviews and assessment of home conditions, the FCM will:

1. Be familiar with all policies related to interviewing, including, but not limited to:
   a. 2.21 Human Trafficking,
   b. 4.4 Required Interviews,
   c. 4.5 Consent to Interview Child,
   d. 4.6 Exigent Circumstances,
   e. 4.8 Entry into Home or Facility,
   f. 4.09 Interviewing Children,
   g. 4.10 Interviewing the Parent, Guardian, or Custodian,
   h. 4.11 Interviewing the Alleged Perpetrator,
   i. 4.13 Home Environment Assessment,
   j. 4.14 Examining a Child and Photographing a Child and/or Trauma, and
   k. 4.30 Institutional Child Protection Services (ICPS) Unit Assessments.

2. Arrange interpreter services if the parties to the assessment are non-English speaking (see separate policy, GA-3 Language Services);

3. Develop an interview plan,
   a. Determine who would need to be interviewed,
   b. Determine whether, it is best for family members to be interviewed separately or together.
   c. Determine the best order for the interviews to occur.

4. Assess the appropriateness of the utilization of a CFT meeting;
5. If domestic violence was identified during the Child Abuse and/or Neglect (CA/N) intake, prior to contacting the family:
   a. Contact Law Enforcement Agency (LEA) to determine if the family has had previous domestic violence contacts and/or police runs to their home for violence;
   b. Determine if a detective has already been assigned to the case. If a detective has been assigned, discuss working together during the assessment with the detective; and

   **Note:** DCS will not delay the initiation or completion of any assessment, regardless of LEA involvement. See separate policy, 4.29 Joint Assessments.

c. Consider the safety of all family members prior to scheduling interviews.

6. If human trafficking was identified during the CA/N intake, prior to contacting the family:
   a. Consider the safety of the alleged victims of human trafficking prior to scheduling interviews. For further guidance, see separate policy 2.21 Human Trafficking.

   **Note:** It is important that the suspected trafficker not be present during the interview, as the trafficker may intimidate the victim or not allow him or her to speak for himself/herself. The child’s parent, guardian, or custodian may be the child’s trafficker or the trafficker may be dishonest and identify himself/herself as the child’s parent, guardian, or custodian.

   b. Be familiar with the Indiana Human Trafficking Screening Tool and contact information to request a forensic interview if needed. **See Practice Guidance** for further information.

7. Plan interviews with law enforcement if the CA/N allegations are of a criminal nature. See separate policy, 4.29 Joint Assessments;

8. To the extent possible and practical, plan the location of each interview with the goal of optimizing the safety of the child, the FCM, and any other responders;

9. For each location where an interview will occur, consider any known or suspected safety risks and determine appropriate safety precautions (e.g., law enforcement assistance. Seek supervisory input when necessary);

10. Gather necessary paperwork and/or forms as well as maps and/or driving directions;

11. Confirm that all equipment is in working order (e.g., cell phones, cameras, video recorders, audio recorders, etc.); and

12. Start the assessment. See separate policy, 4.03 Conducting the Assessment.

The Supervisor will:

1. Review all information pertaining to the risk of the situation and assist the FCM in planning and preparing for the assessment as needed; and

2. Ensure that all FCMs have access to appropriate, functioning assessment (interview) equipment (e.g., cell phones, cameras, video recorders, audio recorders, etc.)
PRACTICE GUIDANCE

Interpreter Services
All DCS local offices should have a plan for the availability of interpreter services when needed both for persons who are non-English speaking and for those who communicate using American Sign Language, see Administrative Policy GA-3 Interpreter Services.

Note: In cases of suspected human trafficking, it is not appropriate to use a neighbor, friend, or family member to serve as the interpreter, as the interpreter may be allied with the trafficker and/or involved in the trafficking.

Considering the Risk of the Situation
What environmental factors might pose a danger to child safety and FCM safety? Examples include, but are not limited to:
1. History of domestic violence;
2. Locations that are extremely isolated or in high-crime areas;
3. Indications of mental illness, substance abuse, human trafficking, or volatile behavior;
4. Firearms or other weapons in the home;
5. Indications of illegal drug manufacturing in the home (see related document, Indiana Drug Endangered Child Response Protocol);
6. Family members that are criminal suspects and have outstanding arrest warrants; and
7. Dangerous pets and/or animals.

Assistance from Law Enforcement
Request assistance when any risk factors have been identified that could threaten the safety of the child(ren), the FCM and/or other responders. See separate policy, 4.29 Joint Assessments.

Emergency Contacts to Request an (HT) Forensic Interviewer
Contact the appropriate number listed below to request an interviewer if human trafficking is identified during the CA/N intake or the FCM observes indicators of human trafficking and it is determined a human trafficking forensic interview is appropriate.

<table>
<thead>
<tr>
<th>County</th>
<th>Agency</th>
<th>Contact</th>
</tr>
</thead>
</table>
| Lake, St. Joseph, Porter, or LaPorte | U.S Dept. of Homeland Security | 1-800-973-2867  
Ask for Duty Agent on Call |
| Marion                          | Marion County Hotline               | 1-888-373-7888  
Hotline will contact IMPD to notify Det. on duty |
| All Counties except Lake, St. Joseph, Porter, LaPorte, and Marion | US Dept. of Homeland Security | 1-800-973-2867  
Ask for Special Agent Assigned to Human Trafficking |
| All Counties- business hours only- attempt other contact first | US Attorney’s Office                  | (317)226-6333  
Ask for Co-Chair of IPATH |

Note: For non-emergencies, contact the Office of the Attorney General’s tip-line at humantraffickingtip@atg.in.gov.
### FORMS AND TOOLS

- Indiana Drug Endangered Child Response Protocol
- Indiana Human Trafficking Screening Tool-available in MaGIK

### RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct a thorough assessment of all assigned reports of alleged Child Abuse and/or Neglect (CA/N). DCS will be diligent in efforts to conduct an assessment that ensures child safety and well-being.

DCS will request Law Enforcement Agency (LEA) assistance on all reports that require a two (2) hour response time and as needed on additional reports. DCS will document LEA’s response to DCS’ request for assistance in the Case Management System.

DCS must complete Child Protective Services (CPS) checks and Limited Criminal History (LCH) background checks on all alleged perpetrators. See Practice Guidance for additional information.

Code References
1. IC 31-33-8-7: Scope of the investigation
2. IC 31-33-8-2: Investigations by law enforcement agencies
3. IC 31-36-3: Homeless Children
4. IC 34-6-2-34.5: Domestic or family violence

PROCEDURE

The Family Case Manager (FCM) will:
1. Review the Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114);
2. Request LEA assistance on all reports where a two (2) hour response time is identified, and document LEA’s response to the request in Case Management System;
3. Conduct LCH background and CPS checks on all alleged perpetrators, or request completion of the checks by the local office designated staff. See Practice Guidance for additional information;
4. Notify the parent, guardian, or custodian of the allegation, and request consent to interview the child unless exigent circumstances exist. See separate policies, 4.5 Consent to Interview Child and 4.6 Exigent Circumstances for further guidance;

Note: An assessment involving domestic violence does not always warrant an automatic removal to ensure the safety of the child. Domestic violence does not always constitute exigent circumstances to interview the child without first seeking parental consent. See separate policy, 4.4 Required Interviews for further information.
5. Document whether the assessment was initiated timely and any extenuating circumstances in the Assessment Initiation Application. See separate policies, 4.36 Linking CAN Reports and 4.38 Assessment Initiation for further guidance;
6. Locate the subjects named on the 310 (e.g., alleged child victim; victim’s parent, guardian, or custodian; and alleged perpetrator). See separate policy, 4.7 Locating the Subjects for further guidance;
7. Show proper identification at the onset of each interview;
8. Follow appropriate procedures for gaining entry into the home or facility. See separate policy, 4.8 Entry into Home or Facility for further guidance;
9. Conduct all required interviews and any additional interviews necessary to gain information to evaluate the validity of the allegations and establish the current safety of the child. See separate policy, 4.4 Required Interviews for further guidance;
10. Take photographs of all children in the home and have the parent, guardian, or custodian sign the Release For Use of Photographs (SF 54968). See policy 4.14 Examining and Photographing a Child and/or Trauma for additional guidance;
11. Visually examine the alleged child victim, as necessary, to confirm alleged or suspected bodily injuries. Photograph visible trauma found on any child or secure photographs or copies of said photographs that have been taken by a medical professional or LEA. See separate policy, 4.14 Examining and Photographing a Child and/or Trauma or further guidance;
12. Arrange for necessary medical and/or psychological examinations. See separate policy, 4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations for further guidance;

Note: Ensure a PEDS referral is completed for all reports involving a child less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g., facial bruising, scratches, and red “marks” on the face/neck; mouth or eye injuries; head bleeds; skull fractures; and fractures or burns involving the head/neck) or a child less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns anywhere on the body. See Practice Guidance for further information.

13. Complete the Initial Safety Assessment, and if appropriate, a Safety Plan (SF 53243) and/or Plan of Safe Care (SF56565). See separate policies, 4.18 Initial Safety Assessment, 4.19 Safety Planning, and 4.42 Plan of Safe Care for further guidance;
14. Seek the FCM Supervisor’s approval of the Initial Safety Assessment, Safety Plan (SF 53243), and/or Plan of Safe Care (SF56565);
15. Conduct an assessment of the home environment, if appropriate. See separate policy, 4.13 Assessing Home Conditions for further guidance;
16. Gather additional demographic information that is not already included on the 310 (e.g.; place of employment, military status, and/or tribal origin);
17. Provide each parent, guardian, or custodian (including any alleged father or any known non-custodial parent) and alleged perpetrator the Notice of Availability of Completed Reports and Information (SF48201) and document in the 311. If the alleged perpetrator is a child, provide the notice to his or her parent, guardian, or custodian;
18. Exit the home immediately without alarming the adults and/or child, and call 911 if at any point during the interview, suspicions arise that a contaminating controlled substance is present. Refer to the Indiana Drug Endangered Children (DEC) Response Protocol for further guidance;
19. Discontinue and leave the interview if at any point the FCM becomes concerned for his or her safety (e.g., the individual becomes hostile or threatening or there are other
dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the assessment. See separate policy, **HR-3-1 Home Visit Safety Protocol** for further guidance;

20. Notify the employee’s management team, which includes the FCM Supervisor, Local Office Director (LOD), Regional Manager (RM), and the DCS Human Resources (HR) Director, if the alleged perpetrator is a DCS Field staff member. If the alleged perpetrator is a DCS Central Office staff member, notify the employee’s work unit Supervisor, Division Deputy Director, and DCS HR Director. See separate policy, **2.4 Assessment and Review of DCS Staff Alleged Perpetrators** for further guidance;

21. Notify the child care worker or resource parent\(^1\) of his or her right to participate in an informational review prior to arriving at a finding if the alleged perpetrator is a child care worker or resource parent. See separate policy, **2.3 Child Care Workers Assessment Review Process** for further guidance;

22. Gather additional information necessary to make a determination about the validity of the allegations;

23. Document all information gathered during the assessment in Case Management System;

24. **Seek supervisory input as needed throughout the assessment**, including, but not limited to safety staffing and regular clinical supervision. See separate policy, **4.41 Safety Staffing** for additional information;

25. Document good faith efforts if unable to complete any element of the assessment and seek supervisory guidance for additional instructions. See separate policy, **4.20 Good Faith Efforts** for further guidance;

26. Send the **Forty-five (45) Day Report of Assessment (SF 54854)** to the administrator of the facility that made the CA/N report, if applicable. See separate policy, **4.21 45 Day Report of Assessment** for further guidance;

27. Arrive at a finding of substantiated or unsubstantiated for each allegation. See separate policy, **4.22 Making an Assessment Finding** for further guidance;

28. Conduct an **Initial Family Risk Assessment** to determine the likelihood of future maltreatment, if necessary. See separate policy, **4.23 Initial Family Risk Assessment** for further guidance;

29. Take additional actions if necessary to ensure the child’s safety, including implementing child and family services. See separate policies, **4.26 Determining Service Levels and Transitioning to Ongoing Services** and **5.7 Child and Family Team (CFT) Meetings**;

30. Complete the **Assessment of Alleged Child Abuse or Neglect (311) (SF 113)**. See separate policy, **4.25 Completing the Assessment Report**; and

31. Send notice to the perpetrator regarding his or her right to a review and an appeal of the decision if the allegations are substantiated. See separate policies, **2.1 Notice of Assessment Outcome** and **2.5 Administrative Appeal Hearings** for further guidance.

**Note:** If it is determined that allegations will be substantiated on a person who asserts they are employed through the education system or as a Child Care Worker, the assessment should go through the Child Care Workers Assessment Review Process regardless of whether or not the substantiated incident occurred in the course of the individual’s employment. See separate policy, **2.3 Child Care Worker Assessment Review Process**.

The FCM Supervisor will:

---

\(^1\) For purposes of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver
1. Discuss details of the assessment during safety staffing and clinical supervision; and
2. Guide the FCM as necessary to ensure all duties are completed.

**PRACTICE GUIDANCE**

**Pediatric Evaluation and Diagnostic Service (PEDS) Referrals**
It is mandatory to complete a PEDS referral for a child less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g., facial bruising, scratches and red “marks” on the face/neck; mouth and eye injuries; head bleeds; skull fractures; and a fracture or burn involving the head/neck) or a child less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns anywhere on the body. All intake reports with suspected allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in Case Management System with a denotation of “PEDS allegation is included in this Report”. Evaluations of all reports identified as having PEDS allegations should include any information obtained from the child and/or family. FCMs should utilize critical thinking skills to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck, fractures or burns, or suspected fractures or burns. A referral should also be considered if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral is available at: [https://pedsit.pediatrics.iu.edu/ChildProtection_V2/](https://pedsit.pediatrics.iu.edu/ChildProtection_V2/).

**Physically Seeing and Interviewing All Children in the Home**
It is necessary for DCS to conduct a face-to-face interview with all children living in the household, because they may have witnessed the alleged CA/N, and there is a possibility that they may also be victims. For children who are too young or unable to communicate, an interview will consist of face-to-face interaction with the child at an appropriate level given the child’s developmental status.

**Gathering Additional Information**
Sources of additional information may include, but are not limited to: relatives, neighbors, school officials, teachers, other school employees, physicians, other professionals, agencies in the community, and law enforcement. Such persons should only be contacted when the FCM has reason to believe they have pertinent information. It is important to note the purpose of gathering additional information is to gain knowledge that may aid in the assessment.

**Communication with FCM Supervisor**
Because the FCM Supervisor provides the first level of quality assurance within the system, it is important the FCM Supervisor is updated and consulted as necessary throughout the assessment. This includes, but is not limited to, safety staffing and regular clinical supervision. For further guidance see separate policy, [4.41 Safety Staffing](#).

**Clinical Supervision**
Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.
Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

Distribution of the Notice of Availability of Completed Reports and Information
The Notice of Availability of Completed Reports and Information (SF48201) should not be left on the door of the parent, guardian, custodian or alleged perpetrator. The information contained in this document should be discussed with the parent, guardian or custodian and the alleged perpetrators to ensure an understanding of the contents of the form. This will provide the parent, guardian or custodian, and the alleged perpetrator with an opportunity to ask the FCM any questions regarding this document. It also provides the opportunity for verbal and written notice to each parent, guardian or custodian and the alleged perpetrator. Mailing the form is acceptable if the parent, guardian or custodian and/or the alleged perpetrator either live outside of the jurisdiction of the DCS local office or has given verbal permission to have the form mailed. However, the FCM should attempt to have face-to-face contact with the individual prior to mailing the form.

Conducting Limited Criminal History (LCH) Checks on Alleged Perpetrators
DCS must conduct LCH and CPS history checks on all alleged perpetrators as part of a comprehensive assessment. LCH checks should be completed early in the assessment to evaluate for potential safety concerns for the child, family, and/or DCS employees. Results of the LCH and CPS checks should be staffed with the FCM Supervisor when the results indicate possible safety concerns.

Incarcerated Parents
The Incarcerated Parent Letter-Assessment, Incarcerated Parent Demographics, and Incarcerated Parent Information have been developed for use as tools for contact with incarcerated parents and for gathering information. These forms do not replace appropriate engagement with the parents.

FORMS AND TOOLS

1. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114) – Available in the Case Management System
2. Assessment of Alleged Child Abuse or Neglect Report (311) (SF113) – Available in Case Management System
3. Initial Safety Assessment – Available in Case Management System
4. Safety Plan (SF53243)
5. Plan of Safe Care (SF56565)
6. Notice of Availability of Completed Reports and Information (SF48201)
7. Forty-five (45) Day Report of Assessment (SF54854)
8. Initial Family Risk Assessment – Available in Case Management System
9. Release For Use Of Photographs (SF54968)
10. PEDS Program Referral
11. Incarcerated Parent Letter-Assessment
12. Incarcerated Parent Demographics (SF56538)
13. Incarcerated Parent Information

RELATED INFORMATION
Domestic Violence Assessments
The primary focus of intervening in domestic violence cases is the ongoing assessment of the risk posed to the child by the presence of domestic violence. The challenge in providing services in domestic violence cases is to keep the child safe without penalizing the non-offending parent and without escalating the violent behavior of the alleged domestic violence offender. The primary responsibility of DCS is to determine the overall risk to the child and take appropriate action to ensure the child’s safety.

CA/N assessments may increase the risk to the child and other family members when domestic violence is present. It is important to consider how the assessment process will affect the safety of all involved and take action as outlined in this chapter.

Child Care Workers Assessment Review Process
It is important to document through a thorough assessment the place of employment of all alleged perpetrators. If it is determined the allegations will be substantiated on a person who asserts that he or she is employed through the education system or as a Child Care Worker, the assessment should go through the Child Care Workers Assessment Review Process regardless of whether or not the substantiated incident occurred in the course of the individual’s employment. See separate policy, 2.3 Child Care Worker Assessment Review Process for additional information.

Child Care Worker
DCS defines “child care worker” as a person who has or will have direct contact with children, as an employee, but not an owner and/or operator of:
  1. Any agency that provides services to, or for the benefit of, children who are victims of CA/N;
  2. Any of the following types of facilities:
     a. Child care center,
     b. Child care home (whether or not required to be licensed),
     c. Child care ministry (whether or not licensed),
     d. Residential group home,
     e. Child caring institution,
     f. School,
     g. Juvenile detention center, or
     h. Licensed child placing agency (LCPA).
  3. Any other facility that provides residential care for children;
  4. Any other agency that is a contracted service provider for DCS; or
  5. A home that provides:
     a. Child care; or
     b. Services to, or for the benefit of, children who are victims of CA/N for a child or children to whom that person is not related.

Contacting LEA
DCS is required to contact LEA on all reports that require a two (2) hour response time. LEA may be contacted for other reports as needed. Each DCS local office must develop Inter-Agency Agreements with their local LEA to outline procedures on the handling of new CA/N intake reports.

Homeless Unaccompanied Minors
Exigent circumstances exist when assessing a report of a homeless unaccompanied minor receiving shelter without the presence or consent of a parent, guardian, or custodian. The parent, guardian, or custodian of the child must be notified within **48 hours** of DCS receiving the report, and no later than **72 hours** of the child entering the shelter. DCS must notify the parent, guardian or custodian that the child is in a shelter and has been interviewed by DCS. If DCS has reason to believe the child is a victim of CA/N, DCS may not notify the parent, guardian, or custodian as to the specific shelter or facility the child has entered. If DCS determines the child is unsafe and the coercive intervention of the court is needed, refer to separate policy, 4.28 Involuntary Removals for procedures to follow.

**Alleged Father**
An alleged father is a person who has asserted or claims to be the father of a child, or the person who the mother identifies as the father but has not been adjudicated as the father through a paternity action filed in court having jurisdiction.

**Noncustodial Parent**
A noncustodial parent is a mother, father, or alleged father (biological or adoptive) who does not have legal or primary physical custody of the child.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct a thorough assessment of all assigned reports of alleged Child Abuse and/or Neglect (CA/N). DCS will be diligent in efforts to conduct an assessment that ensures child safety and well-being.

DCS will request Law Enforcement Agency (LEA) assistance on all reports that require a one (1) hour response time and as needed on additional reports. DCS will document LEA’s response to DCS’ request for assistance in the Management Gateway for Indiana’s Kids (MaGIK).

DCS must complete Child Protective Services (CPS) checks and Limited Criminal History (LCH) background checks on all alleged perpetrators. See Practice Guidance for additional information.

Code References
1. IC 31-33-8-7: Scope of the investigation
2. IC 31-33-8-2: Investigations by law enforcement agencies
3. IC 31-36-3: Homeless Children
4. IC 34-6-2-34.5: Domestic or family violence

PROCEDURE

The Family Case Manager (FCM) will:
1. Review the Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114);
2. Request LEA assistance on all reports where a one (1) hour response time is identified, and document LEA’s response to the request in MaGIK;
3. Conduct LCH background and CPS checks on all alleged perpetrators, or request completion of the checks by the local office designated staff. See Practice Guidance for additional information;
4. Notify the parent, guardian, or custodian of the allegation, and request consent to interview the child unless exigent circumstances exist. See separate policies, 4.5 Consent to Interview Child and 4.6 Exigent Circumstances for further guidance;

Note: An assessment involving domestic violence does not always warrant an automatic removal to ensure the safety of the child. Domestic violence does not always constitute exigent circumstances to interview the child without first seeking parental consent. See separate policy, 4.4 Required Interviews for further information.
5. Document whether the assessment was initiated timely and any extenuating circumstances in the Assessment Initiation Tracking Tool. See separate policies, 4.36 Linking CAN Reports and 4.38 Assessment Initiation for further guidance;

6. Locate the subjects named on the 310 (e.g., alleged child victim; victim’s parent, guardian, or custodian; and alleged perpetrator). See separate policy, 4.7 Locating the Subjects for further guidance;

7. Show proper identification at the onset of each interview;

8. Follow appropriate procedures for gaining entry into the home or facility. See separate policy, 4.8 Entry into Home or Facility for further guidance;

9. Conduct all required interviews and any additional interviews necessary to gain information to evaluate the validity of the allegations and establish the current safety of the child. See separate policy, 4.4 Required Interviews for further guidance;

10. Take photographs of all children in the home and have the parent, guardian, or custodian sign the Release For Use of Photographs (SF 54968). See policy 4.14 Examining and Photographing a Child and/or Trauma for additional guidance;

11. Visually examine the alleged child victim, as necessary, to confirm alleged or suspected bodily injuries. Photograph visible trauma found on any child or secure photographs or copies of said photographs that have been taken by a medical professional or LEA. See separate policy, 4.14 Examining and Photographing a Child and/or Trauma or further guidance;

12. Arrange for necessary medical and/or psychological examinations. See separate policy, 4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations for further guidance;

**Note:** Ensure a PEDS referral is completed for all reports involving a child less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g., facial bruising, scratches, and red “marks” on the face/neck; mouth or eye injuries; head bleeds; skull fractures; and fractures or burns involving the head/neck) or a child less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns anywhere on the body. See Practice Guidance for further information.

13. Conduct an assessment of the home environment, if appropriate. See separate policy, 4.13 Assessing Home Conditions for further guidance;

14. Gather additional demographic information that is not already included on the 310 (e.g.; place of employment, military status, and/or tribal origin);

15. Provide each parent, guardian, or custodian (including any alleged father or any known non-custodial parent) and alleged perpetrator the Notice of Availability of Completed Reports and Information (SF48201) and document in the 311. If the alleged perpetrator is a child, provide the notice to his or her parent, guardian, or custodian;

16. Exit the home immediately without alarming the adults and/or child, and call 911 if at any point during the interview, suspicions arise that a contaminating controlled substance is present. Refer to the Indiana Drug Endangered Children (DEC) Response Protocol for further guidance;

17. Discontinue and leave the interview if at any point the FCM becomes concerned for his or her safety (e.g., the individual becomes hostile or threatening or there are other dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the assessment. See separate policy, HR-3-1 Home Visit Safety Protocol for further guidance;
18. Complete the Initial Safety Assessment, and if appropriate, a Safety Plan (SF 53243) and/or Plan of Safe Care (SF56565). See separate policies, 4.18 Initial Safety Assessment, 4.19 Safety Planning, and 4.42 Plan of Safe Care for further guidance;

19. Review the Initial Safety Assessment and the Safety Plan (SF 53243) and/or Plan of Safe Care (SF56565) with the FCM Supervisor;

20. Notify the employee’s management team, which includes the FCM Supervisor, Local Office Director (LOD), Regional Manager (RM), and the DCS Human Resources (HR) Director, if the alleged perpetrator is a DCS Field staff member. If the alleged perpetrator is a DCS Central Office staff member or legal team member, notify the employee’s work unit Supervisor, Division Deputy Director, and DCS HR Director. See separate policy, 2.4 Assessment and Review of DCS Staff Alleged Perpetrators for further guidance;

21. Notify the child care worker or resource parent\(^1\) of his or her right to participate in an informational review prior to arriving at a finding if the alleged perpetrator is a child care worker or resource parent. See separate policy, 2.3 Child Care Workers Assessment Review Process for further guidance;

22. Gather additional information necessary to make a determination about the validity of the allegations;

23. Document all information gathered during the assessment in MaGIK;

24. Seek supervisory input as needed throughout the assessment, including, but not limited to safety staffing and regular clinical supervision. See separate policy, 4.41 Safety Staffing for additional information;

25. Document good faith efforts if unable to complete any element of the assessment and seek supervisory guidance for additional instructions. See separate policy, 4.20 Good Faith Efforts for further guidance;

26. Send the Thirty (30) Day Report of Assessment to the administrator of the facility that made the CA/N report, if applicable. See separate policy, 4.21 30 Day Report of Assessment for further guidance;

27. Arrive at a finding of substantiated or unsubstantiated for each allegation. See separate policy, 4.22 Making an Assessment Finding for further guidance;

28. Conduct an Initial Family Risk Assessment to determine the likelihood of future maltreatment, if necessary. See separate policy, 4.23 Initial Family Risk Assessment for further guidance;

29. Take additional actions if necessary to ensure the child’s safety, including implementing child and family services. See separate policies, 4.26 Determining Service Levels and Transitioning to Ongoing Services and 5.7 Child and Family Team (CFT) Meetings;

30. Complete the Assessment of Alleged Child Abuse or Neglect (311) (SF 113). See separate policy, 4.25 Completing the Assessment Report; and

31. Send notice to the perpetrator regarding his or her right to a review and an appeal of the decision if the allegations are substantiated. See separate policies, 2.1 Notice of Assessment Outcome and 2.5 Administrative Appeal Hearings for further guidance.

**Note:** If it is determined that allegations will be substantiated on a person who asserts they are employed through the education system or as a Child Care Worker, the assessment should go through the Child Care Workers Assessment Review Process regardless of whether or not the substantiated incident occurred in the course of the individual’s employment. See separate policy, 2.3 Child Care Worker Assessment Review Process.

---

\(^1\) For purposes of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver
The FCM Supervisor will:
1. Discuss details of the assessment during safety staffing and clinical supervision; and
2. Guide the FCM as necessary to ensure all duties are completed.

**PRACTICE GUIDANCE**

**Pediatric Evaluation and Diagnostic Service (PEDS) Referrals**
It is mandatory to complete a PEDS referral for a child less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (e.g., facial bruising, scratches and red “marks” on the face/neck; mouth and eye injuries; head bleeds; skull fractures; and a fracture or burn involving the head/neck) or a child less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns anywhere on the body. All intake reports with suspected allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in MaGIK with a denotation of “PEDS allegation is included in this Report”. Evaluations of all reports identified as having PEDS allegations should include any information obtained from the child and/or family. FCMS should utilize critical thinking skills to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck, fractures or burns, or suspected fractures or burns. A referral should also be considered if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral is available at: [https://www.rileypeds.org/CP/Index.aspx](https://www.rileypeds.org/CP/Index.aspx).

**Physically Seeing and Interviewing All Children in the Home**
It is necessary for DCS to conduct a face-to-face interview with all children living in the household, because they may have witnessed the alleged CA/N, and there is a possibility that they may also be victims. For children who are too young or unable to communicate, an interview will consist of face-to-face interaction with the child at an appropriate level given the child’s developmental status.

**Gathering Additional Information**
Sources of additional information may include, but are not limited to: relatives, neighbors, school officials, teachers, other school employees, physicians, other professionals, agencies in the community, and law enforcement. Such persons should only be contacted when the FCM has reason to believe they have pertinent information. It is important to note the purpose of gathering additional information is to gain knowledge that may aid in the assessment.

**Communication with FCM Supervisor**
Because the FCM Supervisor provides the first level of quality assurance within the system, it is important the FCM Supervisor is updated and consulted as necessary throughout the assessment. This includes, but is not limited to, safety staffing and regular clinical supervision. For further guidance see separate policy, 4.41 Safety Staffing.

**Clinical Supervision**
Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual. The focus of clinical supervision is on the practice that directly impacts outcomes for families.
Distribution of the Notice of Availability of Completed Reports and Information

The Notice of Availability of Completed Reports and Information (SF48201) should not be left on the door of the parent, guardian, custodian or alleged perpetuator. The information contained in this document should be discussed with the parent, guardian or custodian and the alleged perpetrators to ensure an understanding of the contents of the form. This will provide the parent, guardian or custodian, and the alleged perpetrator with an opportunity to ask the FCM any questions regarding this document. It also provides the opportunity for verbal and written notice to each parent, guardian or custodian and the alleged perpetrator. Mailing the form is acceptable if the parent, guardian or custodian and/or the alleged perpetrator either live outside of the jurisdiction of the DCS local office or has given verbal permission to have the form mailed. However, the FCM should attempt to have face-to-face contact with the individual prior to mailing the form.

Conducting Limited Criminal History (LCH) Checks on Alleged Perpetrators

DCS must conduct LCH and CPS history checks on all alleged perpetrators as part of a comprehensive assessment. LCH checks should be completed early in the assessment to evaluate for potential safety concerns for the child, family, and/or DCS employees. Results of the LCH and CPS checks should be staffed with the FCM Supervisor when the results indicate possible safety concerns.

Incarcerated Parents

The Incarcerated Parent Letter- Assessment, Incarcerated Parent Demographics (SF56538), and Incarcerated Parent Information (SF56539) have been developed for use as tools for contact with incarcerated parents and for gathering information. These forms do not replace appropriate engagement with the parents.

**FORMS AND TOOLS**

1. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114) – Available in MaGIK
2. Assessment of Alleged Child Abuse or Neglect Report (311) (SF113) – Available in MaGIK
3. Initial Safety Assessment – Available in MaGIK
4. Safety Plan (SF53243)
5. Plan of Safe Care (SF56565)
6. Notice of Availability of Completed Reports and Information (SF48201)
8. Initial Family Risk Assessment – Available in MaGIK
9. Release For Use Of Photographs (SF54968)
10. PEDS Program Referral
11. Incarcerated Parent Letter- Assessment
12. Incarcerated Parent Demographics (SF56538)
13. Incarcerated Parent Information (SF56539)

**RELATED INFORMATION**

Domestic Violence Assessments

The primary focus of intervening in domestic violence cases is the ongoing assessment of the risk posed to the child by the presence of domestic violence. The challenge in providing
services in domestic violence cases is to keep the child safe without penalizing the non-offending parent and without escalating the violent behavior of the alleged domestic violence offender. The primary responsibility of DCS is to determine the overall risk to the child and take appropriate action to ensure the child’s safety.

CA/N assessments may increase the risk to the child and other family members when domestic violence is present. It is important to consider how the assessment process will affect the safety of all involved and take action as outlined in this chapter.

**Child Care Workers Assessment Review Process**

It is important to document through a thorough assessment the place of employment of all alleged perpetrators. If it is determined the allegations will be substantiated on a person who asserts that he or she is employed through the education system or as a Child Care Worker, the assessment should go through the Child Care Workers Assessment Review Process regardless of whether or not the substantiated incident occurred in the course of the individual’s employment. See separate policy, [2.3 Child Care Worker Assessment Review Process](#) for additional information.

**Child Care Worker**

DCS defines “child care worker” as a person who has or will have direct contact with children, as an employee, but not an owner and/or operator of:

1. Any agency that provides services to, or for the benefit of, children who are victims of CA/N;
2. Any of the following types of facilities:
   a. Child care center,
   b. Child care home (whether or not required to be licensed),
   c. Child care ministry (whether or not licensed),
   d. Residential group home,
   e. Child caring institution,
   f. School,
   g. Juvenile detention center, or
   h. Licensed child placing agency (LCPA).
3. Any other facility that provides residential care for children;
4. Any other agency that is a contracted service provider for DCS; or
5. A home that provides:
   a. Child care; or
   b. Services to, or for the benefit of, children who are victims of CA/N for a child or children to whom that person is not related.

**Contacting LEA**

DCS is required to contact LEA on all reports that require a one (1) hour response time. LEA may be contacted for other reports as needed. Each DCS local office must develop Inter-Agency Agreements with their local LEA to outline procedures on the handling of new CA/N intake reports.

**Homeless Unaccompanied Minors**

Exigent circumstances exist when assessing a report of a homeless unaccompanied minor receiving shelter without the presence or consent of a parent, guardian, or custodian. The parent, guardian, or custodian of the child must be notified within 48 hours of DCS receiving the report, and no later than 72 hours of the child entering the shelter. DCS must notify the parent,
guardian or custodian that the child is in a shelter and has been interviewed by DCS. If DCS has reason to believe the child is a victim of CA/N, DCS may not notify the parent, guardian, or custodian as to the specific shelter or facility the child has entered. If DCS determines the child is unsafe and the coercive intervention of the court is needed, refer to separate policy, 4.28 Involuntary Removals for procedures to follow.

Alleged Father
An alleged father is a person who has asserted or claims to be the father of a child, or the person who the mother identifies as the father but has not been adjudicated as the father through a paternity action filed in court having jurisdiction.

Noncustodial Parent
A noncustodial parent is a mother, father, or alleged father (biological or adoptive) who does not have legal or primary physical custody of the child.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct the following required interviews during all Child Abuse and/or Neglect (CA/N) assessments:

1. The alleged child victim;
2. All other children living in the home and any children not living in the home who were present at the time of the alleged incident;
3. The parent, guardian, or custodian;
4. The alleged perpetrator;

   Exception: DCS will not interview the alleged perpetrator when certain conditions apply; See separate policy, 4.11 Interviewing the Alleged Perpetrator.

5. The reporting source (unless the reporting source is anonymous);
6. Identified witnesses; and
7. Professionals believed to have first-hand knowledge that relates to the allegation(s), if such professionals are accessible.

Note: Contact vs. Interview
A contact can be any communication or an in-person observation. An interview occurs when a person is individually questioned about the allegations of a CA/N report not in the presence of family members or witnesses. A contact is not always considered an interview.

A contact includes but is not limited to:
1. Face-to-Face home, other office;
2. Telephone;
3. Fax;
4. Email;
5. Voice Mail; and/or;
6. Correspondence.

DCS will interview the non-custodial parent regarding the CA/N assessment or document in the case management why the contact or interview with that person could not be made.

DCS will conduct or arrange an individual face-to-face interview with the alleged child victim(s), all other children living in the home, and any children not living in the home who were present at the time of the alleged incident regardless of the allegation(s). For children who are too young or unable to communicate, an interview will consist of face-to-face interaction with the child at a level that is appropriate given the child’s developmental status.
DCS will conduct any additional interviews necessary to gain adequate information from which to draw conclusions about the validity of the allegation(s).

Note: Legitimate exceptions to this policy are discussed in the individual policies for each interview type (i.e., 4.11 Interviewing the Alleged Perpetrator) as well as in the policy 4.7 Locating the Subjects.

Code References
N/A

**PROCEDURE**

The Family Case Manager (FCM) will conduct the following interviews in the following manner for all assessments:

1. An in-person interview with the alleged child victim. See separate policy, 4.9 Interviewing Children;
2. An in-person interview with all other children living in the home and any other children present in the home at the time of the alleged incident;
3. An in-person interview with one or both of the parent(s), guardian, or custodian(s). The interview will take place on the same day that the interview takes place with the alleged child victim, unless not possible. See separate policy, 4.10 Interviewing the Parent, Guardian or Custodian;
4. An in-person interview with the alleged perpetrator. See separate policy, 4.11 Interviewing the Alleged Perpetrator;
5. An in-person or phone interview with the reporting source (unless the reporting source is anonymous);
6. An in-person or phone interview with every person who is known to have witnessed the incident. The FCM will document in MaGIK if no witnesses exist; and
7. An in-person or phone interview with professionals who did not make the report, but believed to have first-hand knowledge that relates to the allegation(s), results of the incident, injury to the child victim, or circumstances of the family being assessed, if such professionals are accessible. The FCM will document in the Indiana Child Welfare Information System if no such professionals exist.

**Interviews Involving Domestic Violence**

All interviews should be performed separately. Consider completing interviews outside of the home when possible. All interviews must be performed without the alleged domestic violence offender present. Consider the safety of all family members and DCS staff when structuring interviews.

Interviews should be completed in the following order:

1. Non-offending parent;
2. Child(ren); and
3. Alleged domestic violence offender.

**Exception:** If there is danger for the non-offending parent and/or child(ren), and the child(ren) cannot keep information from the alleged domestic violence offender, the interview with the child(ren) may be postponed. (The child may identify with the alleged domestic violence offender and may disclose the contents of the interview.) This will occur
only in very rare instances and the Supervisor must be notified immediately and approve the decision.

**PRACTICE GUIDANCE**

**Interviews with Witnesses to a Domestic Violence Incident**
These interviews should be conducted with an understanding that the personal safety of the individuals is a consideration that may impact their willingness to discuss the abuse and/or violence occurring within the family. All interviews should focus on child safety.

**FORMS AND TOOLS**

N/A

**RELATED INFORMATION**

**Professionals**
Examples include, but are not limited to, therapists, social workers, school personnel, medical professionals, and religious leaders (priests, rabbis, ministers, etc.). Professionals in this context do not include DCS employees (Directors, Supervisors, etc.).

** Witnesses**
Based on the information uncovered during the assessment, the FCM may become aware of one or more persons who witnessed the alleged CA/N. The FCM should seek to locate and interview those persons.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will secure the consent (permission) of the child’s parent, guardian, or custodian prior to interviewing a child who is the following:

1. An alleged victim of Child Abuse and/or Neglect (CA/N);
2. An alleged child perpetrator; or
3. A potential witness or collateral contact.

Exceptions to the rule requiring consent of the child’s parent, guardian, or custodian prior to interviewing the child, include:

1. Exigent circumstances override the necessity of consent due to concerns for the alleged child victim’s safety and well-being, (see separate policy 4.6 Exigent Circumstances);
2. A reasonable number of attempts made to locate and contact the parent, guardian, or custodian result in no contact being made;
3. The child is under the care and custody of DCS and parental rights have been terminated; or
4. The child is committed to a Department of Correction (DOC) facility.

If the custodial parent, guardian or custodian of a child refuses to allow DCS to interview the child after the Family Case Manager (FCM) has attempted to obtain consent from the custodial parent, guardian or custodian, DCS may petition a court to order the custodial parent, guardian or custodian to make the child available to be interviewed. See Related Information regarding Contacts vs. Interviews.

An assessment involving domestic violence does not warrant an automatic removal to ensure the safety of the child. Domestic violence does not always constitute exigent circumstances to interview the child without first seeking parental consent.

If the parent, guardian, or custodian refuses to give consent and/or places conditions upon the interview process that the FCM finds unacceptable, and no exigent circumstances exist, a court order will be pursued.

In certain circumstances, DCS will seek consent from individuals other than the child’s parent, guardian, or custodian prior to the interview. See Related Information for details.

Code References

1. IC 5-26.5-1-3: Domestic violence
2. IC 31-33-8-7 (d): Scope of assessment by department of child services; order for access to home, school, or other place, or for mental or physical examinations; petition to interview child; order; requirements
PROCEDURE

The FCM will:

1. Consider whether exigent circumstances exist. (Refer to separate policy, 4.6 Exigent Circumstances for guidance and follow all procedures contained in the policy if exigent circumstances exist.);
2. If exigent circumstances do not exist, determine who must give consent. (See Related Information for assistance);
3. Make a reasonable number of attempts to contact the person who must give consent;
4. If unable to make contact with the required parties after a reasonable number of attempts, document attempts in the case management system and proceed with child interview without consent and complete Step 9 below;
5. If contact is made with the required parties, ask for consent after explaining the following:
   a. The interview is part of a DCS CA/N assessment,
   b. The interview must take place to assure the child’s safety,
   c. The CA/N allegations are: _______ (per the CA/N intake),
   d. The information gained during the interview is confidential. It will not be released to outside parties unless it is required during a court proceeding (See separate policy, 2.6 Sharing Confidential Information). The parent, guardian, or custodian has the right to know the information gained during the interview.
6. If consent given, have the required parties sign form, Consent of Parent, Guardian or Custodian to Interview Child(ren) (SF 52013), and proceed with child interview;
7. Follow all procedures in separate policy, 4.8 Entry Into Home or Facility;
8. If consent not given, coordinate with the DCS Staff Attorney to petition a court for the child to be interviewed, either with or without the custodial parent, guardian or custodian being present;
9. In any cases where consent was not requested and the child interview proceeded due to exigent circumstances, give notice of interview to parent, guardian, or custodian or Facility Administrator as soon as possible but no later than the same day of the interview; and
10. Notify the appropriate Licensing Child Placing Agency (LCPA), ongoing services FCM and/or Probation Officer of the interview.

PRACTICE GUIDANCE

Engaging families to gain consent
Exhibiting empathy, professionalism, genuineness, and respect is the first step to building a trust-based relationship with families. Establishing a relationship by effectively engaging with children, parents and essential individuals for the purpose of sustaining the work that is to be accomplished together could increase the chances of gaining consent from parents.

Who Must Give Consent When Exigent Circumstances Do Not Exist?
The chart below summarizes many, but not all, situations. If an FCM encounters a circumstance not covered on this chart, he or she should use critical thinking skills and seek supervisory guidance as needed.

<table>
<thead>
<tr>
<th>Child’s Situation</th>
<th>Additional Details</th>
<th>Consent From</th>
</tr>
</thead>
</table>
Child lives at home with parent, guardian, or custodian.

Parent, guardian, or custodian.

Parent lives in foster home.

Parental rights have not been terminated.

Parent, guardian, or custodian. No consent needed from resource parent or LCPA.¹

Child is on probation.

Parent, guardian, or custodian.

No consent needed from parent, guardian, or custodian; consent is required from DOC facility superintendent.

Child has been committed to DOC facility.

Parent, guardian, or custodian.

Assessing FCM contacts ongoing services FCM assigned to child.

Child has been placed in residential facility.

Alleged perpetrator is an employee or resident of the facility.

Exigent circumstances are assumed to exist; no consent needed.

Alleged perpetrator is someone other than an employee or resident of the facility.

Assessing FCM contacts ongoing services FCM assigned to child.

Child is under care and custody of DCS.

Parental rights have been terminated, but child has not been emancipated.

Assessing FCM seeks permission from ongoing services FCM assigned to child.

Consent from One or Both Parents?

1. If the child has two parents and both parents have physical custody of the child (e.g., the parents are living together) either parent may give consent. However, once either parent has said “no,” it is inappropriate to seek permission from the other parent (this is referred to as “answer shopping.”);

2. If the child has two parents but the parents do not live together, consent must be obtained from the custodial parent (i.e., the parent with physical custody, also referred to as the “custodial parent”).

Reasonable Number of Attempts

A “reasonable number of attempts” generally means that the FCM attempted to reach the individual at various times during the day to allow for work and/or school schedules; used multiple methods of contact; etc. What exactly constitutes a reasonable “number” will vary depending upon the urgency of the assessment. In general, the FCM should attempt to reach the parent, guardian, or custodian by trying each address or phone number between three (3) and five (5) times for an assessment that must be initiated within 24 hours. For an assessment that must be initiated within five (5) days, the FCM should try each address and phone number between five (5) to 10 times. See separate policy, 4.20 Good Faith Efforts, for related information.

Verbal Consent

Verbal consent should be used as a last resort. For verbal consent, the FCM should put the parent, guardian, or custodian on speakerphone and have an individual (a DCS employee, law enforcement agency (LEA), or a school, mental health or medical professional) serve as a witness. If verbal consent is used, the FCM must follow-up by getting the parent, guardian, or custodian’s signature on a consent form as soon as possible and placing the form in the assessment file.

¹ It is advisable to give advance notice of the interview to the LCPA as a courtesy.
Consent to Interview vs. Consent to Enter
Consent to interview does not necessarily constitute consent to enter. For instance, father gives an FCM permission to interview a child; mother is home with the child and gives the FCM permission to enter the home to conduct the interview. See separate policy, 4.8 Entry Into Home or Facility.

Constraints on Interviews
It is possible that the parent, guardian, or custodian will place constraints on the DCS interview with the child, (e.g. “You may interview the child only in my presence.”). In these circumstances the FCM should clearly document the constraints placed on the interview and whether the constraints were accommodated. If the constraints are not accommodated and the parent, guardian, or custodian refuses to allow DCS to interview the child a court order may be sought.

FORMS AND TOOLS

1. Consent of Parent, Guardian or Custodian to Interview Child(ren) (SF 52013)
2. Notice to Parent, Guardian or Custodian of Interview with Child (SF 53130)

RELATED INFORMATION

Contact vs. Interview
A contact may be any communication or an in-person observation. An interview occurs when a person is individually questioned about the allegations of a CA/N report not in the presence of family members or witnesses. A contact is not always considered an interview.

A contact includes but is not limited to:
1. Face-to-Face home, office, or other;
2. Telephone;
3. Fax;
4. Email;
5. Voicemail; or
6. Correspondence

Consent from a Guardian
A child will have only one legally appointed guardian.

Exigent Circumstances
See Practice Guidance in separate policy, 4.6 Exigent Circumstances.
STATEMENTS OF PURPOSE

When exigent circumstances are determined to exist for an alleged victim of Child Abuse and/or Neglect (CA/N) interview, the Indiana Department of Child Services (DCS) is not required to obtain consent from the child’s parent, guardian, or custodian prior to interviewing the child.

DCS defines exigent circumstances as situations that would cause a reasonable person to believe that a timely interview with the child is necessary due to concerns for the child’s well-being and safety, and that seeking parental, guardian, or custodian consent first may cause harm to the child or place the child at greater risk.

DCS will assume exigent circumstances exist when:

1. The parent, guardian, or custodian is the alleged perpetrator or is allegedly aware of the maltreatment of the child victim and has allegedly not assured his or her safety;
2. The safety of the alleged child victim might be jeopardized by delaying the interview and/or notifying the parent, guardian, or custodian;
3. There is reason to believe that essential evidence would not be available if there were delay or notice; or
4. The homeless unaccompanied minor is voluntarily receiving shelter from an emergency shelter or shelter care facility without the presence or consent of a parent, guardian, or custodian.

When exigent circumstances do not exist, DCS will seek consent from the child’s parent, guardian, or custodian prior to conducting an interview with a child. See related policy, 4.5 Consent to Interview Child.

Supervisory approval is not required to validate the decision made by the Family Case Manager (FCM) regarding whether exigent circumstances are present.

Code References

IC 31-36-3-3: Homeless Children

PROCEDURE

The FCM will:

1. Determine if exigent circumstances exist based on his or her best judgment and assessment of all information available at the time;
2. If the FCM has determined exigent circumstances exist, proceed with interviewing the child without consent from the parent, guardian, or custodian. Notify the parent, guardian, or custodian as soon as possible after the interview, but no later than the same day in which the interview occurred; and
**Note:** For homeless unaccompanied minors voluntarily receiving shelter without the presence or consent of a parent, guardian, or custodian, an assessment must be conducted within 48 hours of receiving the report, but no later than 72 hours of the child entering the shelter. If CA/N is believed to have occurred the location of the shelter may not be disclosed to the parent by DCS.

3. If the FCM has determined that exigent circumstances do not exist, follow all procedures in separate policy, [4.5 Consent to Interview Child](#).

---

### PRACTICE GUIDANCE

#### Determining if Exigent Circumstances Exist

Every [Preliminary Report of Alleged Child Abuse or Neglect (SF 114)](#) should be evaluated on its own merit and the FCM should always make decisions that support the safety, well-being, and due process for the child. Such an evaluation requires the application of critical thinking skills to carefully assess the current safety factors and the potential risk of future harm to the child.

#### Decision Support

DCS Central Office will stand behind the decision made by the FCM provided the FCM:

1. Made the decision based on the best interests of the safety and well-being of the child;
2. Sought supervisory validation IF the FCM was unclear about whether or not the safety and well-being of the child may have been compromised by seeking consent prior to interviewing; and
3. Clearly documented his or her rationale in the assessment records.

---

### FORMS AND TOOLS

[Preliminary Report of Alleged Child Abuse or Neglect (SF 114)](#)

---

### RELATED INFORMATION

In the following examples, seeking parent, guardian, or custodian permission prior to interviewing the child would further endanger the child:

1. The child self-reports CA/N allegations to DCS or a professional (e.g., teacher, doctor) and the child requests an interview with DCS without parent, guardian, or custodian consent;
2. The parent is the alleged perpetrator and there are immediate concerns for the child’s safety. In this example, it would be in the best interest of the child to interview him or her immediately at a location other than the child’s home; and
3. The child’s uncle is the alleged perpetrator of sexual abuse. There was a previous report of alleged sexual abuse of the child by this uncle. The assessment report documents that the parent did not believe the allegations. In this situation, the FCM has reason to believe that the parent will not provide for the safety of the child.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make good faith efforts to locate all required contacts when conducting a Child Abuse and/or Neglect (CA/N) assessment.

See related policy, 4.20 Good Faith Efforts.

Code References
N/A

PROCEDURE

The Family Case Manager (FCM) will:
1. Attempt to locate the subjects of all required interviews by consulting a variety of resources. See separate policy, 4.4 Required Interviews.
   
   Note: Diligent efforts should be made in requesting information pertaining to the absent parent or parents of any child who is alleged to be a victim of CA/N.

2. In cases where the whereabouts of a child are unknown, contact the child’s parent, guardian, or custodian and request to be notified when the child appears.
3. Document the inability to locate and interview any required contact along with the efforts made. See separate policy, 4.20 Good Faith Efforts.

When contacting and/or locating individuals who are residing at a domestic violence shelter, the FCM will:
1. If shelter staff declines to share the information, indicate that they have reason to believe that a child(ren) and parent who are the subject of a DCS assessment are present at the shelter;
2. Leave a message with the shelter staff asking the parent to contact the FCM to arrange for an interview with both the parent and child(ren);
3. If the parent has not contacted the FCM within two (2) business days after leaving the message with shelter staff, contact the shelter staff again and request to speak with the parent; and
4. If necessary, consult with Supervisor regarding denial of access to the child(ren) and the need to seek court intervention.

The Supervisor will assist the FCM as necessary by using creative problem-solving techniques to help locate the subjects.
Locating the Subjects
Several avenues are available to obtain assistance with locating the required contacts. Examples include, but are not limited to:

1. Relatives who may have recent information concerning the subjects’ whereabouts;
2. Law enforcement (e.g. - can run a search on license plate numbers, social security numbers, etc.);
3. Local branch of United States (U.S.) Post Office;
4. Local utility companies;
5. Bureau of Motor Vehicles (BMV);
6. School records;
7. Internet search engines (i.e. www.google.com); and
8. Telephone directories and information (i.e., dial 4-1-1).

See separate policy, 5.6 Locating Absent Parents for assistance with locating absent parents.

Domestic Violence Shelters and Confidentiality
Due to federal and state confidentiality requirements, DCS staff may not be able to obtain information from staff of a domestic violence shelter. When the child(ren) and non-offending parent are at a domestic violence shelter, shelter staff may decline to confirm their presence.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) may make in-person contact with a child in his or her home or any other place where the child may be.

DCS is required to seek permission to enter a home for the purpose of conducting interviews and/or assessing the home’s condition. Permission to enter must be given by an adult living in the home. Children under the age of 18 years cannot give permission to enter the home.

**Exception:** DCS may only enter without permission when accompanied by a Law Enforcement Agency (LEA).

If one adult who lives in a home gives permission to enter, and a second adult who lives in the home verbally objects, DCS will not enter the home and will instead seek a court order.

DCS reserves the right to revoke a foster home license if denied access to a foster home.

DCS is required to check in, present DCS issued identification, request permission from an Administrator (e.g., Director and/or Program Coordinator, Principal, etc.), and/or follow all written protocols when entering schools, child care centers, residential facilities, emergency shelters or shelter care facilities, medical facilities, or correctional facilities for the purpose of conducting interviews.

DCS may request an order from the juvenile court if admission to a home or facility is denied. If an order from the court is granted, DCS will gain entry by accompanying LEA when LEA executes the order.

DCS will not enter a home if there is suspicion that it contains a contaminating controlled substance. See the [Indiana Drug Endangered Children (DEC) Response Protocol](#) further guidance.

Permission to enter a home or facility will not constitute consent to interview a child. DCS will seek permission to interview a child in accordance with the policies, [4.5 Consent to Interview Child](#) and [4.6 Exigent Circumstances](#).

DCS will immediately contact LEA and request emergency assistance if a child is believed to be home alone and it is believed the child’s safety and well-being is in danger.

**Code References**

[IC 31-33-8-7: Scope of Investigation; order for access to home, school or other place](#)
**PROCEDURE**

*Note:* Prior to entering a home or facility for the purposes of conducting an interview with a child, the Family Case Manager (FCM) will follow procedures contained in separate policies, 4.5 Consent to Interview Child and 4.6 Exigent Circumstances.

Prior to entering a home or facility the FCM will:
1. Ask to speak to an adult in the house (or facility personnel);
2. Introduce himself or herself and show official DCS identification;
3. Explain the purpose of the visit without revealing any confidential information about the Child Abuse and/or Neglect (CA/N) assessment;
4. Seek permission to enter if a home (follow visitor check-in procedures if a facility); and
5. Document permission given to enter home or facility and by whom.

Upon entering a home the FCM will:
1. Exit the home immediately and without alarming the persons inside if at any time he or she suspects the home may contain a contaminating controlled substance. See Indiana Drug Endangered Child (DEC) Response Protocol; and/or
2. Discontinue the assessment if at any point the FCM becomes concerned for his or her safety (e.g., persons in the home become hostile or threatening or there are other dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the necessary interview(s) and/or home conditions assessment.

If access to a home or facility is denied, the FCM will:
1. Request an order from the juvenile court to gain admission to the home or facility;
2. If court order is granted, return to the home or facility with LEA, who will execute the court order and gain admission;
3. Notify the entity responsible for licensing the home (DSC local office or Licensed Child Placing Agency (LCPA)) if denied entry to a licensed foster home; and
4. Document that the request was denied and who denied the request.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

*Indiana Drug Endangered Children (DEC) Response Protocol*

**RELATED INFORMATION**

*Home*
For the purpose of this policy, “home” means home, foster home, relative home, or licensed child care home.
**Facility**
For the purpose of this policy, “facility” means a facility or institution, including, but not limited to, a school, child care center, registered childcare ministry, group home, inpatient (residential) treatment center, hospital, emergency shelters, shelter care facilities, juvenile detention center, and Indiana Department of Corrections (DOC) facility.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct or arrange an individual face-to-face interview¹ with the alleged child victim, all other children living in the home (including children who live in the home part time due to a custody arrangement or have visitation in the home), and any children not living in the home who were present at the time of the alleged incident regardless of the allegation. The Family Case Manager (FCM) will always inquire about the household composition and if any other children live in the home part time or have visitation.

If a child who lives in the home part time or has visitation is listed as a victim, the child’s custodial parent shall be advised of the allegations by receiving a copy of the Preliminary Report of Alleged Child Abuse or Neglect (SF 114) and the Assessment of Alleged Child Abuse or Neglect Report (SF 113). If the child is not listed as a victim, the child should be interviewed as a witness (see Practice Guidance).

The FCM will distinguish between making a “contact” with a child and when that child is “interviewed” by accurately documenting what occurred in the case management system.

Contact vs. Interview

A contact may be any communication or an in-person observation. An interview occurs when a person is individually questioned about the allegations of a Child Abuse and/or Neglect (CA/N) report not in the presence of family members or witnesses. A contact is not always considered an interview. A contact includes, but is not limited to:

1. Face-to-Face home, office, or other;
2. Telephone;
3. Fax;
4. Email;
5. Voice Mail; and
6. Correspondence.

When interviewing children who are alleged to have been exposed to domestic violence, DCS will focus interviews with children on the:

1. Result of witnessing what they saw and/or heard (are there any signs of behavioral, cognitive or emotional impact);
2. Child’s understanding and/or interpretation of the violence (how does the child explain what happened or what lead to the domestic violence); and
3. Child’s concerns about safety.

¹ For children who are too young or unable to communicate, an interview will consist of face-to-face interaction with the child at a level that is appropriate given the child’s developmental status.
Note: It is critical to assess the unique impact of domestic violence on each child, not just what they were exposed to or observed.

A trained forensic interviewer may conduct an interview if the child is an alleged victim of sexual abuse and/or human trafficking; however, DCS will be present during the interview.

A Law Enforcement Agency (LEA) may conduct an interview if LEA and DCS are participating in a joint assessment, however, DCS will be present during the interview. Further, DCS will conduct an additional interview if unable to assess child safety and well-being during the joint LEA interview.

FCMs will consider all relevant factors regarding the assessment in determining when to utilize video and/or audio equipment to record interviews with children. Video and/or audio taping should be utilized in situations when allegations of sexual abuse, severe physical abuse, human trafficking, or other complex cases could lead to criminal charges being filed (see Practice Guidance).

Code References
   1. IC 31-34-13: Child videotape testimony in child in need of services proceedings
   2. IC 5-26.5-1-3: "Domestic violence"
   3. IC 34-6-2-34.5: "Domestic or family violence"
   4. IC 35-42-3.5: Human Trafficking

PROCEDURE

The Family Case Manager (FCM) will:
   1. Contact the appropriate LEA to plan for a joint assessment if allegations of domestic violence, sexual abuse, human trafficking, or other allegations of criminal nature are reported during the CA/N intake;

       Note: Refer to Practice Guidance for contact information regarding agencies to contact in cases of alleged human trafficking.

   2. Determine which children require a face-to-face interview by asking if additional children live in the home part time or have visitation;
   3. Obtain consent from a parent, guardian, or custodian prior to interviewing any child, unless exigent circumstances exist (see separate policies, 4.5 Consent to Interview Child and 4.6 Exigent Circumstances);
   4. Conduct the interview in a location and/or setting that assures privacy for the child;
   5. Honor a parent, guardian, or custodian’s request to be present during the interview if his or her presence will not impede or influence the interview in any way;

       Note: In cases of suspected human trafficking, it is important that the suspected trafficker is not present during the interview, as the trafficker may intimidate the victim(s) or not allow him or her to speak for himself/herself. The child’s parent, guardian, or custodian may be the child’s trafficker or the trafficker may be dishonest and identify himself/herself as the child’s parent, guardian, or custodian.

   6. Determine when to video and/or audio tape the interview with an alleged victim by staffing with a Supervisor if possible;
Note: Video and/or audio taping should be utilized in situations when allegations of sexual abuse, severe physical abuse, human trafficking, or other complex cases could lead to criminal charges being filed.

7. Develop rapport with the child prior to asking questions about the alleged CA/N;
8. Explain to the child at the beginning of the interview what will happen with the information obtained during the interview (i.e., who will this information be shared with);
9. Document in MaGIK any possible behavioral signs of domestic violence or human trafficking in the child, especially statements that they are afraid of the alleged perpetrator, domestic violence offender, or human trafficking offender;
10. Complete the Indiana Human Trafficking Screening Tool if there are allegations or indicators of Human Trafficking. See Policy 2.21 Human Trafficking for more information.
11. Engage the child(ren) in the development of the Safety Plan (SF 53243), if age appropriate (see separate policy, 4.19 Family Support/Community Services for Conditionally Safe Children).

PRACTICE GUIDANCE

Interviewing Children that Live in the Home Part Time or Have Visitation
If a child is determined to live in the home part time or has visitation as the result of a custody arrangement, the child requires a face to face interview. If it is determined that the child is not a victim, the FCM should proceed with setting up an interview with the child but is not permitted to disclose any details regarding the allegations of abuse or neglect to the child’s custodial parent. The FCM should stress the importance of the interview by advising the parent that the child may have witnessed an incident or have information that has been disclosed to them by another child that may affect child safety. The FCM should also advise the child’s parent that they may be present during the interview with their child.

Note: In cases of suspected human trafficking, it is important that the suspected trafficker is not present during the interview, as the trafficker may intimidate the victim(s) or not allow him or her to speak for himself/herself. The child’s parent, guardian, or custodian may be the child’s trafficker or the trafficker may be dishonest and identify himself/herself as the child’s parent, guardian, or custodian.

Video/Audio Taping Interviews
The FCM is to make reasonable efforts to use audio and/or video equipment to record the interview with the child. Recording interviews may reduce the number of times an alleged child victim must be interviewed. It may also reduce the necessity for the alleged victim to provide further testimony if the case goes to court.

Decisions regarding how to record an interview should be made based on the circumstances of the report and the location of the interview. Written notes should always be taken during the interview (preferably by someone other than the assigned FCM when possible, such as LEA or another FCM). All information should be reviewed and clarified with the child to assure an accurate understanding of what the child said. The FCM should explain to the extent possible to the child that they are being recorded.

FCMs should use critical thinking skills to consider all factors when deciding to utilize video and/or audio equipment to record interviews with children. Video and/or audio taping should be
utilized in situations when allegations of sexual abuse, severe physical abuse, human trafficking, or other complex cases could lead to criminal charges being filed.

**Location and Presence of Others**
In planning for an interview of a child, the FCM should ensure that the location of the interview is non-threatening and neutral so the child can feel safe. When circumstances allow, the child should be interviewed separately from other family members. The FCM should allow the interview to begin with the non-offending parent present and work toward separate interviews. The interview with the child should never be conducted in the presence of or within hearing distance of the alleged perpetrator (see note under **Interviewing Children that Live in the Home Part Time or Have Visitation**).

**Types of Questions to Ask During an Interview**
Open-ended questions should be used as much as possible. Multiple-choice or yes and no questions should only be used if the FCM is unable to elicit any information from the child. The more open-ended the question, the greater confidence one can have in the child’s response. The following open-ended questions are to provide guidance on gathering information regarding the who, what, when, where and how of the alleged CA/N:

Who questions: These questions are important in identifying the parties involved and who is aware of what has happened.
*Who did this? Who was there? Who knows about this besides you?*

When questions: These questions are used to determine the most recent occurrence as well as the duration of the abuse or neglect. In physical abuse cases, “When” questions are used, for instance, to determine if the degree of healing of the injury is consistent with the time frame the child is describing.
*When mommy left, what was on TV? When mommy came home, what was on TV?*

Where questions: These questions are used to determine the location of the CA/N as well as the whereabouts of other family members at the time of the occurrence.
*Where were you hit? Where were mommy and daddy at the time you were hit?*

How questions: These questions help children expand their responses. For instance, when a child says, “He hit me,” the worker might say, “How did he hit you?” or “Tell me about that.”

What questions: These questions ask for descriptive statements or observations. The worker may need to ascertain whether the child was threatened, tricked, bribed or otherwise coerced to cooperate with a perpetrator (e.g., in a sexual abuse incident) or to maintain secrecy after any incident of abuse or neglect. For instance, a child who has divulged that the perpetrator “told me not to tell” should be asked, “What did he say?”

**Indicators of Domestic Violence**
If any of the following indicators of domestic violence are observed during the course of an assessment, carefully consider how to proceed with the interview (i.e., if the alleged domestic violence offender is present, the interview may need to be handled differently than if the parent, guardian, custodian, or child were alone).

*Child Indicators:*
1. Child may blame self for the abuse;
2. Child may identify with the alleged domestic violence offender by “acting out” aggressively toward the non-offending parent;
3. Child may be depressed, confused, or exhibit animosity, anger, or sadness;
4. Infants may be moody, restless, sleepless, or lack responsiveness;
5. Child may experience regression, such as bed wetting or thumb sucking;
6. Child may show signs of school phobia- a manifestation of leaving the non-offending parent alone in the home;
7. Child may experience guilt or the inability to establish trusting relationships;
8. Child may try to hide the fact that domestic violence is present in the home;
9. Child may take on the “mothering” role;
10. Child may demonstrate fear when the alleged domestic violence offender is around;
11. Child may be overly protective of one (1) parent; and/or
12. Child may be withdrawn, apathetic, or feel insecure and powerless.

**Human Trafficking Expertise and Consultation**
The Federal Bureau of Investigation (FBI) and Federal Department of Homeland Security may investigate labor trafficking and sex trafficking for international and domestic victims. Due to the complexities of human trafficking, these federal agencies are available to consult and/or provide assistance on cases in which human trafficking is present or suspected and the need for special expertise warrants federal involvement.

Contact an agency listed below to request an interviewer if human trafficking is identified during the CA/N intake or the FCM observes indicators of human trafficking and it is determined a human trafficking forensic interview is appropriate and should be completed by federal agency partners.

Federal Bureau of Investigation (FBI): 317-595-4000, select option 2
Homeland Security: 1-800-973-2867

**Note:** For non-emergencies, contact the Office of the Attorney General’s tip-line at humantraffickingtip@atg.in.gov

**Indicators of Human Trafficking**
If any of the following indicators or a combination of several indicators of human trafficking are observed during the course of an assessment, the FCM should complete the Indiana Human Trafficking Screening Tool.

**Child Indicators:**
1. Child may not be able or willing to speak on his or her own behalf;
2. Child may not be able to speak English;
3. Child may not be allowed to speak to the FCM alone;
4. Child may not have access to identification and/or travel documents;
5. Child may work long hours and receive little or no pay;
6. Child may not cooperate with the FCM during the interview (e.g., provide wrong information about identity and living situation);
7. Child may not attend school or has large gaps in his or her education history;

---

8. Child may live at his or her workplace or with his or her employer and many other people in a small area;
9. Child may have a heightened sense of fear and distrust of authority;
10. Child may have engaged in prostitution or commercial sex acts;
11. Child may have a significantly older boyfriend or girlfriend;
12. Child may be a runaway; and/or
13. Child may be in a public place (e.g., hotel) and found in possession of drugs/alcohol.

**Indicators in the Home:**
During each home visit, the FCM will observe for the following potential signs of human trafficking. If the FCM believes that human trafficking may be occurring, the FCM will speak to his or her supervisor to determine if a human trafficking forensic interview is needed.
1. The child’s home lacks personal effects (e.g., no toys) or the child has a small room that is different from the rest of the house;
2. The yard may be fenced and access to phones is denied;
3. The child may live in the same place he or she works (e.g., behind a restaurant, in a motel with other workers, etc.);
4. The child may be unaware of the location of his or her home due to multiple moves or the human trafficker may lie to the child about his or her whereabouts;
5. The child may be isolated and have no relationships outside of the home (e.g., the child does not attend school or play with other children in the neighborhood); and/or there may be multiple, unrelated people living in the home.

**Types of Questions to Ask During an Interview for Possible Cases of Human Trafficking**
When allegations of human trafficking have been made or the FCM observes indicators of human trafficking during the interview with the child, the following questions should be asked to help determine if a human trafficking forensic interview is needed:
1. Tell me about your friends. What activities do you do with them? Where do these activities occur? (These questions will help determine if the child is able to leave the home, play, and visit friends- this can indicate levels of control and possible trafficking.)
2. Tell me about what you do in a typical day. What do you do outside of the home (e.g., work, extracurricular activities, etc.)? Do you like your work/doing these activities? Has someone told you/pressured you to participate in these activities? What happens if you do not participate in these activities? (These questions will help determine if the child feels forced to work or participate in other activities and what the consequences are if they do not participate.)

How long have you been working? How many hours do you work each week? How much money do you make from work? How often are you paid? What do you do with your money after you are paid? Do you owe anyone any money, if so, how much do you owe and what led to the debt? (These questions will help determine if the child is forced to work to pay off any “debt”, such as travel expenses, clothing, food, and/or rent. The number of hours the child works may also indicate if the child’s work interferes with school attendance.)

**FORMS AND TOOLS**

1. Safety Plan (SF 53243)
2. Indiana Human Trafficking Screening Tool- available in the case management system
3. Preliminary Report of Alleged Child Abuse or Neglect (SF 114)
4. Assessment of Alleged Child Abuse or Neglect Report (SF 113)
Number of Interviews
While it is best practice to conduct only one interview with a child, an FCM may have to conduct additional interviews with a child if the FCM was unable to gather sufficient information in the initial interview to assess child safety and well-being.

Joint Interviews with LEA
See separate policy, 4.29 Joint Assessments, for more information.

Forensic Interviews for Children who are Alleged Victims of Sexual Abuse
It is best for a child who is an alleged victim of sexual abuse to be interviewed by a professional who is trained and experienced in forensic interviewing. DCS offers specialized trainings on this topic. If DCS and LEA are present for an interview, the determination of who will lead the interview should be based on who has the proper training and is able to develop rapport with the child.

Using means other than verbal communication is often a critical component of interviewing alleged victims of sexual abuse. In many cases what a child will demonstrate with objects or drawings is far more compelling than what they may say. The interviewer may ask the child to draw pictures of the home, the family, etc., or to communicate using blank figure drawings or anatomically detailed dolls and doll houses.

Forensic Interviews for Children who are Alleged Victims of Human Trafficking
Human trafficking may include either labor or sex trafficking. General screening questions should be incorporated into the initial interview to assist FCMs in recognizing indications of human trafficking. If human trafficking is suspected, FCMs will staff the case with their supervisor to determine if a forensic interview is needed. It is best for a child who is an alleged victim of human trafficking to be interviewed by a professional who is trained and experienced in interviewing victims of human trafficking. The forensic interview will include more extensive questions regarding human trafficking.

A forensic interviewer trained in human trafficking will take into account the complex nature of human trafficking. Victims of human trafficking rarely self-identify, and they may not identify their exploiter as their trafficker. Victims of human trafficking may have experienced trauma bonding and demonstrate a sense of loyalty or affection for their trafficker, and they may believe the trafficker cares for them. Victims may refer to the person controlling them as their boyfriend/girlfriend, father/mother (“daddy”/“mommy”), employer, or boss; therefore, the interviewer should mirror the language used by the child to avoid terms that may be offensive. Victims may have suffered physical abuse and/or received threats against them or their loved ones, which may lead them to be hesitant to accuse their trafficker or ask for help due to concerns about possible repercussions. In addition, victims of human trafficking are often lied to by their trafficker about what may happen to them if they report or seek help (e.g., a victim of sex trafficking may be told he or she will be arrested for prostitution), and foreign-born victims are often told they will be deported.

Child Advocacy Centers (CACs)
At CACs, the various members of the Child Protection, Law Enforcement, Prosecution, Victim Advocacy, Medical and Mental Health Communities are able to provide children and their
families comprehensive services within a child-friendly environment designed to meet the child's needs.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 4: Assessment
Effective Date: June 1, 2011
Section 10: Interviewing the Parent, Guardian, or Custodian
Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct a face-to-face interview with the parent(s), guardian, or custodian(s) of an alleged victim of Child abuse and/or Neglect (CA/N), unless one (1) or both cannot be located or refuse an interview.

DCS will provide information about available community resources to all families experiencing domestic violence. See Practice Guidance for a list of possible indicators of domestic violence.

The interview will take place on the same day as the interview with the alleged child victim, unless not possible.

DCS will introduce the Child and Family Team (CFT) Meeting process to every parent, guardian, or custodian, during the initial interview, if appropriate. See separate policy, 5.7 Child and Family Team (CFT) Meetings.

Code References
1. IC 31-33-8-7: Scope of investigation by department of child services; order for access to home, school, or other place, or for mental or physical examinations
2. IC 31-33-18-4: Notice to parent, guardian, or custodian of availability of reports, information, and juvenile court records; release form; copying costs
3. IC 34-6-2-34.5: Domestic or family violence

PROCEDURE

If the parent, guardian, or custodian is the alleged perpetrator, the Family Case Manager (FCM) will follow all procedures contained in separate policy, 4.11 Interviewing the Alleged Perpetrator.

If the parent, guardian, or custodian is not the alleged perpetrator, the FCM will:
1. Secure identifying information and request (not require) the individual's social security number (SSN);
2. State the reason for the interview;
3. Allow the parent, guardian, or custodian to respond to each allegation;
4. Allow the parent, guardian, or custodian to “tell his or her side of the story”;
5. Focus the interview on the safety of the child;
6. Look for any indications of CA/N and ask questions related to any indications that are present;
7. Observe the interactions between the parent, guardian, or custodian and other family members, including the child;
8. Assess whether the parent, guardian, or custodian may be a victim of domestic violence and provide information about available community resources;
9. Obtain the names of other family members and/or collateral contacts who may be able to provide additional information relating to the alleged CA/N;
10. Discuss any stress factors that may be present;
11. Review with the parent, guardian, or custodian what has been discussed during the interview to verify comprehension;
12. Explain that the assessment is not complete, and explain what will happen next and how he or she will be informed of results of the assessment;
13. Introduce the CFT meeting process and encourage the parent, guardian, or custodian to utilize this method of practice to assess the child’s safety, develop plans to address child safety, and problem solve concerns or issues as they are identified. Explain that the process can serve to reinforce their strengths, assist in identifying informal supports and develop plans to address their needs; and
14. Provide each parent, guardian, custodian and alleged perpetrator with a copy of the form, Notice of Availability of Completed Report and Information (SF 48201) and document in the Assessment of Alleged Child Abuse or Neglect Report (SF 113). If the perpetrator is a child, provide the notice to his or her parent, guardian or custodian.
15. See Related Information for a definition of alleged father.

**Note:** In assessments that involve alleged domestic violence, the non-offending parent should never be given the responsibility of providing the Notice of Availability of Completed Reports and Information (SF 48201) to the alleged domestic violence offender; this includes sending the Notice of Availability of Completed Reports and Information (SF 48201) in the mail or leaving it at the house with the non-offending parent; rather, the FCM should deliver this notice to the alleged domestic violence offender in person.

For interviews conducted with the non-offending parent in a relationship where domestic violence is alleged the FCM will follow all procedures above and will:

1. Never ask the non-offending parent about domestic violence in the presence of the alleged domestic violence offender;
2. Assure the non-offending parent that they are concerned about his or her safety and the safety of the child(ren). DCS will not confront the alleged domestic violence offender with information shared regarding abuse without first discussing it with the non-offending parent;
3. Not attempt to force the non-offending parent to disclose about the abuse. Use of good engagement and questioning skills by the FCM will ease the non-offending parent during the interview process and may help them to share more information about the domestic violence;
4. Explain that child(ren) may experience immediate and long-term harm from exposure to domestic violence. Document this discussion in the case management;
5. Not assume that resistant or uncooperative non-offending parents want or choose to be in violent relationships. Recognizing and attending to the fears and issues faced by the non-offending parent will increase the FCM’s ability to engage the non-offending parent’s participation in pursuing safety;
6. Provide information about community resources;
7. Discuss what will happen with the information gathered; and
8. Ask about safe times to make future contact.

**Note:** If the non-offending parent is also believed to be a perpetrator of CA/N, see separate policy, 4.11 Interviewing the Alleged Perpetrator.
PRACTICE GUIDANCE

Indicators of Domestic Violence
If any of the following indicators of domestic violence are observed during the course of an assessment, carefully consider how to proceed with the interview (i.e., if the alleged domestic violence offender is present, the interview may need to be handled differently than if the parent, guardian, or custodian were alone).

Adult Indicators:
1. Evidence of physical injuries;
2. Feelings of depression, anger, and emotional distress;
3. Low self-esteem and suicidal thoughts;
4. Frequent medical problems;
5. Violence in family of origin;
6. Requests for financial assistance;
7. Isolation from friends and family;
8. Damaged property (holes in the wall, etc.);
9. Minimizing abuse;
10. Offender’s accusations of infidelity;
11. Abuse of family pets;
12. Limited access to financial resources;
13. Child(ren) overly protective of one parent;
14. Reluctance of adults to be interviewed separately; and/or
15. One parent or adult answers all of the questions.

FORMS AND TOOLS

1. Notice of Availability of Completed Reports and Information (SF 48201)
2. Notice of Availability of Completed Reports and Information (SF 51886) (Spanish)
3. Assessment of Alleged Child Abuse or Neglect Report (SF 113)

RELATED INFORMATION

Successful Interviews
Plan to interview the person in a place that is private and where there will be no interruptions. This may help to reduce the person’s anxiety. The FCM should explain the allegations and the potential outcomes. Although the assessment is incomplete, the parent, guardian, or custodian has a right to know, within the limits of confidentiality, what has happened and what has been determined thus far. If the parent signs a release of information form, other non-offending adults in the household may be informed of the outcome in order to assist with protecting the child. If the parent utilizes this option, the FCM must document thoroughly in the assessment notes. Full disclosure will also help develop a beginning level of trust and enhance the likelihood that the person will cooperate with the agency.

Social Security Numbers (SSNs)
The FCM should request the SSN, but he or she cannot legally demand and/or require the disclosure of this information.

Domestic Violence
If at any point during the assessment the FCM learns that a parent, guardian, or custodian may be a victim of domestic violence, the FCM should provide that person with information about community services that are available to domestic violence victims. Questions about domestic violence should be asked only in one-on-one interviews.

**Resources for Domestic Violence:**
Indiana Coalition Against Domestic Violence

Indiana Coalition Against Sexual Assault
1-800-691-2272, [www.indianacesa.org/](http://www.indianacesa.org/)

National Coalition Against Domestic Violence
1-800-799-SAFE (7233) or TTY 1-800-787-3224, [www.ncadv.org](http://www.ncadv.org)

**Parent, Guardian, or Custodian is Alleged CA/N Perpetrator**
If the parent, guardian, or custodian is the alleged perpetrator, that person should be interviewed in accordance with the policy, 4.11 Interviewing the Alleged Perpetrator. Additionally, if more than one parent, guardian, or custodian is being interviewed and one is identified as the alleged perpetrator, the interviews should be conducted separately.

**Interviewing Non-custodial Parents**
FCMs should attempt to locate and interview non-custodial parents. See separate policy, 5.4 Noncustodial Parents.

**Alleged Father**
A person who has asserted to be the father of a child, or who claims to be the father of a child, and a paternity action has been filed in court.

**Noncustodial Parent**
A person who does not have legal or primary physical custody of the child.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct a face-to-face interview with the parent(s), guardian, or custodian(s) of an alleged victim of Child abuse and/or Neglect (CA/N), unless one (1) or both cannot be located or refuse an interview.

DCS will provide information about available community resources to all families experiencing domestic violence. See Practice Guidance for a list of possible indicators of domestic violence.

The interview will take place on the same day as the interview with the alleged child victim, unless not possible.

DCS will introduce the Child and Family Team (CFT) Meeting process to every parent, guardian, or custodian, during the initial interview, if appropriate. See separate policy, 5.7 Child and Family Team (CFT) Meetings.

Code References
1. IC 31-33-8-7: Scope of investigation by department of child services; order for access to home, school, or other place, or for mental or physical examinations
2. IC 31-33-18-4: Notice to parent, guardian, or custodian of availability of reports, information, and juvenile court records; release form; copying costs
3. IC 34-6-2-34.5: Domestic or family violence

PROCEDURE

If the parent, guardian, or custodian is the alleged perpetrator, the Family Case Manager (FCM) will follow all procedures contained in separate policy, 4.11 Interviewing the Alleged Perpetrator.

If the parent, guardian, or custodian is not the alleged perpetrator, the FCM will:
1. Secure identifying information and request (not require) the individual's social security number (SSN);
2. State the reason for the interview;
3. Allow the parent, guardian, or custodian to respond to each allegation;
4. Allow the parent, guardian, or custodian to “tell his or her side of the story”;
5. Focus the interview on the safety of the child;
6. Look for any indications of CA/N and ask questions related to any indications that are present;
7. Observe the interactions between the parent, guardian, or custodian and other family members, including the child;
8. Assess whether the parent, guardian, or custodian may be a victim of domestic violence and provide information about available community resources;
9. Obtain the names of other family members and/or collateral contacts who may be able to provide additional information relating to the alleged CA/N;
10. Discuss any stress factors that may be present;
11. Review with the parent, guardian, or custodian what has been discussed during the interview to verify comprehension;
12. Explain that the assessment is not complete, and explain what will happen next and how he or she will be informed of results of the assessment;
13. Introduce the CFT meeting process and encourage the parent, guardian, or custodian to utilize this method of practice to assess the child’s safety, develop plans to address child safety, and problem solve concerns or issues as they are identified. Explain that the process can serve to reinforce their strengths, assist in identifying informal supports and develop plans to address their needs; and
14. Provide each parent, guardian, custodian and alleged perpetrator with a copy of the form, Notice of Availability of Completed Report and Information (SF 48201) and document in the Assessment of Alleged Child Abuse or Neglect Report (SF 113). If the perpetrator is a child, provide the notice to his or her parent, guardian or custodian.
15. See Related Information for a definition of alleged father.

Note: In assessments that involve alleged domestic violence, the non-offending parent should never be given the responsibility of providing the Notice of Availability of Completed Reports and Information (SF 48201) to the alleged domestic violence offender; this includes sending the Notice of Availability of Completed Reports and Information (SF 48201) in the mail or leaving it at the house with the non-offending parent; rather, the FCM should deliver this notice to the alleged domestic violence offender in person.

For interviews conducted with the non-offending parent in a relationship where domestic violence is alleged the FCM will follow all procedures above and will:

1. Never ask the non-offending parent about domestic violence in the presence of the alleged domestic violence offender;
2. Assure the non-offending parent that they are concerned about his or her safety and the safety of the child(ren). DCS will not confront the alleged domestic violence offender with information shared regarding abuse without first discussing it with the non-offending parent;
3. Not attempt to force the non-offending parent to disclose about the abuse. Use of good engagement and questioning skills by the FCM will ease the non-offending parent during the interview process and may help them to share more information about the domestic violence;
4. Explain that child(ren) may experience immediate and long-term harm from exposure to domestic violence. Document this discussion in Management Gateway for Indiana’s Kids (MaGIK);
5. Not assume that resistant or uncooperative non-offending parents want or choose to be in violent relationships. Recognizing and attending to the fears and issues faced by the non-offending parent will increase the FCM’s ability to engage the non-offending parent’s participation in pursuing safety;
6. Provide information about community resources;
7. Discuss what will happen with the information gathered; and
8. Ask about safe times to make future contact.

Note: If the non-offending parent is also believed to be a perpetrator of CA/N, see separate policy, 4.11 Interviewing the Alleged Perpetrator.
PRACTICE GUIDANCE

Indicators of Domestic Violence
If any of the following indicators of domestic violence are observed during the course of an assessment, carefully consider how to proceed with the interview (i.e., if the alleged domestic violence offender is present, the interview may need to be handled differently than if the parent, guardian, or custodian were alone).

Adult Indicators:
1. Evidence of physical injuries;
2. Feelings of depression, anger, and emotional distress;
3. Low self-esteem and suicidal thoughts;
4. Frequent medical problems;
5. Violence in family of origin;
6. Requests for financial assistance;
7. Isolation from friends and family;
8. Damaged property (holes in the wall, etc.);
9. Minimizing abuse;
10. Offender’s accusations of infidelity;
11. Abuse of family pets;
12. Limited access to financial resources;
13. Child(ren) overly protective of one parent;
14. Reluctance of adults to be interviewed separately; and/or
15. One parent or adult answers all of the questions.

FORMS AND TOOLS

1. Notice of Availability of Completed Reports and Information (SF 48201)
2. Notice of Availability of Completed Reports and Information (SF 51886) (Spanish)
3. Assessment of Alleged Child Abuse or Neglect Report (SF 113)

RELATED INFORMATION

Successful Interviews
Plan to interview the person in a place that is private and where there will be no interruptions. This may help to reduce the person’s anxiety. The FCM should explain the allegations and the potential outcomes. Although the assessment is incomplete, the parent, guardian, or custodian has a right to know, within the limits of confidentiality, what has happened and what has been determined thus far. If the parent signs a release of information form, other non-offending adults in the household may be informed of the outcome in order to assist with protecting the child. If the parent utilizes this option, the FCM must document thoroughly in the assessment notes. Full disclosure will also help develop a beginning level of trust and enhance the likelihood that the person will cooperate with the agency.

Social Security Numbers (SSNs)
The FCM should request the SSN, but he or she cannot legally demand and/or require the disclosure of this information.
Domestic Violence
If at any point during the assessment the FCM learns that a parent, guardian, or custodian may be a victim of domestic violence, the FCM should provide that person with information about community services that are available to domestic violence victims. Questions about domestic violence should be asked only in one-on-one interviews.

Resources for Domestic Violence:
Indiana Coalition Against Domestic Violence

Indiana Coalition Against Sexual Assault
1-800-691-2272, www.indianacesa.org/

National Coalition Against Domestic Violence
1-800-799-SAFE (7233) or TTY 1-800-787-3224, www.ncadv.org

Parent, Guardian, or Custodian is Alleged CA/N Perpetrator
If the parent, guardian, or custodian is the alleged perpetrator, that person should be interviewed in accordance with the policy, 4.11 Interviewing the Alleged Perpetrator. Additionally, if more than one parent, guardian, or custodian is being interviewed and one is identified as the alleged perpetrator, the interviews should be conducted separately.

Interviewing Non-custodial Parents
FCMs should attempt to locate and interview non-custodial parents. See separate policy, 5.4 Noncustodial Parents.

Alleged Father
A person who has asserted to be the father of a child, or who claims to be the father of a child, and a paternity action has been filed in court.

Noncustodial Parent
A person who does not have legal or primary physical custody of the child.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 4: Assessment

Effective Date: June 1, 2015

Section 11: Interviewing the Alleged Perpetrator

Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct a face-to-face interview with the alleged perpetrator of Child Abuse and/or Neglect (CA/N) unless:

1. An attorney representing the alleged perpetrator informs DCS that his or her client will not participate in an interview;
2. The alleged perpetrator’s identity is unknown or he or she cannot be located;
3. The alleged perpetrator is a child and the parent, guardian, or custodian does not give consent to an interview; or
4. The alleged perpetrator has already been interviewed by Law Enforcement Agency (LEA) regarding the same allegations and DCS is able to obtain a copy of the written report, transcript and/or recording of the interview.

If the alleged domestic violence offender is not the alleged perpetrator of CA/N, he or she must still be interviewed. The purpose of this interview is to thoroughly assess the safety of the child(ren).

DCS will immediately discontinue an interview if an alleged perpetrator requests an attorney.

If the alleged perpetrator is a child, DCS will seek a joint interview with LEA. DCS will not interview an alleged child perpetrator without LEA present unless LEA declines or is unavailable for participation. DCS will obtain consent to interview all alleged child perpetrators by completing the Consent of Parent, Guardian, or Custodian to Interview Child(ren) (SF 52013). DCS (staff including the Local Office Attorney) is not authorized to waive any rights of an alleged perpetrator child/youth (Including a child/youth adjudicated a Child In Need of Services (CHINS)) who is subject to a DCS assessment of allegations regarding CA/N or criminal investigation.

DCS will coordinate with LEA when conducting interviews with alleged perpetrators who are in police custody or under investigation. If DCS is unable to coordinate a joint interview within the 30 day assessment timeframe, DCS should be mindful of LEA’s role and should make LEA aware that DCS must proceed in accordance with the safety of the child with efforts to interview the alleged perpetrator so that LEA can plan accordingly. These situations should be staffed and documented with a Family Case Manager (FCM) Supervisor.

Code References
N/A

PROCEDURE

To maintain worker safety during an interview with the alleged perpetrator, the FCM will:
1. Plan for the FCMs own safety prior to and during the interview.
2. Consider conducting the interview in a place where others are present (DCS local office, neutral location or consult with Supervisor for additional suggestions);
3. Consider completing a joint assessment with LEA if the FCM has assessed that the situation could be unsafe. See Practice Guidance for additional information regarding interviewing alleged perpetrators.

In all assessments being completed jointly with LEA, the FCM will coordinate a joint interview with the alleged perpetrator. If a joint interview is not possible within the 30 day assessment timeframe, DCS should be mindful of LEA’s role and should make LEA aware that DCS must proceed in accordance with e safety of the child with efforts to interview the alleged perpetrator so that LEA can plan accordingly. These situations should be staffed and documented with an FCM Supervisor.

In domestic violence assessments, prior to making face-to-face contact with the alleged perpetrator, the FCM) will inform the non-offending parent of the time and location of the interview with the alleged domestic violence offender, if possible.

In all assessments, prior to starting the interview the FCM will:
1. Obtain consent to interview all alleged child perpetrators by completing the Consent of Parent, Guardian, or Custodian to Interview Child(ren) (SF 52013);
   Note: If the child’s parent, guardian, or custodian is unable to be located by utilizing diligent search, DCS must request the Court to name a guardian for the child. See separate policy, 4.0 Diligent Search for additional information.
   In Institutional Child Protection Unit (ICPS) assessments written electronic consent (i.e., text fax scan or email) is acceptable. If consent is received electronically, the Consent of Parent, Guardian, or Custodian to Interview Child(ren) (SF 52013) should be mailed to the parent, guardian or custodian for signature.

2. Secure identifying information and request the individual’s Social Security number (SSN);
3. State the reason for the interview;
4. Explain that it is in the best interest of the alleged child victim’s safety and well-being that the alleged perpetrator cooperates and completes an interview;
5. Inform the alleged perpetrator that any information he or she shares during the interview may be released to LEA, the Prosecutor, and/or other sources. If the alleged perpetrator is a child and the FCM is not reasonably assured that the child understands this statement, the FCM will make every effort to have the child’s parent, guardian, or custodian present before starting the interview; and
6. Assure that the alleged perpetrator understands that he or she is free to end the interview at any time.

If the alleged perpetrator refuses the interview, the FCM will:
1. Explain that if the FCM cannot verify that the child is safe by completing the interview, the child may have to be removed if the alleged perpetrator is a parent, guardian, or custodian;
2. Explain that the CA/N assessment will move forward regardless of the alleged perpetrator’s participation in an interview; and
3. Follow-up at a later time\(^1\) with the parent, guardian, or custodian to see if he or she will agree to be interviewed.

During the interview the FCM will:

1. Stop the interview if the alleged perpetrator requests to end the interview, requests an attorney or if LEA indicates that the interview should be halted;

Note: Contact the Local Office Attorney if this impedes the completion of your assessment.

2. Engage the alleged perpetrator in an assessment that is respectful and structured;
3. Ask questions to establish the type of relationship the alleged perpetrator has with the alleged victim;
4. Refrain from disclosing any information provided by the non-offending parent or child(ren) during the interview. Refer only to information provided from 3\(^{rd}\) party reports (e.g., LEA, court documents, etc.);
5. Take detailed notes or assure that detailed notes are taken by LEA or another FCM, if possible;
6. Allow the alleged perpetrator to respond to each allegation;
7. Allow the alleged perpetrator to tell his or her “side of the story”;
8. Focus the interview on the safety of the child(ren);
9. Observe and ask questions about indications of CA/N;
10. Identify any children of the alleged perpetrator who do not reside with the alleged perpetrator and determine where they reside and with whom;
11. Ask questions to determine the level and type of access the alleged perpetrator has to the alleged child victim or other children;
12. Review with the alleged perpetrator what has been discussed to confirm comprehension;
13. Explain that the assessment is not completed, what will happen next, and how he or she will be informed of results of the assessment;
14. Verbally inform and provide the alleged perpetrator with a copy of the form, Notice of Availability of Completed Reports and Information (SF 48201) and document in the Assessment of Alleged Child Abuse or Neglect Report (SF 113). If the alleged perpetrator is a child, provide a copy to his or her parent, guardian or custodian.
15. Inform the alleged perpetrator that he or she will be notified in writing of the right to a review of the facts of the assessment prior to an assessment finding if the alleged perpetrator is a child care worker. See separate policy, 2.3 Child Care Workers Assessment Review Process;
16. Inform the alleged perpetrator that if the report is substantiated, he or she will receive a copy\(^2\) of the completed assessment report, or if the alleged perpetrator is a child, his or her parent, guardian, or custodian will receive a copy. See separate policy, 4.22 Making an Assessment Finding; and
17. Inform an alleged perpetrator (or the parents if the alleged perpetrator is a child) that if an allegation of CA/N is substantiated, he or she will also receive instructions for requesting an Administrative Review of the decision by the DCS Local Office Director, and following that a hearing for further review, if requested. See separate policy, 2.1 Requests for Administrative Review and if the alleged perpetrator is a child care worker see policy 2.3 Child Care Workers Assessment Review Process.

---

\(^1\) Within the timeframe required to complete a timely investigation.

\(^2\) Certain confidential information will be removed from the report copy, such as the identity of the reporting source.
After the interview, the FCM will:
1. Enter interview notes electronically into MaGIK; and
2. Document into the case management system the reasons why a face-to-face interview with an alleged perpetrator did not occur or ended prematurely, if applicable.

If the alleged perpetrator is a DCS employee the FCM will:
1. Conduct the assessment following all policy as for any other alleged perpetrator;
2. Inform the alleged employee perpetrator that he or she must notify his or her DCS Local Office Director or work Unit Manager within one (1) business day of learning of the assessment;
3. Notify the alleged employee perpetrator’s Regional Manager within one (1) business day of learning of the assessment if the alleged employee perpetrator works in a DCS Local Office;
4. Notify the DCS Human Resources Office within one (1) business day of learning of the assessment if the alleged employee perpetrator works in Central Office; and
5. Inform the alleged employee perpetrator that an Administrative Review of the assessment will be required if the assessment is substantiated.

See separate policy, 2.4 Assessment and Review of DCS Staff Alleged Perpetrators.

---

**PRACTICE GUIDANCE**

**Successful Interviews with the Alleged Perpetrator**

When engaging the alleged perpetrator, it is important to attempt to engage around a “mutual concern” for the safety and well-being of the child. Do not assume that there is a lack of concern on the part of the alleged perpetrator. Establishing a non-adversarial tone will be most effective in gathering accurate information in a timely fashion.

**Note:** In assessments where domestic violence is alleged, the purpose of interviews with the alleged domestic violence offender is to discuss how to ensure the safety of the child(ren) not to get them to admit to the domestic violence.

Anticipate denial, minimizing, rationalization, and blaming someone or something else. Challenge the denial with observations and facts, do not “challenge” the individual. Point out statements and/or observations that are inconsistent with the explanation. Ask the alleged perpetrator to describe his or her perspective and the identified inconsistency. The FCM’s tone should remain neutral and fact-oriented throughout the interview.

Assess the quality of the alleged perpetrator’s relationship with the child and other family members to determine the level of risk to the child. It is important to remember that some allegations are wrong. A child may be injured due to an accident. The perpetrator may be someone else. The alleged perpetrator may be responsible but did not intend the result. While lack of intent to harm does not mean that maltreatment did not occur, it may have a positive implication for safety and risk. The FCM’s questions will elicit information that is useful both in determining whether maltreatment occurred and in assessing safety and risk.

**Child Care Workers Assessment Review Process**

It is important to document through a thorough assessment the place of employment for all alleged perpetrators. If it is determined that allegations will be substantiated on a person who
asserts that they are employed through the education system or as a Child Care Worker, the assessment should go through the Child Care Workers Assessment Review Process regardless of whether or not the substantiated incident occurred in the course of the individual’s employment. Please see separate policy, 2.3 Child Care Workers Assessment Review Process.

**Child Care Worker**

DCS defines “child care worker” as a person who has or will have direct contact with children, as an employee, but not an owner and/or operator of:

1. Any agency that provides services to or for the benefit of children who are victims of child abuse and/or neglect (CA/N);
2. Any of the following types of facilities:
   a. Child care center,
   b. Child care home (whether or not required to be licensed),
   c. Child care ministry (whether or not licensed),
   d. Residential group home,
   e. Child caring institution,
   f. School,
   g. Juvenile detention center, or
   h. Licensed child placing agency (LCPA).
3. Any other facility that provides residential care for children; or
4. Any other agency that is a contracted service provider for DCS.
5. A home that provides:
   a. Child care; or
   b. Services to, or for the benefit of, children who are victims of CA/N for a child or children to whom that person is not related.

**Joint Interviews with LEA**

Whether DCS or LEA will take the lead during a joint interview should be decided on a case-by-case basis and will depend upon factors that include, but are not limited to: the nature of the allegations; the probability of criminal charges; who has more experience and training; who has better rapport with the alleged perpetrator; etc. DCS will attempt to coordinate a joint interview with the alleged perpetrator if LEA is involved. If a joint interview is not possible within the 30 day assessment timeframe, DCS should be mindful of LEA’s role and should make LEA aware that DCS must proceed in accordance with the safety of the child with efforts to interview the alleged perpetrator so that LEA can plan accordingly. These situations should be staffed and documented with an FCM Supervisor.

**Alleged Perpetrator is the Parent, Guardian, or Custodian**

The greater the degree of relatedness between the victim and the perpetrator, the greater the risk to the child, especially for emotional abuse. It is critical that the FCM remember the alleged perpetrator, in most cases, does care about the safety and well-being of the child. The alleged perpetrator does, however, have a substantial vested interest in convincing professionals and others, including family members, that the child is either lying, mistaken, fantasizing, or emotionally disturbed. This is because potential consequences for the alleged perpetrator are dire, including loss of his or her child, family, and possibly job.

### FORMS AND TOOLS

1. Notice of Availability of Completed Reports and Information (SF 48201).
2. Consent of Parent, Guardian, or Custodian to Interview Child(ren) (SF 52013)
3. Assessment of Alleged Child Abuse or Neglect Report (SF 113)

### RELATED INFORMATION

**Social Security Numbers (SSNs)**
An FCM should request the SSN of the alleged perpetrator, but he or she cannot legally demand and/or require the disclosure of this information.

**LEA Present for Alleged Child Perpetrator Interviews**
When LEA is present, the alleged perpetrator rights may be explained by LEA.
STATEMENTS OF PURPOSE

It is the policy of the Indiana Department of Child Services (DCS) that the DCS local office with jurisdiction over an assessment will conduct the required interviews.

However, it may be appropriate for an alternate DCS local office to conduct a courtesy interview due to issues such as but not limited to, excessive travel distances and conflicts of interest.

The decision regarding the appropriateness of a courtesy interview will be made at the Supervisor (or higher) level. In general, courtesy interviews that are being requested due to excessive travel times will not be granted unless the assessing Family Case Manager (FCM) would have to travel more than one (1) hour (one way) from his or her DCS local office or home.

DCS will conduct courtesy interviews for child welfare agencies in other states when personnel from that state would experience excessive travel to conduct the interview.

As with standard interviews, in conducting a courtesy interview DCS will make every effort to use audio and/or video equipment to record the interview.

Code References
N/A

PROCEDURE

The assessing FCM in the DCS local office that has jurisdiction over the assessment will:
1. Contact his or her Supervisor if he or she believes a courtesy interview is appropriate; and
2. Explain why a courtesy interview is the most efficient and effective method for conducting the interview.

If he or she agrees, the Supervisor in the DCS local office that has jurisdiction over the assessment will:
1. Contact a Supervisor at the DCS local office (or at the out of state agency) where the courtesy interview will take place;
2. Discuss the specific circumstances that make a courtesy interview desirable;
3. If it is mutually agreed that a courtesy interview is appropriate, relay the details of the assessment, including the allegations and information that is pertinent to the safety of the FCM who will conduct the courtesy interview; and
4. Discuss and agree upon a completion date for the interview(s) to be conducted and for the documentation to be mailed.
The Supervisor in the DCS local office that is conducting the courtesy interview will:
   1. Assign the interview to an FCM;
   2. Assure that the interview is completed by the agreed upon deadline; and
   3. Assure that all notes and any audio and/or video recordings from the interview are
      mailed to the requesting Supervisor within the agreed upon deadline.

The FCM conducting the courtesy interview(s) will:
   1. Explain to the person(s) being interviewed that the interview is part of an assessment
      being conducted by ______ in ____ (county/state);
   2. Follow all policies and procedures outlined in all applicable interviewing policies. See
      separate policies, 4.11 Interviewing the Alleged Perpetrator, 4.9 Interviewing Children
      and 4.10 Interviewing the Parent, Guardian, or Custodian; and
   3. Type any hand-written notes to assure legibility before delivering all interview
      documentation (including any audio and/or video recordings) to his or her Supervisor.

RELATED INFORMATION

Logistics Example
The alleged child victim lives in County A and is transported more than an hour to a hospital in
County B for medical care. County A has jurisdiction over the assessment but may ask County
B to conduct a courtesy interview at the hospital to prevent extensive travel.

Courtesy Assessments of Home Conditions
Courtesy assessments of home conditions should be handled on a case-by-case basis. In
general, best practice is for the assigned FCM in the DCS local office that has jurisdiction over
the assessment to conduct the home conditions assessment so that he or she has first-hand
knowledge about the conditions of the home. This is especially important if the FCM must later
make recommendations regarding placement. For more information see separate policy, 4.13
Assessing Home Conditions.

[NEW] Homeless Unaccompanied Minor in a Shelter
The alleged child victim’s permanent residence with his or her parents is in County A, but a
report is made by a homeless shelter in County B (more than an hour away from County A);
County B will conduct a courtesy interview of the child at the shelter. The DCS local office in
County A will be responsible for completing the assessment and arriving at a finding.

FORMS AND TOOLS

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct a home assessment of an alleged child victim if:

1. The alleged Child Abuse and/or Neglect (CA/N) occurred in the child’s home; or
2. During the course of the assessment, concerns about the condition of the home and its impact on child safety and well-being arise.

At each visit, DCS will assess the home to determine if any conditions exist that support CA/N allegations and/or raise additional concerns about the safety and well-being of the alleged child victim or any other child living in the home. Visits to the home during an assessment may be announced or unannounced.

Note: See Practice Guidance for information regarding safe sleep and a list of indicators of domestic violence and human trafficking.

When a home assessment is necessary, but access is denied, DCS will seek a court order and assistance from a Law Enforcement Agency (LEA).

Code References

1. IC 5-26.5-1-3: "Domestic violence"
2. IC 34-6-2-34.5: "Domestic or family violence"
3. IC 35-42-3.5: Human Trafficking

PROCEDURE

The Family Case Manager (FCM) will:

1. Determine whether an announced or unannounced visit to the home should be conducted;
2. Consider any risks associated with visiting the home relating to the safety of the FCM and the child. If significant safety risks are identified, assistance from LEA should be requested;

Note: LEA is to be contacted in all assessments involving human trafficking.

3. Seek permission to enter the home from an adult living in the home. If permission is denied, seek a court order and assistance from LEA to gain entry. See separate policy, 4.8 Entry into Home or Facility;
4. Exit the home immediately and without alarming the persons inside if at any time the FCM suspects the home may contain a contaminating controlled substance. See Indiana Drug Endangered Children (DEC) Response Protocol;
5. Discontinue the interview if at any point the FCM becomes concerned for his or her safety (e.g., persons in the home become hostile or threatening or there are other dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the assessment;

6. Examine every room of the home, paying particular attention to areas where the child may eat, sleep, play, and bathe;

   **Note:** Evaluate infant sleeping areas for safe sleep practices. Discuss safe sleep with all parents, guardians, and custodians and document the discussion and any concerns in the Case Management System. See Practice Guidance for additional information.

7. Examine the kitchen (e.g., refrigerator, cabinets, and pantry) to verify adequate food supply;

8. Document the conditions of the home in writing and by taking photographs;

   **Note:** Photographs should document appropriate conditions and any adverse conditions.

9. Immediately address any safety concerns and complete a Safety Plan (SF 53243), if needed;

10. Complete emergency removal of the child from the home if conditions are found that warrant such action. See separate policy, 4.28 Involuntary Removals for further details;

11. Report any new CA/N allegations noted during the assessment of the home environment to the Child Abuse Hotline (Hotline). See separate policy, 4.38 Assessment Initiation for additional information regarding reporting allegations which are immediately initiated while in the field;

12. Ensure all identified victims and perpetrators are listed in the assessment and add individuals, if needed; and

13. Document all observations, photographs, and actions taken in Case Management System.

The FCM Supervisor will:

1. Discuss the home environment assessment with the FCM during Safety Staffing (see separate policy 4.41 Safety Staffing) and regular clinical supervision; and

2. Guide the FCM in planning for safety and next steps.

**PRACTICE GUIDANCE**

**Announced and Unannounced Visits**

The FCM must decide whether to announce the visit for the home assessment based on the nature of the allegations and the need to protect the child. If there are CA/N allegations concerning the conditions of the home, it would be appropriate for the FCM to make an unannounced home visit.

Unannounced home visits should be utilized to determine compliance with DCS standards including, but not limited to protective orders, maintaining sanitary living conditions, safe sleep practices, and maintaining an adequate food supply. However, announced home visits continue to be a valuable method of engaging and maintaining contact with families. The Safety Plan (SF 53243) should be evaluated prior to and during each home visit and revised as needed.
Potential indicators of Domestic Violence
During each home visit, the FCM will observe for the following potential signs of domestic violence. If the FCM believes that domestic violence may be present, see separate policy, 4.10 Interviewing the Parent, Guardian, or Custodian.

1. Evidence of damage to property (e.g., holes punched in walls and doors ripped off hinges);
2. Evidence of one parent being deprived of a phone or unable to have access to a phone;
3. Reluctance of adults/partners to be interviewed separately; one adult/partner answering questions for the other (i.e., not letting the other person talk);
4. One (1) adult/partner appears emotional, nervous, or extremely uncomfortable and uncooperative while the other partner seems composed and cooperative;
5. One(1) adult/partner seems afraid of the other adult/partner;
6. Children being overly protective of one (1) parent;
7. Pet abuse;
8. Visible injuries or attempts to hide injuries (e.g., long sleeves in warm weather, sunglasses inside, or pulling of sleeves down to cover arms);
9. Flinching or signs of anxiety;
10. Use of dominating or intimidating body language;
11. Weapons are present in the home, weapons are openly visible, or weapons are not secured;
12. Home not adequately accessible for a family member’s disabilities;
13. Presence of guard animals, especially if family members exhibit fear of them; and/or
14. Home is in an isolated location.

Potential Indicators of Human Trafficking
During each home visit, the FCM will observe for the following potential signs of human trafficking. If the FCM believes that human trafficking may be occurring, the FCM will speak to his or her supervisor to determine if a human trafficking forensic interview is needed. For further guidance, see separate policy 2.21 Human Trafficking.

1. The child’s home lacks personal effects (e.g., no toys) or the child has a small room that is different from the rest of the house;
2. The yard may be fenced and access to phones is denied;
3. The child may live in the same place he or she works (e.g., behind a restaurant or in a motel with other workers);
4. The child may be unaware of the location of his or her home due to multiple moves or the human trafficker may lie to the child about their whereabouts;
5. The child may be isolated and have no relationships outside of the home (e.g., the child does not attend school or play with other children in the neighborhood); and/or
6. There may be multiple, unrelated people living in the home.

Human Trafficking Expertise and Consultation
The Federal Bureau of Investigation (FBI) and Federal Department of Homeland Security may investigate labor trafficking and sex trafficking for international and domestic victims. Due to the complexities of human trafficking, these federal agencies are available to consult and/or provide assistance on cases in which human trafficking is present or suspected and the need for special expertise warrants federal involvement.

Contact an agency listed below to request an interviewer if human trafficking is identified during the CA/N intake or the FCM observes indicators of human trafficking and it is determined a human trafficking forensic interview is appropriate and should be completed by federal agency partners.

Federal Bureau of Investigation (FBI): 317-595-4000, select option 2
Homeland Security: 1-800-973-2867

Note: For non-emergencies, contact the Office of the Attorney General’s tip-line at humantraffickingtip@atg.in.gov.

Safe Sleep
FCMs will talk to parents, guardians, and caregivers about safe sleep for infants and will document the discussion in Case Management System. Refer to the below information for safe sleep guidelines:

1. Always place babies alone, on their backs, and in a crib (the ABCs) to sleep. The back sleep position is the safest. Keep other caregivers informed of these safe sleep guidelines

2. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised). These types of cribs are not permitted for children under DCS care and supervision. See the following link for a picture of the new crib: http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/

3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on couches, car seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;

4. Keep soft objects, toys, and loose bedding, out of the baby’s sleep area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleep area. A sleep sack is appropriate to keep the baby warm;

5. Keep baby’s sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep on any surface with adults or other children. They may sleep in the same room as the caregiver;

6. Consider using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;

7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;

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. Also, change the direction that the baby lies in the crib and avoid excessive time in car seats, carriers, bouncers, and swings. These items should be placed/used on appropriate surfaces and should not be utilized in place of a crib;

9. There should be no smoking around the baby as babies who are around cigarette smoke have a higher risk of sleep-related deaths.

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

1. The American Academy of Pediatrics;

2 Riley Children’s Health: https://www.rileychildrens.org/health-info/sleep-safety

3 Riley Children’s Health: https://www.rileychildrens.org/health-info/sleep-safety
Assessment of Risk
Consider risk factors that may pose a danger to child safety or FCM safety. Examples include, but are not limited to:
1. History of domestic violence;
2. Locations that are extremely isolated or in high-crime areas;
3. Indications of mental illness, substance abuse, or volatile behavior;
4. Firearms or other weapons in the home;
5. Indications of illegal drug manufacturing in the home (see related document, Indiana Drug Endangered Child Response Protocol);
6. Family members that are criminal suspects and have outstanding arrest warrants;
7. Indications of human trafficking; and
8. Dangerous pets and/or animals.

Assistance from Law Enforcement
Request assistance when any risk factors have been identified that could threaten the safety of the child, the FCM and/or other responders. See separate policy, 4.29 Joint Assessments.

FORMS AND TOOLS

Safety Plan (SF 53243)

RELATED INFORMATION

Clinical Supervision
Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.
The Indiana Department of Child Services (DCS) will, as necessary to confirm alleged or suspected bodily injuries caused by Child Abuse and/or Neglect (CA/N), observe and/or examine and photograph a child’s body for evidence of the alleged injuries. Photographs should be taken even if CA/N is alleged and no visible injuries are located on the child. The photographs will be documented as evidence in the Family Case Manager’s (FCM)’s assessment finding. Please see separate policy, 4.22 Making an Assessment (Investigation) Finding.

The observation/examination and documentation of the examination will be completed in the least intrusive manner that is sensitive to the child’s age, gender, and emotional well-being in accordance with the following guidelines:

1. If the child has injuries that need immediate medical attention, notify the non-offending parent, guardian, or custodian and assess their willingness to transport the child for an immediate examination by a medical professional.
2. If the non-offending parent is unable to be reached DCS can request LEA assistance or place an emergency call to 911 if the child needs immediate medical attention.
3. If the child does not need immediate medical attention and the injury can be readily seen on the child without repositioning clothing, move forward with the examination and documentation of the injuries. See Practice Guidance for further information on observations and examinations.

DCS will obtain consent from the parent, guardian, or custodian prior to examining a child unless there are exigent circumstances. See separate policy, 4.6 Exigent Circumstances.

DCS will not examine or photograph children who are alleged to be sexually abused, regardless of the age of the child. This includes examination or photographs of the child’s anus, genitalia and breasts. All sexual abuse allegations requiring an examination or photographs will be evaluated by a medical professional. See separate policy, 4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations.

Note: Photographs of the child’s face should be taken along with any photographs of injuries.

DCS is permitted to accept and/or use Law Enforcement Agency (LEA) and medical professional’s photographs of all visible trauma or injury as documentation and evidence.

When photographing trauma on children that are age 10 and older, a witness must be in the room with the FCM. The FCM will only remove children’s clothing when necessary. If appropriate, and in the presence of a medical professional, the FCM may photograph the child’s
anus, genitalia, or breasts if injuries are unexplained and there is a concern for the child’s safety.

**Note:** It should be communicated to witnesses they could be required to attend and testify in a court proceeding regarding what they witnessed.

**Code References**
1. IC 31-33-8-7: Scope of investigation by department of child services; order for access to home, school, or other place, or for mental or physical examinations
2. IC 31-33-8-3: Photographs and x-rays
3. IC 31-33-10-3: Delivery of Photos to Local CPS Agency
4. IC 31-33-10-1 Duty to photograph, x-ray, and physically examine trauma visible on child

**PROCEDURE**

The FCM will:
1. Get consent from the parent, guardian, or custodian to examine and photograph the child if the CA/N allegations warrant such action, unless exigent circumstances exist;
2. Seek a court order if consent is not given and no exigent circumstances exist;

**Note:** It is important that the FCM engage the parent, guardian or custodian and explain the necessity of an interview with the child before seeking a court order.

3. Establish a rapport with the child by spending time talking with the child before initiating the examination or photographing;
4. Discontinue efforts to examine or photograph the child if the child’s discomfort level is too high to complete an examination, and make alternate arrangements for the child to be examined and photographed by a medical professional;
5. Observe the child’s body to determine if there are external marks (e.g., cuts, bruises, welts, burns, scratches, sores, etc.) that may have been caused by CA/N;
6. Take photographs of any trauma, injury, or area where trauma or injury was alleged to have been on the child’s body, including an identifying picture of the child’s face and upload into the case management system and label all hardcopy photographs;
7. Make detailed notes about each injury (e.g., location, color, shape, size (using a ruler to measure or a coin to compare size) and whether open, raised, etc.); and
8. Refer the child as needed for further examination by medical, dental, and mental health professionals. See separate policy, 4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations.

**PRACTICE GUIDANCE**

**Parental Consent to Take Photographs**
While it is good practice to request permission from parent, guardian, or custodian to photograph the child, such consent is not required if exigent circumstances exist.

**IC 31-33-10-1** requires that a health care provider take photographs of trauma visible on the child who is the subject of a report.

**Deciding to Examine a Child**
FCMs will utilize critical thinking and best practice when deciding to check a child for injuries when physical abuse is alleged. If a child denies allegations of physical abuse, it may still be appropriate to check the child for injuries despite the denial of being physically abused. A child may be afraid to disclose the injury based on threats from the alleged perpetrator to further injure the child if they tell. FCMs should seek supervisory support if they are unable to examine the child and need to send the child for further medical examination.

Examining/Observing & Photographing a Child
In situations where the injury is on a non-private area of the child’s body that can be accessed with minimal repositioning of the child’s clothing:

1. If the child is under the age of three (3) and/or is non-verbal, ask the parent or caregiver to reveal the place of alleged abuse on the child’s body for documentation; or
2. If the child is verbal and/or over the age of three (3), ask the child if they are comfortable displaying the injury, and if the child agrees, photograph and/or document the injury.

In situations where the injury has occurred on the buttock or stomach area of the child’s body and the child has disclosed that the abuse occurred and/or the child or another person has viewed the injury have another adult present (i.e. another professional or caregiver) when possible; and ask the child if they are comfortable showing the area or a partial area of the injury to be photographed and/or documented, and document if the child agrees.

In situations where the injury occurred in a private area on the child’s body and the child has disclosed that the abuse and possible injury is indicated, refer the non-offending parent to obtain a medical examination for the child. If the parent refuses, staff the case with an FCM Supervisor to determine whether the allegations require an examination and if court intervention is required.

All sexual abuse allegations requiring an examination will be completed by a medical professional.

FCMs should always take an identifying photo of the child’s face to show what child is being photographed for the purpose of documenting evidence in the assessment. For additional information see separate policy, 4.F Tool Tips for Photographing a Child and or Trauma.

General Information about examinations
When a stranger observes a child’s body, it can be frightening for the child. While observing the child, it is important to be clear with the child, speaking calmly and confidently about the process. As the FCM observes the child’s body, he or she should tell the child what is happening and what is seen in a logical and descriptive manner. Always ask the child to explain how the injury occurred. The FCM should be sensitive to the child’s needs. Some children may want to engage in conversation during the exam as others may want to be quiet. Some children may need to be reassured by the FCM; etc. Despite the FCMs best efforts, some children’s discomfort level may preclude examination by the FCM, in which case alternate arrangements should be made to have the child examined by a medical professional.

Parents may be reluctant to have their children examined. Their fear and reluctance may be picked up by the child and exacerbate an already anxious situation. Parents need to be told what is happening, why it is happening, and how they can help their children. The FCM should enlist the parents’ assistance when removing the child’s clothing. If the parents are not cooperative with an examination, FCMs should address child safety and take appropriate action.
**Standard Precautions When Not in Presence of Medical Personnel**

To maintain the dignity of a child aged three (3) and older, the FCM should ask a child to leave his or her underwear on during an examination. The front waistline of the underwear can be lowered to allow observation of the lower abdomen and upper pelvic area. The rear of the underwear can also be lowered completely to expose the buttocks to allow observation.

FCMs should not ask females to remove their bra. The bra should be left on and the child can shift from side to side, the straps of the bra to observe the areas of the chest and back directly under the straps.

**Witnesses**

It is always good practice to have an adult witness present when examining a child, when possible and practical. Depending upon the circumstances, an appropriate witness may be another FCM, a Law Enforcement Officer, the child’s parent, guardian, or custodian, etc. The FCM should document thoroughly name and title of witness (e.g., FCM, Law Enforcement Officer, Social Worker, parent, guardian, or custodian, etc.). It should be communicated to witnesses that they could be required to attend and testify in a court proceeding regarding what they witnessed.

**FORMS AND TOOLS**

N/A

**RELATED INFORMATION**

N/A
STATEMENTS OF PURPOSE

During an assessment, the Indiana Department of Child Services (DCS) may obtain medical examinations and/or psychological tests, drug screens, or other substance abuse evaluations on an alleged child victim and any child who lives in the home of an alleged child victim to determine the health and well-being of the child.

DCS will pursue a medical examination when one (1) or more of the following conditions exists:

1. The child has an injury that would cause a reasonable person to believe that medical attention is necessary;
2. The allegations include sexual abuse involving penetration and it is believed the information that will be gathered during the examination of the child will assist in making an assessment finding;
3. The child has been removed from a property that contains a contaminating controlled substance. See the Indiana Drug Endangered Children (DEC) Response Protocol for additional information; or
4. The child is under the age of two (2) and shaking or a head injury is alleged even if there are no visible injuries.

Note: A Pediatric Evaluation and Diagnostic Service (PEDS) referral is mandatory for all children less than six (6) years of age with allegations of suspected abuse or neglect involving the head or neck and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns. Although this policy states the age for mandatory PEDS referrals, all intake reports involving injury or suspected injury to the head or neck of any child, as well as, fractures and burns regardless of age will be identified in the case management system so local office staff may evaluate the need for a non-mandatory referral to the Program. The PEDS program is available 24 hours a day, seven (7) days a week.

DCS will ensure that all child victims who will be under the supervision of DCS receive a Child and Adolescent Needs and Strengths (CANS) Assessment. See separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for further guidance.

DCS will pursue psychological testing (diagnostic and evaluation services) when approved by the Clinical Services Specialist and one (1) or more of the following conditions exists:

1. The child’s CANS Assessment indicates a need for a full mental health assessment. See separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment or
2. The child exhibits behaviors that would cause a reasonable person to believe he or she is a danger to him or herself and/or others.

DCS will pursue a drug screen and/or a substance abuse evaluation of the child victim if one (1) or more of the following conditions exists:

1. The alleged child victim may have had access to illegal substances being used by the parent, guardian, custodian, or other adults in the home; or
2. The alleged child victim's behavior indicates he or she may have used or been exposed to illegal substances as a result of neglect or lack of supervision on the part of the parent, guardian, or custodian.

DCS may ask a parent, guardian, or custodian of an alleged child victim to voluntarily submit to a medical examination and/or psychological testing, drug screens, or other substance abuse evaluations if there is an indication based upon the behavior of the individual or the allegations involve Child Abuse and/or Neglect (CA/N) which may be due to:

1. Illegal substance use;
2. Alcohol abuse; or
3. Mental incompetence.

Note: If the parent, guardian, or custodian does not agree to voluntarily submit to medical examinations, psychological testing, drug screens, or other substance abuse evaluations, DCS may pursue a court order if such examinations, tests and evaluations are necessary to complete the assessment.

DCS may seek access to medical, mental health, or substance abuse records of the parent, guardian, or custodian as part of a Preliminary Inquiry, if needed when a child is alleged to be a Child in Need of Services (CHINS). DCS may petition the juvenile court for an order to release the mental health records if the parent does not consent.

Code References

1. IC 31-32-12: Mental or Physical Examinations
2. IC 31-33-8-7: Scope of investigation by department of child services; order for access to home, school, or other place, or for mental or physical examinations
3. IC 16-39-3-8: Child in need of services; petition for emergency hearing on request for records of parent, guardian, or custodian

PROCEDURE

The Family Case Manager (FCM) will:

1. Secure written consent from the parent, guardian, or custodian;
2. Seek a court order, if consent is not given and the child is alleged to be a CHINS;

    Note: In emergency situations it may not be possible to secure consent from the parent, guardian, or custodian or a court order.

3. Arrange for necessary medical examinations and/or approved psychological testing, drug screens or substance abuse evaluations;
Note: FCMs should consult with his or her FCM Supervisor and Clinical Services Specialist to determine the need for psychological testing (diagnostic and evaluation services) as all psychological testing needs to be approved in advance by the Clinical Services Specialist.

4. Ensure a PEDS referral is made if warranted or required (See Practice Guidance); and

5. Request written findings upon the examination and follow procedures in separate policy, 4.17 Accessing Child’s Medical, Psychological and Substance Abuse Records to obtain copies of the records.

PRACTICE GUIDANCE

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals
It is mandatory to complete a PEDS referral for all children less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (eg. facial bruising, scratches and red " marks" on the face/neck; mouth injuries, eye injuries, head bleeds, skull fractures and a fracture or burn involving the head/neck) and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns. All intake reports with suspected allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in the case management system with a denotation of “PEDS allegation is included in this Report”. Evaluations of all reports identified should include any information obtained from the child and/or family. FCMs should utilize critical thinking to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck or with fractures or burns or suspected fractures or burns. A referral should also be considered, if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral may be found here: https://pedsit.pediatrics.iu.edu/ChildProtection_V2/.

Waiting for Test/Evaluation Results
If the FCM has not received the results of a medical examination or psychological test, drug screen, or other substance abuse evaluation by the end of the assessment deadline, the FCM should proceed with making a finding. See separate policy, 4.22 Making an Assessment Finding without the test/evaluation results unless the results will impact the finding one way or another.

FORMS AND TOOLS

1. Indiana Drug Endangered Children (DEC) Response Protocol
2. Preliminary Inquiry
3. Consent to Release of Mental Health and Addiction Records (SF 51128)

RELATED INFORMATION

Medical Exams for Alleged Sexual Abuse Victims
The extent and type of evaluation will be determined by a medical doctor. The doctor will likely consider such things as the length of time that has passed since the incident, the age of the child (in relation to the trauma of an invasive exam), etc.

**IC 31-32-12-2: Temporary Confinement of Child**
The juvenile court may order that the child be temporarily confined for up to 14 days, excluding Saturdays, Sundays, and legal holidays, for the completion of mental or physical examinations of the child.
STATEMENTS OF PURPOSE

During an assessment, the Indiana Department of Child Services (DCS) may obtain medical examinations and/or psychological tests, drug screens, or other substance abuse evaluations on an alleged child victim and any child who lives in the home of an alleged child victim to determine the health and well-being of the child.

DCS will pursue a medical examination when one (1) or more of the following conditions exists:

1. The child has an injury that would cause a reasonable person to believe that medical attention is necessary;
2. The allegations include sexual abuse involving penetration and it is believed the information that will be gathered during the examination of the child will assist in making an assessment finding;
3. The child has been removed from a property that contains a contaminating controlled substance. See the Indiana Drug Endangered Children (DEC) Response Protocol for additional information; or
4. The child is under the age of two (2) and shaking or a head injury is alleged even if there are no visible injuries.

Note: A Pediatric Evaluation and Diagnostic Service (PEDS) referral is mandatory for all children less than six (6) years of age with allegations of suspected abuse or neglect involving the head or neck and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns. Although this policy states the age for mandatory PEDS referrals, all intake reports involving injury or suspected injury to the head or neck of any child, as well as, fractures and burns regardless of age will be identified in the Management Gateway for Indiana’s Kids (MaGIK) so local office staff may evaluate the need for a non-mandatory referral to the Program. The PEDS program is available 24 hours a day, seven (7) days a week.

DCS will ensure that all child victims who will be under the supervision of DCS receive a Child and Adolescent Needs and Strengths (CANS) Assessment. See separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for further guidance.

DCS will pursue psychological testing (diagnostic and evaluation services) when approved by the Clinical Services Specialist and one (1) or more of the following conditions exists:

1. The child’s CANS Assessment indicates a need for a full mental health assessment. See separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment or DCS CW Manual/Chapter 4 Section 16: Medical Examinations, Psychological Testing, Drug Screens and Substance Abuse Evaluations
2. The child exhibits behaviors that would cause a reasonable person to believe he or she is a danger to him or herself and/or others.

DCS will pursue a **drug screen and/or a substance abuse evaluation** of the child victim if one (1) or more of the following conditions exists:

1. The alleged child victim may have had access to illegal substances being used by the parent, guardian, custodian, or other adults in the home; or
2. The alleged child victim's behavior indicates he or she may have used or been exposed to illegal substances as a result of neglect or lack of supervision on the part of the parent, guardian, or custodian.

DCS may ask a parent, guardian, or custodian of an alleged child victim to **voluntarily submit** to a medical examination and/or psychological testing, drug screens, or other substance abuse evaluations if there is an indication based upon the behavior of the individual or the allegations involve Child Abuse and/or Neglect (CA/N) which may be due to:

1. Illegal substance use;
2. Alcohol abuse; or
3. Mental incompetence.

**Note:** If the parent, guardian, or custodian does not agree to voluntarily submit to medical examinations, psychological testing, drug screens, or other substance abuse evaluations, DCS may pursue a court order if such examinations, tests and evaluations are necessary to complete the assessment.

DCS may seek access to medical, mental health, or substance abuse records of the parent, guardian, or custodian as part of a **Preliminary Inquiry**, if needed when a child is alleged to be a Child in Need of Services (CHINS). DCS may petition the juvenile court for an order to release the mental health records if the parent does not consent.

**Code References**

1. **IC 31-32-12: Mental or Physical Examinations**
2. **IC 31-33-8-7: Scope of investigation by department of child services; order for access to home, school, or other place, or for mental or physical examinations**
3. **IC 16-39-3-8: Child in need of services; petition for emergency hearing on request for records of parent, guardian, or custodian**

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Secure written consent from the parent, guardian, or custodian;
2. Seek a court order, if consent is not given and the child is alleged to be a CHINS;

   **Note:** In emergency situations it may not be possible to secure consent from the parent, guardian, or custodian or a court order.

3. Arrange for necessary medical examinations and/or approved psychological testing, drug screens or substance abuse evaluations;
Note: FCMs should consult with his or her FCM Supervisor and Clinical Services Specialist to determine the need for psychological testing (diagnostic and evaluation services) as all psychological testing needs to be approved in advance by the Clinical Services Specialist.

4. Ensure a PEDS referral is made if warranted or required (See Practice Guidance); and
5. Request written findings upon the examination and follow procedures in separate policy, 4.17 Accessing Child’s Medical, Psychological and Substance Abuse Records to obtain copies of the records.

PRACTICE GUIDANCE

Pediatric Evaluation and Diagnostic Service (PEDS) Referrals
It is mandatory to complete a PEDS referral for all children less than six (6) years of age with an allegation of suspected abuse or neglect involving the head or neck (eg. facial bruising, scratches and red “marks” on the face/neck; mouth injuries, eye injuries, head bleeds, skull fractures and a fracture or burn involving the head/neck) and all children less than three (3) years of age with allegations of suspected abuse or neglect resulting in fractures or burns or suspected fractures or burns. All intake reports with suspected allegations of suspected abuse or neglect involving the head or neck of a child, as well as, allegations of suspected abuse or neglect resulting in fractures and burns regardless of age will be identified in MaGIK with a denotation of “PEDS allegation is included in this Report”. Evaluations of all reports identified should include any information obtained from the child and/or family. FCMs should utilize critical thinking to evaluate and staff the situation with an FCM Supervisor to determine if a need exists to complete a non-mandatory PEDS referral for children of any age with injury or suspected injury to the head or neck or with fractures or burns or suspected fractures or burns. A referral should also be considered, if a child, regardless of age, is unable to provide an explanation for the injury or the explanation for the injury is not convincing and there is reason to believe there is a pattern of repeated abuse. The PEDS program referral may be found here: https://www.rileypeds.org/CP/Index.aspx.

Waiting for Test/Evaluation Results
If the FCM has not received the results of a medical examination or psychological test, drug screen, or other substance abuse evaluation by the end of the assessment deadline, the FCM should proceed with making a finding. See separate policy, 4.22 Making an Assessment Finding without the test/evaluation results unless the results will impact the finding one way or another.

FORMS AND TOOLS

1. Indiana Drug Endangered Children (DEC) Response Protocol
2. Preliminary Inquiry
3. Consent to Release of Mental Health and Addiction Records (SF 51128)

RELATED INFORMATION

Medical Exams for Alleged Sexual Abuse Victims
The extent and type of evaluation will be determined by a medical doctor. The doctor will likely consider such things as the length of time that has passed since the incident, the age of the child (in relation to the trauma of an invasive exam), etc.
IC 31-32-12-2: Temporary Confinement of Child
The juvenile court may order that the child be temporarily confined for up to 14 days, excluding Saturdays, Sundays, and legal holidays, for the completion of mental or physical examinations of the child.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) is not required to get consent from the parent, guardian, custodian or the child prior to accessing an alleged child victim’s medical (physical health) records if the records pertain to an examination or treatment that:

1. Occurred as part of a Child Abuse and/or Neglect (CA/N) assessment; or
2. Resulted in a CA/N report by a medical professional.

Note: This policy complies with the Health Insurance Portability and Accountability Act (HIPAA) regulations. See Related Information for details.

DCS is required to obtain written consent from the alleged victim’s parent, guardian, or custodian prior to obtaining:

1. Any mental health assessment or treatment records;
2. Any medical records for the alleged child victim that were not a part of a CA/N assessment and
3. Any alcohol use and/or substance abuse assessment or treatment records;

Exception: If the alcohol use/substance abuse records pertain to treatment that the child received through his or her own voluntary consent, that child may consent to the release of the records without parent, guardian, or custodian consent.

DCS will seek a court order if:

1. An alleged child victim’s parent, guardian, or custodian does not give consent;
2. An alleged child victim does not consent to the release of alcohol use/substance abuse records pertaining to treatment that the child received through his or her own voluntary consent; or
3. An alleged child victim’s counselor asserts the “victim counselor privilege” and denies DCS access to the child’s mental health records.

Code References

1. IC 16-39-2: Chapter 2, Release of Mental Health Records to Patient and Authorized Persons
2. IC 35-37-6: Privileged communications and victim counseling
3. IC 31-32-11-1: Admissibility of privileged communications

PROCEDURE

The Family Case Manager (FCM) will:
1. As necessary, seek required signatures on the form, Consent to Background Investigation and Release to facilitate the release of medical (physical health) records of an alleged child victim;

2. Seek required signatures on the form, Consent to Release of Mental Health and Addiction Records (SF 51128) to facilitate the release of mental health, alcohol use and/or substance use records of an alleged child victim; or

3. Seek a court order as needed if a required consent is denied.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. Consent to Release of Mental Health and Addiction Records (SF 51128)

2. Consent to Background Investigation and Release – available in the Juvenile Justice Benchbook: Child in Need of Services

**RELATED INFORMATION**

**Health Insurance Portability and Accountability Act (HIPAA)**

45 CFR 164.512(b)(1)(ii) makes exceptions to HIPAA for child protective services (CPS) investigations. “A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph to ...A public health authority or other appropriate government authority authorized by law to receive reports of child abuse and neglect.”

**The Victim Counselor Privilege**

Criminal procedures in IC 35-37-6: Privileged communications and victim counseling establish victim counselor privilege related to “confidential communications” between a victim and a victim counselor. All victim counselors remain bound by the mandated reporting statutes pertaining to CA/N. Thus, victim counselor privilege cannot be applied to the reporting of suspected CA/N. Anytime a victim counselor has reason to believe a child is a victim of CA/N, the counselor must make a report to DCS. However, after a report has been made, the victim counselor may assert the victim counselor privilege to prevent the disclosure of information and records during the course of the investigation.

**Voluntary Consent to Treatment and Release of Related Records by a Minor**

IC 12-23-12-1: Notification or consent of parents or guardians; treatment in absence of notification states that a minor who voluntarily seeks treatment for alcoholism, alcohol abuse, or drug abuse from the Family and Social Services Administration (FSSA)/Division of Mental Health and Addiction (DMHA) or a facility approved by FSSA/DMHA may receive treatment without notification or consent of the parents, guardian, or person having control or custody of the minor. DCS interprets this code, along with 42 USC Sec 290 dd-2, to mean that a minor can consent to the release of records that pertain to treatment for which he or she voluntarily consented.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 4: Assessment
Effective Date: March 1, 2019

Section 18: Initial Safety Assessment
Version: 7

STATMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will complete an Initial Safety Assessment (including a response and decision) within 24 hours of the initiation of every assessment. A subsequent Safety Assessment (see separate policy, 4.38 Assessment Initiation for additional guidance) will be completed when there are:

1. Changes in family circumstances;
2. Changes in information known about the family;
3. Changes in the family’s ability to utilize protective factors to mitigate safety threats; and/or
4. Changes at the point of a case juncture.

When child safety concerns are identified DCS will consider the viability of informal and community support services to ensure the child’s safety, prior to considering involuntary removal of the child. A Safety Plan (SF 53243) will be completed with the family. The Safety Plan (SF 53243) will be reviewed for approval during safety staffing. See separate policies, 4.19 Safety Planning and 4.41 Daily Safety Staffing for additional information.

Note: When a Child in Need of Services (CHINS) petition is filed, DCS will consider an in-home CHINS if the child’s safety can be ensured.

DCS will utilize the Child and Family Team (CFT) Meeting process to engage children and families throughout the assessment phase. The CFT will assist in planning for child safety while identifying the child and family’s strengths, informal supports, and needs. (see separate policies, 5.7 Child and Family Team (CFT) Meetings and 4.19 Safety Planning).

DCS will explore all possible safety options for the child with the non-offending parent in domestic violence situations.

DCS will complete referrals to appropriate community services as necessary (see separate policy, 4.26 Determining Service Levels and Transitioning to Ongoing Services).

DCS will continually reassess a child’s safety based on the most current information available by completing subsequent Safety Assessments. Adjustments to the Safety Plan (SF 53243) will be completed as needed and reviewed for approval during clinical supervision.

Change in Household Composition
If DCS determines that a temporary change in household composition will allow the family an opportunity to address the safety and risk issues present during the time of the assessment, a change in household composition may occur if it is in the best interest of the child (see separate policy, 4.37 Change in Household Composition).
PROCEDURE

The Family Case Manager (FCM) will:

1. Complete an Initial Safety Assessment within 24 hours of assessment initiation, to determine if there are any safety threats present (see separate policy 4.38 Assessment Initiation for required timeframes);
2. Identify protective factors (e.g., nurturing and attachment to the child, knowledge of parenting and of child and youth development, parental resilience, social connections, and concrete supports for parents) which may mitigate the safety threats;
3. Work with the family and CFT to identify safety responses;
4. Document safety responses and individuals included by completing a Safety Plan (SF 53243);
5. Take necessary actions to remove the child (see separate policy, 4.28 Involuntary Removals) if the child cannot remain safely in the home;
6. Document the results of the Safety Assessment, decisions and actions taken in the Case Management System within one (1) business day; and
7. Discuss the Initial Safety Assessment and the Safety Plan (SF 53243) at safety staffing (see separate policy, 4.41 Safety Staffing);
8. Reassess safety immediately by completing a subsequent Safety Assessment when there are:
   a. Changes in family circumstances;
   b. Changes in information known about the family;
   c. Changes in the family’s ability of use of protective factors to mitigate safety threats; and/or
   d. Changes at the point of a case juncture.
9. Update the Safety Plan (SF 53243) as needed and obtain supervisory approval;
10. Identify the appropriate Safety decision. If no safety threats exist, consider recommending assessment closure with supervisor approval.

The FCM Supervisor will utilize safety staffing and regular clinical supervision to (see 4.41 Safety Staffing):

1. Review and discuss the assessment details;
2. Review the Initial Safety Assessment and decision
3. Review the Safety Plan (SF 53243) for approval; and

PRACTICE GUIDANCE

**Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline**

When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated upon face-to-face contact with all alleged child victims. See separate policy, 4.38 Assessment Initiation for additional information regarding initiation.
Note: If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the DCS Hotline immediately.

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See separate policy, 4.36 Linking Child Abuse or Neglect (CA/N) Reports to Open Assessments for more information regarding the receipt of an additional 310 during an open assessment.

The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed 310 form, emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The 310 or equivalent information may be submitted via email to: DCSHotlineReports@dcs.in.gov, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.

**FORMS AND TOOLS**

1. Initial Safety Assessment – Available in Case Management System
2. Safety Plan (SF 53243)
3. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114)
4. Family Functional Assessment (FFA) Tool – Available on the Practice Model SharePoint

**RELATED INFORMATION**

**Purpose of Safety Assessments**

The purpose of the safety assessment is:

1. To help assess whether any child is likely to be in immediate danger of serious harm/maltreatment which requires a protecting intervention, and
2. To determine what interventions (protective factors/safety responses) should be initiated or maintained to provide appropriate protection.

**Safety vs. Risk Assessment**

Safety assessment differs from risk assessment in that it assesses the child’s present danger and the interventions currently needed to protect the child. In contrast, risk assessment looks at the likelihood of future maltreatment. In addition to the Safety Assessment Tool, FCMs should reference the Family Functional Assessment (FFA) tool when working with self-identified Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth. Safety assessment questions that may be helpful in determining the safety of LGBTQ youth can be found in the FFA tool.

**Clinical Supervision**

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

**Example:** The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.
**Case Juncture**
A case juncture is defined as a new awareness of significant information regarding the child or family’s strengths or needs, which may impact the Case Plan and/or Safety Plan. Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement
2. Formal or informal supports
3. Family involvement
4. Visitation
5. Behavior
6. Diagnosis (mental or physical)
7. Sobriety
8. Skills acquisition; or
9. Education
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will assist the child’s family with the development of a Safety Plan (SF53243) when a child’s safety is dependent on defined actions. A Safety Plan (SF53243) will be developed during the assessment phase in situations including, but not limited to:

1. A safety decision of “Conditionally Safe” has been determined through the Initial Safety Assessment. See separate policy, 4.18 Initial Safety Assessment for additional information; or
2. An assessment finding of “Substantiated” is reached but DCS will pursue no further direct intervention.

**Note:** An assessment may not be closed without further DCS intervention unless all safety threats have been resolved.

When domestic violence has been alleged, DCS will create a Safety Plan (SF53243) for the child and all family members upon initiation of the assessment. See Practice Guidance for assistance. The purpose of this plan is to:

1. Achieve immediate safety for the child and non-offending parent;
2. Begin planning for the long-term safety of the child and the non-offending parent;
3. Provide safety options for the non-offending parent and the child; and
4. Address behaviors demonstrated by the alleged domestic violence offender that pose a risk to the child’s safety.

**Note:** The Safety Plan (SF53243) for the non-offending parent and child should not be shared with the alleged domestic violence offender. DCS should work with the alleged domestic violence offender to develop a separate Safety Plan (SF53243).

Following the completion of the Initial Safety Assessment, a Safety Plan (SF53243) will be created as quickly as necessary to protect the safety of the child. Child safety will be reassessed regularly and the Safety Plan (SF53243) and/or Plan of Safe Care (SF56565) (if applicable) will be reviewed and modified as needed throughout the assessment phase. See Practice Guidance and separate policy, 4.42 Plan of Safe Care for additional information.

**Code References**

1. IC 35-37-6-1: "Confidential Communication" defined
2. IC 34-6-2-34.5 Domestic or Family Violence

PROCEDURE

The Family Case Manager (FCM) will:
1. Collaborate with the family and Child and Family Team (CFT) to develop a Safety Plan (SF53243). Efforts to ensure the child’s safety in all settings must be considered (e.g., school, extracurricular activities, and home), and the plan should describe in detail how, when, and by whom each intervention will be implemented;

2. Discuss in detail with the family the implementation of any of the interventions below that are chosen to be a part of the safety response:
   a. The family uses extended family resources, neighbors, or other individuals in the community to ensure the child’s safety,
   b. The family receives services through community providers, and/or
   c. The family is referred for services through a contracted DCS service provider. See separate policy, 4.26 Determining Service Levels and Transitioning to Ongoing Services for further guidance;

   **Note:** DCS Service Providers will not be included on a Safety Plan (SF53243) created at assessment closure when DCS involvement will not continue, unless a plan is in place for the service to continue without DCS involvement.

3. Specify how the FCM will monitor and support the family’s compliance with the plan until the completion of the assessment and the consequences if an intervention is not followed;

4. Have the parent, guardian, or custodian sign the Safety Plan (SF53243) and provide them with a copy;

5. Review the Safety Plan (SF53243) with the FCM Supervisor and obtain approval of the plan during daily safety staffing, regular clinical supervision, and prior to assessment closure. See separate policy, 4.41 Safety Staffing for further guidance;

   **Note:** When updates to the Safety Plan (SF53243) are identified during review, the FCM must engage the family and CFT to create an updated plan and obtain supervisory approval of the new plan.

6. Provide a copy of the approved Safety Plan (SF53243) to all listed responsible parties;

   **Note:** When there is court involvement, the Safety Plan (SF53243) should also be provided to the court.

7. Upload the Safety Plan (SF53243) to the case management system case file;

8. Re-assess the child’s safety regularly and prior to closing the assessment (see separate policy, 4.25 Completing the Assessment); and

9. Ensure the Safety Plan (SF53243) is discussed with the permanency FCM during transition planning, if further DCS involvement is necessary.

   **The FCM Supervisor will:**
   1. Review assessment details, the Initial Safety Assessment, and the Safety Plan (SF53243) regularly, during safety staffing, clinical supervision, and prior to assessment closure. See separate policy, 4.41 Safety Staffing, for additional information.
   2. Ensure each identified safety concern is addressed in the Safety Plan (SF53243);
   3. Guide the FCM in engaging the family and CFT to create or update the Safety Plan (SF53243), as needed;
   4. Sign the approved plan following each review;
   5. Ensure the Safety Plan (SF53243) is uploaded to MaGIK and provided to the family and listed responsible parties; and
6. Ensure the Safety Plan (SF53243) and assessment details are discussed with the permanency FCM during transition planning, if further DCS involvement is necessary.

**PRACTICE GUIDANCE**

**General Information Regarding Safety Plans**

The Safety Plan (SF53243) is a written agreement specifying family supports and/or community services that will be utilized and identifies interventions that address the immediate safety of the child. The plan should contain clearly defined action steps and a deadline for completion of each action step. All actions should relate directly to the child’s immediate safety. The Safety Plan (SF53243) is a voluntary, non-legally binding agreement with the family that cannot contradict any existing court orders, including, but not limited to child support and child custody orders.

**Parental Involvement in Development**

Involvement of the family in the development of a Safety Plan (SF53243) is imperative. The greater the family’s participation in this process, the more ownership they will have in a successful outcome. For this reason, it is critical that the FCM focus the discussion on the safety of the child and not on the allegation. When developing the plan with the family, the FCM should speak in such a way as to develop a common understanding that the safety of the child is contingent on the family’s ability and willingness to follow the terms of the plan. If the family is hesitant or unwilling to create a plan and/or commit to abiding by the plan’s terms, remind the family that the child may not be safe under present circumstances.

**Plan of Safe Care**

A Plan of Safe Care (SF56565) must be completed for each infant under the age of one (1) year who is identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal), experiencing symptoms of withdrawal, diagnosed with Neonatal Abstinence Syndrome (NAS), and/or diagnosed with Fetal Alcohol Spectrum Disorder (FASD). The plan must address the mental and physical health and substance use treatment needs of the infant, affected parents, household members, and the infant’s caregivers. A Plan of Safe Care (SF56565) must be completed regardless of the decision to substantiate or unsubstantiate the assessment. A separate Safety Plan (SF53243) must be completed when the Plan of Safe Care (SF56565) does not address all safety concerns for each child included in the case. See separate policies, 4.42 Plan of Safe Care and 4.22 Making an Assessment Finding for further guidance.

**Consider Protective Factors When Ensuring Safety**

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. When completing a Safety Plan (SF53243), consider the following protective factors as part of an evaluation of the family’s ability to ensure the safety of the child:

1. Nurturing and attachment to the child;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports; and
6. Social and emotional competence of the child.

See [https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/](https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/) for additional information.
Safety Planning with Assessments Involving Domestic Violence

DCS will partner with the non-offending parent and child to create a Safety Plan (SF53243) in all assessments where domestic violence has been identified. If the non-offending parent has met with a domestic violence service provider to create a domestic violence Safety/Survival Plan, the Safety Plan (SF53243) may be revised to incorporate the Safety/Survival Plan that was created.

**Note:** DCS will not create a Safety/Survival Plan with the non-offending parent and child. Domestic violence Safety/Survival Plans may best be created by referring the non-offending parent to a domestic violence program in the community.

The Safety Plan (SF53243) should address the following:

1. Safety for the non-offending parent and child until the parent is able to meet with a domestic violence advocate;
2. Referrals to domestic violence programs;
3. Financial assistance;
4. Other community services available; and
5. What will happen after the FCM leaves and/or DCS is no longer involved.

The plan should include strategies to reduce the risk of physical violence and harm by the alleged domestic violence offender and enhance the protection of the child and non-offending parent. The Safety Plan (SF53243) for individuals living with domestic violence will vary depending on whether the non-offending parent is separated from the alleged domestic violence offender, thinking about leaving, returning to, or remaining in the relationship. Specific planning may include:

1. Engaging the non-offending parent in a discussion about the options available to keep him or her and the child safe, including what has been tried before;
2. Exploring the benefits and disadvantages of specific options, and creating individualized solutions for each family;
3. Utilizing the criminal justice and civil court systems to hold the alleged domestic violence offender accountable; and
4. Developing a written list of phone numbers of neighbors, friends, family, and community service providers that the non-offending parent can contact for safety, resources, and services. This requires FCMs to stay current about resources, contacts, and legal options.

Including Children in the Planning Process

The child should be engaged in safety planning; however, the child is not responsible for his or her own safety and should not be responsible for implementing the Safety Plan (SF53243). If during the initial interview, the child is unable to identify who he or she would call or where to go in an emergency, work with the child to develop a basic plan for safety.

Examples include, but are not limited to:

1. Finding a safe adult and asking for help whenever the child experiences violence. This may involve calling supportive family members, friends, or community agencies for help;
2. Escaping from the house if an assault is imminent or in progress and where to meet an identified safe adult. If the child is not able to escape, discuss where the child may go in the house to be safe;
3. Avoiding being in the middle of the domestic violence;
4. Finding a place to go in an emergency and the steps to take to find safety; and
5. Calling the police or 911 when violence begins.

**Tracking and Adjusting of Safety Plans**

DCS should engage the child, family, and CFT to develop a Safety Plan (SF53243) that includes intervention strategies, which ensure the child’s safety and assist the family to transition toward sustainable changes. During the course of the assessment, safety must be reassessed regularly and adjustments of the Safety Plan (SF53243) may be required. If service referrals are completed, follow-up may be required.

**Change in Household Composition**

If it is determined by DCS that a temporary change in household composition will provide the family with an opportunity to address the safety and risk issues present during the time of the assessment; a change in the household may occur if it is in the best interest of the child. See separate policy 4.37 Change in Household Composition.

If the child or the child and parent temporarily move to an alternative location:
1. That location must be safe for the child; and
2. If there is another caregiver for the child, the caregiver must agree to provide a safe environment for the child.

A change in household composition and outline of the family’s plan should be documented in the Safety Plan (SF53243) and in the CFT meeting notes. It is important to understand that changes within a family’s household will impact the child’s well-being. Therefore, the circumstances resulting in the temporary change of household shall be rectified within five (5) days or court action will be initiated. See separate policies, 5.9 Informal Adjustment and 6.2 Filing a CHINS Petition for additional information.

If at any time during an assessment there is a restriction placed on a parent regarding contact with his or her child, a Detention Hearing will be set. If the restriction is placed on another adult in the household, for example a boyfriend or girlfriend of a parent, the FCM will ensure that contact will not occur between that person and the child until the safety concern has been remedied. Household members without a legal or biological relationship to the child do not have the same right of access to a child as the legal or biological parent or legal guardian.

Some flexibility in the filing of a Child in Need of Services (CHINS) action will allow those DCS serves to have the primary responsibility for the care and safety of their children. When there is an identified correctable situation, the partnership between DCS, families, and the community will work together for the best outcome for the child.

**FORMS AND TOOLS**

1. Safety Plan (SF53243)
2. Plan of Safe Care (SF56565)
3. Initial Safety Assessment - Available in MaGIK

**RELATED INFORMATION**

**Extended Family Support**

Extended family members are often the most resourceful and most effective supports for the family and their interventions are often the least disruptive for the child involved. Family support
services may consist of childcare; transportation; home management assistance; teaching of skills; and financial assistance for housing, food, or clothing on a short term basis. See separate policy, 16.3 Assistance for a Family's Basic Needs for additional information.

**Referring the Family to Community Services**
Community services are an appropriate intervention if they help the family control or mitigate the identified safety factors. Examples of community services include, but are not limited to, routine or emergency medical or mental health care (outpatient), alcohol or substance use services, in-home health care, day care, respite care, child-oriented activities (e.g., Brownies or Boy Scouts), home management and/or life skills, parenting skills, individual or family crisis counseling, financial services, housing services, transportation services, and food and clothing assistance.

**Clinical Supervision**
Clinical supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual. The focus of clinical supervision is on the practice that directly impacts outcomes for families.

**Domestic Violence Advocates and Confidentiality**
According to IC 35-37-6-1 communications between victims of domestic violence and victim advocates are confidential, even if certain third parties are present when information is exchanged. Victim advocates are not able to give testimony without victim consent in CHINS proceedings.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will assist the child’s family with the development of a Safety Plan (SF53243) when a child’s safety is dependent on defined actions. A Safety Plan (SF53243) will be developed during the assessment phase in situations including, but not limited to:

1. A safety decision of “Conditionally Safe” has been determined through the Initial Safety Assessment. See separate policy, 4.18 Initial Safety Assessment for additional information; or
2. An assessment finding of “Substantiated” is reached but DCS will pursue no further direct intervention.

Note: An assessment may not be closed without further DCS intervention unless all safety threats have been resolved.

When domestic violence has been alleged, DCS will create a Safety Plan (SF53243) for the child and all family members upon initiation of the assessment. See Practice Guidance for assistance. The purpose of this plan is to:

1. Achieve immediate safety for the child and non-offending parent;
2. Begin planning for the long-term safety of the child and the non-offending parent;
3. Provide safety options for the non-offending parent and the child; and
4. Address behaviors demonstrated by the alleged domestic violence offender that pose a risk to the child’s safety.

Note: The Safety Plan (SF53243) for the non-offending parent and child should not be shared with the alleged domestic violence offender. DCS should work with the alleged domestic violence offender to develop a separate Safety Plan (SF53243).

Following the completion of the Initial Safety Assessment, a Safety Plan (SF53243) will be created as quickly as necessary to protect the safety of the child. Child safety will be reassessed regularly and the Safety Plan (SF53243) and/or Plan of Safe Care (SF56565) (if applicable) will be reviewed and modified as needed throughout the assessment phase. See Practice Guidance and separate policy, 4.42 Plan of Safe Care for additional information.

Code References
1. IC 35-37-6-1: "Confidential Communication" defined
2. IC 34-6-2-34.5 Domestic or Family Violence

PROCEDURE

The Family Case Manager (FCM) will:
1. Collaborate with the family and Child and Family Team (CFT) to develop a Safety Plan (SF53243) and/or a Plan of Safe Care (SF56565). Efforts to ensure the child’s safety in all settings must be considered (e.g., school, extracurricular activities, and home), and the plan should describe in detail how, when, and by whom each intervention will be implemented;

2. Speak with the parents, guardians, and caregivers about safe sleep and document the discussion in the case management system;

3. Discuss in detail with the family the implementation of any of the interventions below that are chosen to be a part of the safety response;
   a. The family uses extended family resources, neighbors, or other individuals in the community to ensure the child’s safety;
   b. The family receives services through community providers; and/or
   c. The family is referred for services through a contracted DCS service provider. See separate policy, 4.26 Determining Service Levels and Transitioning to Ongoing Services for further guidance;

Note: DCS Service Providers will not be included on a Safety Plan (SF53243) created at assessment closure when DCS involvement will not continue, unless a plan is in place for the service to continue without DCS involvement.

4. Specify how the FCM will monitor and support the family’s compliance with the plan until the completion of the assessment and the consequences if an intervention is not followed;

5. Have the parent, guardian, or custodian sign the Safety Plan (SF53243) and provide them with a copy;

6. Review the Safety Plan (SF53243) with the FCM Supervisor and obtain approval of the plan during daily safety staffing, regular clinical supervision, and prior to assessment closure. See separate policy, 4.41 Safety Staffing for further guidance;

Note: When updates to the Safety Plan (SF53243) are identified during review, the FCM must engage the family and CFT to create an updated plan and obtain supervisory approval of the new plan.

7. Provide a copy of the approved Safety Plan (SF53243) to all listed responsible parties;

Note: When there is court involvement, the Safety Plan (SF53243) should also be provided to the court.

8. Upload the Safety Plan (SF53243) to the case management system;

9. Re-assess the child’s safety regularly and prior to closing the assessment (see separate policy, 4.25 Completing the Assessment);

10. Ensure the Safety Plan (SF53243) is discussed with the permanency FCM during transition planning, if further DCS involvement is necessary.

The FCM Supervisor will:

1. Review assessment details, the Initial Safety Assessment, and the Safety Plan (SF53243) regularly, during safety staffing, clinical supervision, and prior to assessment closure. See separate policy, 4.41 Safety Staffing, for additional information.

2. Ensure each identified safety concern is addressed in the Safety Plan (SF53243);

3. Guide the FCM in engaging the family and CFT to create or update the Safety Plan (SF53243), as needed;
4. Sign the approved plan following each review;
5. Ensure the Safety Plan (SF53243) is uploaded into the case management system and provided to the family and listed responsible parties; and
6. Ensure the Safety Plan (SF53243) and assessment details are discussed with the permanency FCM during transition planning, if further DCS involvement is necessary.

**PRACTICE GUIDANCE**

**General Information Regarding Safety Plans**
The Safety Plan (SF53243) is a written agreement specifying family supports and/or community services that will be utilized and identifies interventions that address the immediate safety of the child. The plan should contain clearly defined action steps and a deadline for completion of each action step. All actions should relate directly to the child’s immediate safety. The Safety Plan (SF53243) is a voluntary, non-legally binding agreement with the family that cannot contradict any existing court orders, including, but not limited to child support and child custody orders.

**Parental Involvement in Development**
Involvement of the family in the development of a Safety Plan (SF53243) is imperative. The greater the family’s participation in this process, the more ownership they will have in a successful outcome. For this reason, it is critical that the FCM focus the discussion on the safety of the child and not on the allegation. When developing the plan with the family, the FCM should speak in such a way as to develop a common understanding that the safety of the child is contingent on the family’s ability and willingness to follow the terms of the plan. If the family is hesitant or unwilling to create a plan and/or commit to abiding by the plan’s terms, remind the family that the child may not be safe under present circumstances.

**Plan of Safe Care**
A Plan of Safe Care (SF56565) must be completed for each infant under the age of one (1) year who is identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal), experiencing symptoms of withdrawal, diagnosed with Neonatal Abstinence Syndrome (NAS), and/or diagnosed with Fetal Alcohol Spectrum Disorder (FASD). The plan must address the mental and physical health and substance use treatment needs of the infant, affected parents, household members, and the infant’s caregivers. A Plan of Safe Care (SF56565) must be completed regardless of the decision to substantiate or unsubstantiate the assessment. A separate Safety Plan (SF53243) must be completed when the Plan of Safe Care (SF56565) does not address all safety concerns for each child included in the case. See separate policies, 4.42 Plan of Safe Care and 4.22 Making an Assessment Finding for further guidance.

**Consider Protective Factors When Ensuring Safety**
Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. When completing a Safety Plan (SF53243), consider the following protective factors as part of an evaluation of the family’s ability to ensure the safety of the child:
1. Nurturing and attachment to the child;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports; and

**Safety Planning with Assessments Involving Domestic Violence**

DCS will partner with the non-offending parent and child to create a Safety Plan (SF53243) in all assessments where domestic violence has been identified. If the non-offending parent has met with a domestic violence service provider to create a domestic violence Safety/Survival Plan, the Safety Plan (SF53243) may be revised to incorporate the Safety/Survival Plan that was created.

**Note:** DCS will not create a Safety/Survival Plan with the non-offending parent and child. Domestic violence Safety/Survival Plans may best be created by referring the non-offending parent to a domestic violence program in the community.

The Safety Plan (SF53243) should address the following:

1. Safety for the non-offending parent and child until the parent is able to meet with a domestic violence advocate;
2. Referrals to domestic violence programs;
3. Financial assistance;
4. Other community services available; and
5. What will happen after the FCM leaves and/or DCS is no longer involved.

The plan should include strategies to reduce the risk of physical violence and harm by the alleged domestic violence offender and enhance the protection of the child and non-offending parent. The Safety Plan (SF53243) for individuals living with domestic violence will vary depending on whether the non-offending parent is separated from the alleged domestic violence offender, thinking about leaving, returning to, or remaining in the relationship. Specific planning may include:

1. Engaging the non-offending parent in a discussion about the options available to keep him or her and the child safe, including what has been tried before;
2. Exploring the benefits and disadvantages of specific options, and creating individualized solutions for each family;
3. Utilizing the criminal justice and civil court systems to hold the alleged domestic violence offender accountable; and
4. Developing a written list of phone numbers of neighbors, friends, family, and community service providers that the non-offending parent can contact for safety, resources, and services. This requires FCMs to stay current about resources, contacts, and legal options.

**Including Children in the Planning Process**

The child should be engaged in safety planning; however, the child is not responsible for his or her own safety and should not be responsible for implementing the Safety Plan (SF53243). If during the initial interview, the child is unable to identify who he or she would call or where to go in an emergency, work with the child to develop a basic plan for safety.

Examples include, but are not limited to:

1. Finding a safe adult and asking for help whenever the child experiences violence. This may involve calling supportive family members, friends, or community agencies for help;
2. Escaping from the house if an assault is imminent or in progress and where to meet an identified safe adult. If the child is not able to escape, discuss where the child may go in the house to be safe;
3. Avoiding being in the middle of the domestic violence;
4. Finding a place to go in an emergency and the steps to take to find safety; and
5. Calling the police or 911 when violence begins.

**Tracking and Adjusting of Safety Plans**

DCS should engage the child, family, and CFT to develop a [Safety Plan (SF53243)](#) that includes intervention strategies, which ensure the child’s safety and assist the family to transition toward sustainable changes. During the course of the assessment, safety must be reassessed regularly and adjustments of the [Safety Plan (SF53243)](#) and/or a [Plan of Safe Care (SF56565)](#) may be required. If service referrals are completed, follow-up may be required.

**Change in Household Composition**

If it is determined by DCS that a temporary change in household composition will provide the family with an opportunity to address the safety and risk issues present during the time of the assessment; a change in the household may occur if it is in the best interest of the child. See separate policy 4.37 Change in Household Composition.

If the child or the child and parent temporarily move to an alternative location:
1. That location must be safe for the child; and
2. If there is another caregiver for the child, the caregiver must agree to provide a safe environment for the child.

A change in household composition and outline of the family’s plan should be documented in the [Safety Plan (SF53243)](#) and/or a [Plan of Safe Care (SF56565)](#) in the CFT meeting notes. It is important to understand that changes within a family’s household will impact the child’s well-being. Therefore, the circumstances resulting in the temporary change of household shall be rectified within five (5) days or court action will be initiated. See separate policies, 5.9 Informal Adjustment and 6.2 Filing a CHINS Petition for additional information.

If at any time during an assessment there is a restriction placed on a parent regarding contact with his or her child, a Detention Hearing will be set. If the restriction is placed on another adult in the household, for example a boyfriend or girlfriend of a parent, the FCM will ensure that contact will not occur between that person and the child until the safety concern has been remedied. Household members without a legal or biological relationship to the child do not have the same right of access to a child as the legal or biological parent or legal guardian.

Some flexibility in the filing of a Child in Need of Services (CHINS) action will allow those DCS serves to have the primary responsibility for the care and safety of their children. When there is an identified correctable situation, the partnership between DCS, families, and the community will work together for the best outcome for the child.

**Safe Sleep**

FCMs will speak with parents, guardians, and caregivers about safe sleep and document the discussion in the case management system. Refer to the below information for safe sleep guidelines:
1. Always place babies alone, on their backs, and in a crib (the ABCs) to sleep. The back sleep position is the safest. Keep other caregivers informed of these safe sleep guidelines.

2. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised). These types of cribs are not permitted for children under DCS care and supervision. See the following link for a picture of the new crib: http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/;

3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on couches, car seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;

4. Keep soft objects, toys, and loose bedding, out of the baby’s sleep area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleep area. A sleep sack is appropriate to keep the baby warm;

5. Keep baby’s sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep on any surface with adults or other children. They may sleep in the same room as the caregiver;

6. Consider using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;

7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;

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. Also, change the direction that the baby lies in the crib and avoid excessive time in car seats, carriers, bouncers, and swings. These items should be placed/used on appropriate surfaces and should not be utilized in place of a crib; and

9. There should be no smoking around the baby as babies who are around cigarette smoke have a higher risk of sleep-related deaths.

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

1. The American Academy of Pediatrics;
2. Healthy Children.org;
3. The National Institute of Health;
4. Riley Children’s Health; and
5. The DCS Website.

FORMS AND TOOLS

1. Safety Plan (SF53243)
2. Plan of Safe Care (SF56565)
3. Initial Safety Assessment - Available in the case management system

RELATED INFORMATION

Extended Family Support
Extended family members are often the most resourceful and most effective supports for the family and their interventions are often the least disruptive for the child involved. Family support

1 Riley Children’s Health: https://www.rileychildrens.org/health-info/sleep-safety
2 Riley Children’s Health: https://www.rileychildrens.org/health-info/sleep-safety
services may consist of childcare; transportation; home management assistance; teaching of skills; and financial assistance for housing, food, or clothing on a short term basis. See separate policy, 16.3 Assistance for a Family's Basic Needs for additional information.

**Referring the Family to Community Services**
Community services are an appropriate intervention if they help the family control or mitigate the identified safety factors. Examples of community services include, but are not limited to, routine or emergency medical or mental health care (outpatient), alcohol or substance use services, in-home health care, day care, respite care, child-oriented activities (e.g., Brownies or Boy Scouts), home management and/or life skills, parenting skills, individual or family crisis counseling, financial services, housing services, transportation services, and food and clothing assistance.

**Clinical Supervision**
Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

**Example:** The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

**Domestic Violence Advocates and Confidentiality**
According to IC 35-37-6-1 communications between victims of domestic violence and victim advocates are confidential, even if certain third parties are present when information is exchanged. Victim advocates are not able to give testimony without victim consent in CHINS proceedings.
The Indiana Department of Child Services (DCS) will make good faith efforts to:
1. Meet all assessment deadlines; and
2. Complete all required assessment components.

When it is not possible or practical to complete a component and/or meet a deadline due to extenuating circumstances, DCS will document the extenuating circumstances.

Code References
N/A

PROCEDURE [NEW]

The Family Case Manager (FCM) will:
1. Make a reasonable number of attempts and employ creative problem-solving techniques in an effort to complete each assessment component and to do so within the required time frame;
2. When extenuating circumstances prevent completion of a component within the deadline or altogether, document the circumstances in the assessment file;
3. Seek supervisory input whenever a deadline cannot be met and/or a component cannot be completed; and
4. Document the reasoning if, with supervisory approval, the decision is made to reach a finding based on the available evidence and close the assessment without completion of one (1) or more required components.

The Supervisor will:
1. Review the documentation and discuss the circumstances with the FCM to make a final determination about whether good faith efforts have been made;
2. Assist the FCM with creative problem-solving techniques if it is determined that good faith efforts have not been made and additional efforts should be made to complete a particular assessment component; and
3. Advise the FCM to recommend a finding based on the available evidence if the Supervisor determines that good faith efforts have been made and the incomplete assessment will be closed.

PRACTICE GUIDANCE
N/A
FORMS AND TOOLS

N/A

RELATED INFORMATION

Good Faith Efforts to Locate
Upon arriving at the last known address for a child who is the subject of a Child Abuse and/or Neglect (CA/N) report, the FCM learns that the family has fled. The FCM consults local phone directories and information, school records, Bureau of Motor Vehicle BMV records, utility company records, and public assistance records in search of additional information that may help identify the family’s new location. The records search yields no new information. The FCM returns to the last known address and inquires with several neighbors, who report that the family moved “out west” and left no forwarding address. The FCM leaves contact information with the neighbors and asks them to call him or her should the family reappear. At no point should the FCM reveal that he or she works for the Indiana Department of Child Services (or Child Protective Services (CPS), child welfare, etc.) as this would violate the confidentiality rights of the family. The FCM can state that he or she works for the State of Indiana. The FCM documents all efforts to locate and discusses with his or her Supervisor, who determines that good faith efforts have been made and the assessment will be closed.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) shall send the Forty-five (45) Day Report of Assessment (SF 54854) no later than 45 days after receiving the Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) from a:

1. Hospital;
2. Community mental health center;
3. Managed care provider (as defined in IC 12-7-2-127(b));
4. Referring physician;
5. Dentist;
6. Licensed psychologist;
7. School;
8. Child caring institution licensed under IC 31-27;
9. Group home licensed under IC 31-27 or IC 12-28-4;
10. Secure private facility; or
11. Child placing agency as defined in IC 31-9-2-17.5.

DCS shall send the Forty-five (45) Day Report of Assessment (SF 54854) to:

1. The administrator of the hospital;
2. The community mental health center;
3. The managed care provider;
4. The referring physician;
5. The dentist;
6. The principal of the school;
7. A licensed psychologist;
8. A child caring institution licensed under IC 31-27;
9. A group home licensed under IC 31-27 or IC 12-28-4;
10. A secure private facility; or
11. A child planning agency (as defined in IC 31-9-2-17.5).

Note: The administrator, director, referring physician, dentist, licensed psychologist, or principal may appoint a designee to receive the report.

The Forty-five (45) Day Report of Assessment (SF 54854) must contain these items that are known at the time the report is sent:

1. The name of the alleged victim of CA/N;
2. The name of the alleged perpetrator and the alleged perpetrator’s relationship to the alleged victim;
3. Whether the assessment is closed;
4. Whether the department has made an assessment of the case and has not taken any further action;
5. The Family Case Manager (FCM) name and telephone number;
6. The date the report is prepared;
7. Other information that DCS may prescribe.

The Forty-five (45) Day Report of Assessment (SF 54854) is confidential and may be made available only to the agencies named above and the personal and agencies listed in IC 31-33-18-2.

Code References
IC 31-33-7-8: Reports after initiation of assessment or investigation; contents; confidentiality

PROCEDURE

No later than 45 days after the Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) is received, the FCM will:
1. Complete the Assessment of Alleged Abuse or Neglect Report (311) (SF 113) in the case management system;
2. Complete the Forty-five (45) Day Report of Assessment (SF 54854) by updating any appropriate data fields that are not populated;
3. Print the Forty-five (45) Day Report of Assessment (SF 54854) and submit to the FCM Supervisor for review and approval; and

   Note: Do not attach the Assessment of Alleged Abuse or Neglect Report (311) (SF 113) to the Forty-five (45) Day Report of Assessment (SF 54854).

4. Deliver the approved Forty-five (45) Day Report of Assessment (SF 54854) to the appropriate person via United States (U.S.) mail in an envelope marked “Confidential”.

   Note: If the assessment is not complete within forty-five (45) days after receipt of the Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114), the FCM must send the Forty-five (45) Day Report of Assessment (SF 54854), as required. An additional Forty-five (45) Day Report of Assessment (SF 54854) must be sent every 30 days until the assessment is complete and upon completion of the assessment.

The FCM Supervisor will review and approve the Forty-five (45) Day Report of Assessment (SF 54854).

PRACTICE GUIDANCE

Linking an assessment report may eliminate the ability to automatically generate each Forty-five (45) Day Report of Assessment (SF 54854) in MaGIK. If more than one (1) report is received by DCS from the agencies listed above, it is the responsibility of the FCM to generate a Report of Assessment for each professional report source and include the statutorily required information outlined in this policy.
FORMS AND TOOLS

1. Forty-five (45) Day Report of Assessment (SF 54854) – Available in the case management system
2. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114)
3. Assessment of Alleged Abuse or Neglect Report (311) (SF 113)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make assessment findings no later than 45 days from the date the Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) was received.

DCS will make a finding of “substantiated” when facts obtained during the assessment provide a preponderance of evidence sufficient to lead a reasonable person to believe that Child Abuse and/or Neglect (CA/N) has occurred or when the alleged perpetrator admits to having abused and/or neglected the alleged child victim. Any child victim under the age of three (3) at the time DCS makes a finding of “substantiated” will automatically be referred to First Steps through the case management system. DCS will also provide a referral for any other appropriate early intervention services.

Note: When domestic violence is the only risk factor in a family, DCS will utilize a holistic assessment to determine whether a decision to substantiate is justified. This decision will be based on the actions of the alleged domestic violence offender combined with the ability and/or willingness of other adults in the household to take sufficient actions to ensure the safety of the child. If a parent is not willing or able to keep the child safe, a substantiation for neglect may be appropriate. See Practice Guidance for criteria used in making a decision to hold the parent responsible for neglect in domestic violence related cases.

DCS will make a finding of “unsubstantiated” when facts obtained during an assessment provide credible evidence that CA/N has not occurred.

Note: A finding of “unsubstantiated” is also appropriate where the evidence of CA/N does not rise to the level of a preponderance of the evidence.

Code References
1. IC 31-9-2-123 Substantiated
2. IC 31-9-2-132 Unsubstantiated
3. IC 31-9-2-14 Child abuse or neglect
4. IC 31-33-8-12 Classifying Reports as Substantiated or Unsubstantiated
5. IC 34-6-2-34.5 Domestic and family violence

PROCEDURE

For each allegation, the Family Case Manager (FCM) will:
1. Carefully review and weigh all evidence collected during the assessment;
2. Consider the credibility of evidence collected and place greater weight on those pieces of evidence that have greater credibility;
3. Consult with the FCM Supervisor to arrive at an assessment finding;
4. Document the finding and rationale for the finding with the following information; and
   a. For allegations determined to be “unsubstantiated”:
      i. Include in the assessment finding a description of the credible evidence supporting the conclusion that the allegation is untrue. Also, include a statement that there is a “lack of a preponderance of evidence to support that the allegation is true”; and
      ii. Recommend that the assessment be closed.
   b. For allegations determined to be “substantiated”:
      i. Include in the assessment finding a description of the credible evidence supporting the conclusion that the allegation is true and that this evidence outweighs any contrary evidence;
      ii. Complete an Initial Risk Assessment and a Child and Adolescent Needs and Strengths Assessment (CANS) to assist in determining the level of intervention and services appropriate for the family (see separate policies, 4.23 Initial Family Risk Assessment, 4.26 Determining Service Levels and Transitioning to Permanency Services, and 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment); and
      iii. Discuss the First Steps program and referral process with the family if the child is under the age of three (3) years; and ensure the caregiver understands that First Steps will contact them regarding an assessment for the child.

5. Follow all procedures to submit the Assessment of Alleged Abuse or Neglect Report (311) (SF 113) for approval, within 35 days from the date the 310 was received (see separate policy, 4.25 Completing the Assessment Report).

   Note: When the 311 is submitted more than 30 days from the date the 310 was received, an additional face-to-face contact must be made with each child prior to submission of the 311 for approval.

The FCM Supervisor will:
1. Provide input as needed to assist the FCM in arriving at a finding for each allegation;
2. Convene the staffing team to discuss the evidence and arrive at a finding for each allegation, as appropriate;
3. Ensure the assessment is complete and approved in the case management system, within 45 days from the date the 310 was received; and
4. Follow all procedures contained in separate policy, 4.25 Completing the Assessment Report.

PRACTICE GUIDANCE

Considering Unsubstantiated CA/N History in Making an Assessment Finding
Documentation of unsubstantiated assessments will be maintained in electronic form until 24 years after the birth of the youngest child named as an alleged victim of CA/N in the DCS assessment report. DCS personnel will have access to the assessment. This documentation may be used in the assessment of a subsequent report concerning the same child or family; however, DCS may not rely solely on the unsubstantiated history to support substantiation. Unsubstantiated case documentation will not be available when it has been expunged.
Substantiating on an Unknown/Undetermined Perpetrator
All assessments involving an unknown or unidentified perpetrator should be staffed with the FCM Supervisor.

In situations where there is a preponderance of evidence to show CA/N did occur and the alleged perpetrator denies allegations or places blame on someone or something else, it is unacceptable to simply substantiate CA/N on an unknown perpetrator. The FCM must exhaust all efforts in identifying and locating the subjects (as stated in separate policy, 4.7 Locating the Subjects), prior to substantiating CA/N on an unknown perpetrator.

In situations of sexual abuse where an alleged perpetrator is unknown and does not live in the household, it may be acceptable to substantiate on an unknown perpetrator if the FCM is unable to locate or identify the alleged perpetrator.

Note: When attempting to identify an unknown alleged perpetrator and identifying information is available, a referral should be made to the Investigator Unit.

The Presumption of CA/N
Some injuries presume CA/N by their nature. For example, a child who has suffered a subdural hematoma, internal injuries, bone fractures, or burns as the result of parental action or inaction may be presumed to have been abused and/or neglected. Other injuries do not presume CA/N by their nature. For example, bruises or welts as the result of parental action or inaction may or may not constitute CA/N.

Whether the incident constitutes CA/N depends upon the extent of the injury, the location of the injury, the age of the child, and other pertinent factors. These factors may include, but are not limited to the child’s:
1. Developmental age;
2. Maturity;
3. Ability to make sound judgment; and
4. Ability to care for or protect him or herself.

Although parental responsibility for the provision of protection, supervision, food, shelter, clothing, education, and a sanitary environment continues until the child attains age 18 or is a legally emancipated minor, the need for the parent, guardian, or custodian to provide these things decreases as the child’s own ability to protect him or herself or to obtain and/or provide these necessities increases.

Preponderance of Evidence
Preponderance of Evidence means the greater weight of the evidence. Evidence is of the greater weight if it strongly convinces of its truthfulness; it is evidence that is convincing that something is more probably true than not true (50.1%).

The preponderance standard applies to the quality and weight of the evidence and is not specifically related to the quantity of evidence.

Credibility of Evidence
Credible evidence is evidence that is believeable. Many factors affect the credibility of evidence. When making assessment findings, the credibility of each piece of evidence must be evaluated by considering factors such as, but not limited to:
1. A witness's ability and opportunity to observe what he or she has claimed;  
2. The manner and conduct of the witness while speaking;  
3. Any interest, bias, or prejudice the witness may have;  
4. Any relationship the witness may have with other interested parties;  
5. The reasonableness of the witness's testimony considered in the light of all the evidence heard;  
6. **Corroborating evidence**: Information that supports someone’s prior statements or other evidence. Corroborating evidence makes the prior statement or other evidence it supports more credible than evidence that has not been verified or supported by independent sources;  
7. **Professional Sources** - A witness may provide an opinion because of his or her knowledge, skill, experience, training, or education. In deciding how much weight to give a professional source opinion, you may also consider:  
   a. The witness’s skill, experience, knowledge, and familiarity with the facts of this case;  
   b. The reliability of the information supporting the witness’s opinions; and  
   c. The reasons for the opinions.  
8. **Children**: When evaluating the credibility of a child’s statement, the FCM must take into consideration several factors, including, but not limited to the influence of adults (e.g., pressure or coercion). Typically, a detailed description of a complex chain of events is beyond the capabilities of a three (3) year old. However, young children are able to give plausible and specific descriptions of traumatic situations that would normally be beyond their experience (e.g., sexual acts) and such statements should be taken seriously.  

### Suggested Questions to Assist in Making a Finding When Domestic Violence has Been Identified  
The following questions should be used to assist in making an assessment finding when domestic violence has been identified:  
1. Has the domestic violence occurred frequently and/or is the domestic violence severe?  
2. Are there current safety issues?  
3. Would the child be unsafe in the home where the CA/N occurred?  
4. Is the child at risk of future harm?  
5. Is the child in need of protection?  
The following questions may also be helpful in making an assessment finding:  
1. Has the child intervened in the domestic violence? (Whether the child was injured or not, his or her direct involvement presents extreme risk.)  
2. Is there an established pattern of domestic violence that is chronic or severe?  
3. Has the child exhibited extreme emotional or behavioral changes, or been diagnosed with a mental health condition such as Post Traumatic Stress Disorder (PTSD), depression, anxiety, or fear as a result of living with domestic violence?  
4. Has there been a co-existence of domestic violence and substance abuse that impedes a parent’s ability to assess the level of danger in the home? (Substance abuse may exacerbate the violence, increasing risk to the child and alleged victim/parent.)  
5. Is a parent’s ability to assess danger impaired?  
6. Does the alleged victim/parent believe the alleged domestic violence offender can change with counseling or that the alleged victim/parent has caused the abuse?  
7. Has a parent been threatened or injured in the presence of the child?  
8. Has a parent been hospitalized for injuries resulting from domestic violence?  
9. What resources and assistance can be provided to help the alleged victim/parent succeed?
10. Are the parents willing and capable of providing a safe environment for the child?

The following criteria should be used in making a decision to substantiate neglect on the alleged victim/parent in domestic violence related DCS cases:

1. The alleged victim/parent’s history of using domestic violence shelters or programs;
2. The alleged victim/parent’s history of calling law enforcement or utilizing court services for domestic violence protection orders;
3. The alleged victim/parent’s history of making other arrangements to protect the child such as taking him or her to a relative or friend’s house;
4. The alleged victim/parent’s history and level of cooperation with past DCS services;
5. The alleged victim/parent’s past efforts to protect the child; and
6. The level of risk and safety factors for the child at the present time.

Consider Opening a Case When:

1. Violence is increasing in either frequency or severity (this is especially important when a child is too young or unable to tell what happened);
2. Individual is thinking about, planning, or has made past attempts of suicide or homicide;
3. The alleged domestic violence offender is not allowing adults and/or the child access to basic needs;
4. Child is exhibiting observable effects of the domestic violence, causing substantial impairment;
5. The family requests assistance; and
6. Other risk factors impact the safety of the child.

Consider Closing an Assessment Without Opening a Case When:

1. The alleged domestic violence offender has supervised or no access to the child;
2. An adequate Safety Plan (SF 53243) is in place for the safety of the child;
3. Support services are in place for the alleged victim/parent and child, which help the alleged victim/parent provide safety for him or her and the child;
4. Active involvement with the alleged domestic violence offender by the criminal justice system and an appropriate intervention program is in place; and/or
5. Risks posed by domestic violence are no longer present (e.g., the mom and child are living in a shelter or there is a reasonable belief the offender will no longer have access to the child).

Note: If an assessment is closed without opening a case, the FCM should offer to refer the parent to local domestic violence service providers and other community resources for services as warranted.

Considerations in Requesting A Child In Need Of Services (CHINS) Petition

In contrast to a substantiation, a CHINS designation focuses on the condition of the child rather than on an act or omission (fault) by the parent, guardian, or custodian. A CHINS proceeding establishes whether a child’s circumstances necessitate services that are unlikely to be provided without the coercive intervention of the court. The purpose of a CHINS adjudication is to protect children, not punish parents. Every CHINS request must be made focusing on the needs of the child.

Homeless Unaccompanied Minor in a Shelter

A homeless unaccompanied minor receiving shelter without the presence or consent of a parent, guardian, or custodian should not be considered an automatic CHINS. All of the information gathered during the assessment should be carefully considered before making a
determination. Each situation should be evaluated on a case-by-case basis, taking into consideration the needs of the child as well as the actions of the parent, guardian, or custodian.

**Parental Drug Use**
A single positive drug screen or single instance of drug use outside the presence of the child should not be considered an automatic CHINS. All of the information gathered during the assessment, including the impact the drug use has on the child and home environment, should be carefully considered before making a determination. Each situation should be evaluated on a case-by-case basis, taking into consideration the needs of the child as well as the actions of the parent, guardian, or custodian.

### FORMS AND TOOLS

1. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) – Available in the case management system
2. Initial Risk Assessment – Available in the case management system
3. Child and Adolescent Strengths and Needs (CANS) Assessment – Available in the case management system
4. Assessment of Alleged Abuse or Neglect Report (311) (SF 113) – Available in the case management system
5. Safety Plan (SF 53243) – Available in the case management system

### RELATED INFORMATION

**First Steps**
Indiana's First Steps system is a family-centered, locally-based, coordinated system that provides early intervention services to infants and young children with disabilities or who are developmentally vulnerable.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 4: Assessment
Effective Date: March 1, 2019
Section 22: Making an Assessment Finding
Version: 11

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make assessment findings no later than 45 days from the date the Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) was received.

DCS will make a finding of “substantiated” when facts obtained during the assessment provide a preponderance of evidence sufficient to lead a reasonable person to believe that Child Abuse and/or Neglect (CA/N) has occurred or when the alleged perpetrator admits to having abused and/or neglected the alleged child victim. Any child victim under the age of three (3) at the time DCS makes a finding of “substantiated” will automatically be referred to First Steps through the Management Gateway for Indiana’s Kids (MaGIK). DCS will also provide a referral for any other appropriate early intervention services.

Note: When domestic violence is the only risk factor in a family, DCS will utilize a holistic assessment to determine whether a decision to substantiate is justified. This decision will be based on the actions of the alleged domestic violence offender combined with the ability and/or willingness of other adults in the household to take sufficient actions to ensure the safety of the child. If a parent is not willing or able to keep the child safe, a substantiation for neglect may be appropriate. See Practice Guidance for criteria used in making a decision to hold the parent responsible for neglect in domestic violence related cases.

DCS will make a finding of “unsubstantiated” when facts obtained during an assessment provide credible evidence that CA/N has not occurred.

Note: A finding of “unsubstantiated” is also appropriate where the evidence of CA/N does not rise to the level of a preponderance of the evidence.

Code References
1. IC 31-9-2-123 Substantiated
2. IC 31-9-2-132 Unsubstantiated
3. IC 31-9-2-14 Child abuse or neglect
4. IC 31-33-8-12 Classifying Reports as Substantiated or Unsubstantiated
5. IC 34-6-2-34.5 Domestic and family violence

PROCEDURE

For each allegation, the Family Case Manager (FCM) will:
1. Carefully review and weigh all evidence collected during the assessment;
2. Consider the credibility of evidence collected and place greater weight on those pieces of evidence that have greater credibility;
3. Consult with the FCM Supervisor to arrive at an assessment finding;
4. Document the finding and rationale for the finding with the following information; and
   a. For allegations determined to be “unsubstantiated”:
      i. Include in the assessment finding a description of the credible evidence supporting the conclusion that the allegation is untrue. Also, include a statement that there is a “lack of a preponderance of evidence to support that the allegation is true”; and
      ii. Recommend that the assessment be closed.
   b. For allegations determined to be “substantiated”:
      i. Include in the assessment finding a description of the credible evidence supporting the conclusion that the allegation is true and that this evidence outweighs any contrary evidence;
      ii. Complete an Initial Risk Assessment and a Child and Adolescent Needs and Strengths Assessment (CANS) to assist in determining the level of intervention and services appropriate for the family (see separate policies, 4.23 Initial Family Risk Assessment, 4.26 Determining Service Levels and Transitioning to Permanency Services, and 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment); and
      iii. Discuss the First Steps program and referral process with the family if the child is under the age of three (3) years; and ensure the caregiver understands that First Steps will contact them regarding an assessment for the child.
5. Follow all procedures to submit the Assessment of Alleged Abuse or Neglect Report (311) (SF 113) for approval, within 35 days from the date the Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) was received (see separate policy, 4.25 Completing the Assessment Report).

   Note: When the Assessment of Alleged Abuse or Neglect Report (311) (SF 113) is submitted more than 30 days from the date the Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) was received, an additional face-to-face contact must be made with each child prior to submission of the Assessment of Alleged Abuse or Neglect Report (311) (SF 113) for approval.

The FCM Supervisor will:
1. Provide input as needed to assist the FCM in arriving at a finding for each allegation;
2. Convene the staffing team to discuss the evidence and arrive at a finding for each allegation, as appropriate;
3. Ensure the assessment is complete and approved in the Management Gateway for Indiana’s Kids (MaGIK), within 45 days from the date the Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) was received; and
4. Follow all procedures contained in separate policy, 4.25 Completing the Assessment Report.

PRACTICE GUIDANCE

Considering Unsubstantiated CA/N History in Making an Assessment Finding
Documentation of unsubstantiated assessments will be maintained in electronic form until 24 years after the birth of the youngest child named as an alleged victim of CA/N in the DCS assessment report. DCS personnel will have access to the assessment. This documentation
may be used in the assessment of a subsequent report concerning the same child or family; however, DCS may not rely solely on the unsubstantiated history to support substantiation. Unsubstantiated case documentation will not be available when it has been expunged.

**Substantiating on an Unknown/Undetermined Perpetrator**
All assessments involving an unknown or unidentified perpetrator should be staffed with the FCM Supervisor.

In situations where there is a preponderance of evidence to show CA/N did occur and the alleged perpetrator denies allegations or places blame on someone or something else, it is unacceptable to simply substantiate CA/N on an unknown perpetrator. The FCM must exhaust all efforts in identifying and locating the subjects (as stated in separate policy, [4.7 Locating the Subjects](#)), prior to substantiating CA/N on an unknown perpetrator.

In situations of sexual abuse where an alleged perpetrator is unknown and does not live in the household, it may be acceptable to substantiate on an unknown perpetrator if the FCM is unable to locate or identify the alleged perpetrator.

**Note:** When attempting to identify an unknown alleged perpetrator and identifying information is available, a referral should be made to the Investigator Unit.

**The Presumption of CA/N**
Some injuries presume CA/N by their nature. For example, a child who has suffered a subdural hematoma, internal injuries, bone fractures, or burns as the result of parental action or inaction may be presumed to have been abused and/or neglected. Other injuries do not presume CA/N by their nature. For example, bruises or welts as the result of parental action or inaction may or may not constitute CA/N.

Whether the incident constitutes CA/N depends upon the extent of the injury, the location of the injury, the age of the child, and other pertinent factors. These factors may include, but are not limited to the child’s:

1. Developmental age;
2. Maturity;
3. Ability to make sound judgment; and
4. Ability to care for or protect him or herself.

Although parental responsibility for the provision of protection, supervision, food, shelter, clothing, education, and a sanitary environment continues until the child attains age 18 or is a legally emancipated minor, the need for the parent, guardian, or custodian to provide these things decreases as the child’s own ability to protect him or herself or to obtain and/or provide these necessities increases.

**Preponderance of Evidence**
Preponderance of Evidence means the greater weight of the evidence. Evidence is of the greater weight if it strongly convinces of its truthfulness; it is evidence that is convincing that something is more probably true than not true (50.1%).

The preponderance standard applies to the quality and weight of the evidence and is not specifically related to the quantity of evidence.
Credibility of Evidence

Credible evidence is evidence that is believable. Many factors affect the credibility of evidence. When making assessment findings, the credibility of each piece of evidence must be evaluated by considering factors such as, but not limited to:

1. A witness's ability and opportunity to observe what he or she has claimed;
2. The manner and conduct of the witness while speaking;
3. Any interest, bias, or prejudice the witness may have;
4. Any relationship the witness may have with other interested parties;
5. The reasonableness of the witness's testimony considered in the light of all the evidence heard;
6. Corroborating evidence: Information that supports someone’s prior statements or other evidence. Corroborating evidence makes the prior statement or other evidence it supports more credible than evidence that has not been verified or supported by independent sources;
7. Professional Sources - A witness may provide an opinion because of his or her knowledge, skill, experience, training, or education. In deciding how much weight to give a professional source opinion, you may also consider:
   a. The witness's skill, experience, knowledge, and familiarity with the facts of this case;
   b. The reliability of the information supporting the witness's opinions; and
   c. The reasons for the opinions.
8. Children: When evaluating the credibility of a child's statement, the FCM must take into consideration several factors, including, but not limited to the influence of adults (e.g., pressure or coercion). Typically, a detailed description of a complex chain of events is beyond the capabilities of a three (3) year old. However, young children are able to give plausible and specific descriptions of traumatic situations that would normally be beyond their experience (e.g., sexual acts) and such statements should be taken seriously.

Suggested Questions to Assist in Making a Finding When Domestic Violence has Been Identified

The following questions should be used to assist in making an assessment finding when domestic violence has been identified:

1. Has the domestic violence occurred frequently and/or is the domestic violence severe?
2. Are there current safety issues?
3. Would the child be unsafe in the home where the CA/N occurred?
4. Is the child at risk of future harm?
5. Is the child in need of protection?

The following questions may also be helpful in making an assessment finding:

1. Has the child intervened in the domestic violence? (Whether the child was injured or not, his or her direct involvement presents extreme risk.)
2. Is there an established pattern of domestic violence that is chronic or severe?
3. Has the child exhibited extreme emotional or behavioral changes, or been diagnosed with a mental health condition such as Post Traumatic Stress Disorder (PTSD), depression, anxiety, or fear as a result of living with domestic violence?
4. Has there been a co-existence of domestic violence and substance abuse that impedes a parent’s ability to assess the level of danger in the home? (Substance abuse may exacerbate the violence, increasing risk to the child and alleged victim/parent.)
5. Is a parent’s ability to assess danger impaired?
6. Does the alleged victim/parent believe the alleged domestic violence offender can change with counseling or that the alleged victim/parent has caused the abuse?
7. Has a parent been threatened or injured in the presence of the child?
8. Has a parent been hospitalized for injuries resulting from domestic violence?
9. What resources and assistance can be provided to help the alleged victim/parent succeed?
10. Are the parents willing and capable of providing a safe environment for the child?

The following criteria should be used in making a decision to substantiate neglect on the alleged victim/parent in domestic violence related DCS cases:
1. The alleged victim/parent’s history of using domestic violence shelters or programs;
2. The alleged victim/parent’s history of calling law enforcement or utilizing court services for domestic violence protection orders;
3. The alleged victim/parent’s history of making other arrangements to protect the child such as taking him or her to a relative or friend’s house;
4. The alleged victim/parent’s history and level of cooperation with past DCS services;
5. The alleged victim/parent’s past efforts to protect the child; and
6. The level of risk and safety factors for the child at the present time.

Consider Opening a Case When:
1. Violence is increasing in either frequency or severity (this is especially important when a child is too young or unable to tell what happened);
2. Individual is thinking about, planning, or has made past attempts of suicide or homicide;
3. The alleged domestic violence offender is not allowing adults and/or the child access to basic needs;
4. Child is exhibiting observable effects of the domestic violence, causing substantial impairment;
5. The family requests assistance; and
6. Other risk factors impact the safety of the child.

Consider Closing an Assessment Without Opening a Case When:
1. The alleged domestic violence offender has supervised or no access to the child;
2. An adequate Safety Plan (SF 53243) is in place for the safety of the child;
3. Support services are in place for the alleged victim/parent and child, which help the alleged victim/parent provide safety for him or her and the child;
4. Active involvement with the alleged domestic violence offender by the criminal justice system and an appropriate intervention program is in place; and/or
5. Risks posed by domestic violence are no longer present (e.g., the mom and child are living in a shelter or there is a reasonable belief the offender will no longer have access to the child).

Note: If an assessment is closed without opening a case, the FCM should offer to refer the parent to local domestic violence service providers and other community resources for services as warranted.

Considerations in Requesting A Child In Need Of Services (CHINS) Petition
In contrast to a substantiation, a CHINS designation focuses on the condition of the child rather than on an act or omission (fault) by the parent, guardian, or custodian. A CHINS proceeding establishes whether a child’s circumstances necessitate services that are unlikely to be provided without the coercive intervention of the court. The purpose of a CHINS adjudication is to protect children, not punish parents. Every CHINS request must be made focusing on the needs of the child.
Homeless Unaccompanied Minor in a Shelter
A homeless unaccompanied minor receiving shelter without the presence or consent of a parent, guardian, or custodian should not be considered an automatic CHINS. All of the information gathered during the assessment should be carefully considered before making a determination. Each situation should be evaluated on a case-by-case basis, taking into consideration the needs of the child as well as the actions of the parent, guardian, or custodian.

Parental Drug Use
A single positive drug screen or single instance of drug use outside the presence of the child should not be considered an automatic CHINS. All of the information gathered during the assessment, including the impact the drug use has on the child and home environment, should be carefully considered before making a determination. Each situation should be evaluated on a case-by-case basis, taking into consideration the needs of the child as well as the actions of the parent, guardian, or custodian.

FORMS AND TOOLS

1. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) – Available in MaGIK
2. Initial Risk Assessment – Available MaGIK
3. Child and Adolescent Strengths and Needs (CANS) Assessment – Available in MaGIK
4. Assessment of Alleged Abuse or Neglect Report (311) (SF 113) – Available in MaGIK
5. Safety Plan (SF 53243) – Available in MaGIK

RELATED INFORMATION

First Steps
Indiana’s First Steps system is a family-centered, locally-based, coordinated system that provides early intervention services to infants and young children with disabilities or who are developmentally vulnerable.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 4: Assessment
Effective Date: March 1, 2019

Section 23: Initial Family Risk Assessment
Version: 7

STATMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct an Initial Family Risk Assessment to assess the future probability of Child Abuse and/or Neglect (CA/N) on all substantiated assessments.

The Initial Family Risk Assessment will not be used to arrive at a substantiation or unsubstantiation of the allegations of CA/N. See separate policies, 4.18 Initial Safety Assessment and 4.22 Making an Assessment Finding for further guidance.

The Initial Family Risk Assessment should be completed prior to the Child and Family Team (CFT) Meeting but no later than 35 days from the date the Preliminary Report of Alleged Child Abuse or Neglect (SF114) (310) was received. DCS will discuss the results of the Initial Family Risk Assessment with the CFT to assist in developing a plan to reduce the risk level by thoroughly identifying and considering the family’s strengths, needs, and informal supports.

Code References
IC 31-9-2-123 “Substantiated”

PROCEDURE

The Family Case Manager (FCM) will complete the following after arriving at an assessment finding of “substantiated”:

1. Answer all questions on the Initial Family Risk Assessment;
2. Determine the overall risk level based on the highest of either the abuse score or the neglect score; and
3. Discuss the results of the Initial Family Risk Assessment with the CFT to develop a plan to assist in the identification and utilization of the family’s strengths and informal supports to address needs.

The FCM Supervisor will:
1. Review and discuss the details of the assessment during regular clinical supervision;
2. Review the Initial Family Risk Assessment and decision; and
3. Guide the FCM in assisting the family and CFT to develop a plan, which addresses the family’s needs.

PRACTICE GUIDANCE
Initial Family Risk Assessment
The Initial Family Risk Assessment is an assessment tool used by the FCM to assess the probability of both abuse and neglect. In addition to the Initial Family Risk Assessment, the FCM should reference the Family Functional Assessment (FFA) Field Guide when working with self-identified Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGTBQ) youth. Risk Assessment questions that may be helpful in determining the risk factors for LGBTQ youth are available in the FFA Field Guide.

Completing the Initial Family Risk Assessment
Both scales of the Initial Family Risk Assessment, abuse and neglect, are completed regardless of the type of allegation or substantiated type of maltreatment. The FCM must make every effort during the assessment to obtain the information needed to answer every question. However, if the FCM is unable to obtain the information to answer a particular question, that question should be scored as “0.”

Risk Levels
The Initial Family Risk Assessment identifies families with low, moderate, high, or very high probabilities of future CA/N. By completing the Initial Family Risk Assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their child in the next 18 to 24 months. The difference between risk levels is substantial. Families with high risk have significantly higher rates of subsequent allegations and substantiations than families with low risk, and they are more often involved in serious CA/N incidents.

Determining Overall Risk Level
The scores for the abuse scale and the neglect scale are totaled separately. The higher of the two (2) scores is used to determine the risk level as indicated in the chart below:

<table>
<thead>
<tr>
<th>Neglect Score</th>
<th>Abuse Score</th>
<th>Risk Level*</th>
</tr>
</thead>
<tbody>
<tr>
<td>-1 - 1</td>
<td>-1 - 0</td>
<td>LOW</td>
</tr>
<tr>
<td>2 - 5</td>
<td>1 - 3</td>
<td>MODERATE</td>
</tr>
<tr>
<td>6 - 8</td>
<td>4 - 6</td>
<td>HIGH</td>
</tr>
<tr>
<td>9+</td>
<td>7+</td>
<td>VERY HIGH</td>
</tr>
</tbody>
</table>

*When unresolved safety threats are present at the end of the assessment, a case should be opened regardless of risk level.

FORMS AND TOOLS
1. Initial Family Risk Assessment - available in the Case Management System
2. Preliminary Report of Alleged Child Abuse or Neglect (SF114) (310) – available in the Case Management System
3. Family Functional Assessment (FFA) Field Guide- available on the Indiana Practice Model SharePoint

RELATED INFORMATION
**Purpose of the Initial Family Risk Assessment**

The purpose of the Initial Family Risk Assessment is to assess the probability of CA/N. When risk is clearly defined and objectively quantified, the choice between serving one (1) family or another is simplified. DCS resources are targeted to families with higher risk because of the greater potential to reduce subsequent maltreatment.

The Initial Family Risk Assessment is based on research of cases with substantiated CA/N. The researchers examined the relationships between family characteristics and the outcomes of subsequent substantiated CA/N. The tool does not predict recurrence but simply assesses whether a family is more or less likely to have a future incident without intervention.

**Safety vs. Risk Assessment**

It is important to keep in mind the difference between safety and risk when completing the Initial Family Risk Assessment. The Safety Assessment assesses the child’s present danger and the interventions currently needed to protect the child. In contrast, the Risk Assessment looks at the likelihood of future maltreatment.

**Risk of Abuse vs. Risk of Neglect**

Different family dynamics are present in abuse situations than in neglect situations. Therefore, separate scales are used on the Initial Family Risk Assessment to assess the future probability of abuse and neglect.

**Clinical Supervision**

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

**Example:** The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will complete an Assessment of Alleged Child Abuse or Neglect Report (311) (SF 113) at the conclusion of every assessment.

DCS will email a copy of every substantiated assessment report to the Prosecuting Attorney and send a copy to the Coordinator of the Community Child Protection Team (CCPT). Upon request, DCS will also make available all “unsubstantiated” reports, prior to expungement.

**Exception:** A copy of each “substantiated” report will be sent to the coordinator of the CCPT unless, due to the high number of these reports monthly, an agreement has been reached and is in writing between DCS and the CCPT that an alternate selection method will be used.

Upon request, DCS will make available a copy of any 311 (substantiated or unsubstantiated) to the appropriate Court and/or Law Enforcement Agency (LEA).

Code References
1. IC 31-33-7-8: Reports after initiation of assessment or investigation; contents; confidentiality
2. IC 31-33-8-9: Provision of copies of investigative report by department of child services
3. IC 31-33-8-12: Classifying reports as substantiated or unsubstantiated

PROCEDURE

The Family Case Manager (FCM) will:
1. Review all information documented during the assessment including paper files, the case management system log notes and contacts, audio and visual recordings, etc.;
2. Provide each parent, guardian, custodian and alleged perpetrator with a copy of the form, Notice of Availability of Completed Report and Information (SF 48201) and document in the 311. If the alleged perpetrator is a child, provide the notice to his or her parent, guardian or custodian.
3. Create a succinct narrative in the 311 that summarizes the evidence gained during the assessment;
4. Follow the procedures outlined in separate policy, 4.22 Making an Assessment Finding, to arrive at a finding of “substantiated” or “unsubstantiated” for each allegation;
5. Review the report for accuracy and completeness; and
6. Forward a copy of the report to the assessment Supervisor and confirm receipt through a standardized delivery process.

The Supervisor will:
1. Review the report for accuracy and completeness;
2. “Approve” the 311 if he or she deems it accurate and complete;
3. Ensure that the following steps are completed:
   a. A copy of any completed 311 that contains one (1) or more “substantiated” allegations is emailed to the Prosecuting Attorney and sent to the Coordinator of the CCPT, and
   b. If applicable, a copy of the Forty-five (45) Day Report of Assessment (SF 54854) is sent to the administrator of the facility that made the Child Abuse and/or Neglect (CA/N) report. See separate policy, 4.21 Forty-five (45) Day Report of Assessment.

**PRACTICE GUIDANCE**

**Assessment Narratives**
When creating the narrative, the FCM should summarize the evidence that was collected during the assessment and that was pertinent to making a finding for each allegation. The FCM should not cut and paste, word for word, all notes that were taken during the assessment. Doing this creates a cumbersome, lengthy narrative that is time consuming for Supervisors, Prosecutors, etc. to read. Additionally, the narrative should never be entered in ALL CAPS. TYPE THAT IS IN ALL CAPS IS DIFFICULT TO READ. Additionally ALL CAPS can interfere with spell check and other features.

**FORMS AND TOOLS**

1. 4.B Tool Assessment Narrative
2. Assessment of Alleged Child Abuse or Neglect Report (SF 113)
4. Notice of Availability of Completed Report and Information (SF 48201)—Available in Hardcopy

**RELATED INFORMATION**

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will intervene in the lives of children and families at the least intrusive level possible, given the assessment findings and circumstances of each case. DCS should utilize and link families to appropriate resources, within their local community, to meet the families' needs.

DCS will make a determination about the family's initial service needs and offer services as early in the assessment as possible, in order to ensure child safety and well-being. DCS will utilize the Child and Adolescent Needs and Strengths (CANS) Assessment, Risk Assessment, and Safety Assessment to determine the most appropriate service array and intensity, based on the family's level of need. See Practice Guidance for factors that may aid DCS in the assessment of domestic violence situations.

DCS will continue to monitor the safety and well-being of the child throughout the assessment. Before transferring to permanency services, DCS will complete a Child and Family Team (CFT) Meeting (see policy, 5.7 Child and Family Team Meetings) to identify appropriate permanency services to meet the needs of the family.

Code References
IC 34-6-2-34.5: Domestic or family violence

PROCEDURE

The FCM will:

1. Utilize the family’s Safety Assessment, Risk Assessment, CANS Assessment, and the Family Functional Assessment Field Guide as tools to assist the FCM, family, and CFT to mutually determine the family's strengths and underlying needs (see separate policies, 4.18 Initial Safety Assessment, 4.23 Initial Risk Assessment, and 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment);

2. Identify any challenges to the family’s basic survival (e.g., a lack of adequate food, housing, employment, transportation, healthcare or childcare). If assistance is required:
   a. Provide the family with information regarding the Division of Family Resources and other community service providers; and/or
   b. Request emergency funds when other resources are not immediately available by submitting the Request for Additional Funding (SF54870) (see separate policy, 16.3 Assistance for a Family’s Basic Needs).
3. Collaborate with the family and the CFT to identify needed services based on the family’s strengths and underlying needs (see separate policy, 5.7 Child and Family Team Meetings).

**Note:** Ensure the plan addresses visitation (if applicable) and the needs of the parents (including noncustodial and incarcerated parents) and the child. See separate policies 5.10 Family Services and 8.12 Developing the Visitation Plan for further guidance.

4. Complete a Provider Referral(s) in KidTraks to refer the family for available and appropriate services within 10 business days of identifying the service need (if the case has not not transitioned to the permanency worker). See Related Information and Practice Guidance for more information;

5. Monitor the family’s progress by:
   a. Maintaining contact with service providers to assess the family’s level of participation in services, and
   b. Reviewing the family’s progress at each face-to-face contact and during CFT meetings (see separate polices: 5.7 Child and Family Team Meetings, 7.3 Minimum Contact, 7.5 Meaningful Contacts, 8.10 Minimum Contact, and 8.43 Meaningful Contact);

6. Ensure all actions taken are documented in the case management system; and

7. Ensure the permanency worker is aware of visitation plans, services referred, and any additional needs of the family.

The FCM Supervisor will:
1. Review assessment details with the FCM during Safety Staffing and regular clinical supervision (see separate policy, 4.41 Safety Staffing);
2. Ensure that visitation plans (if applicable) and referrals for services are completed as required;
3. Ensure all actions taken are documented in the case management system; and
4. Ensure that the permanency worker is aware of the details of the case and actions taken.

### PRACTICE GUIDANCE

**Making a Referral**
Prior to creating a service referral, identify the needs of the family to determine what services would be the most appropriate. Ensure all referrals include the following:
1. Accurate contact information for the family and FCM;

   **Note:** Ensure contact information is entered correctly in the case management system prior to creating a referral in KidTraks.

2. Information about the child’s placement, safety plan, applicable court orders (e.g., no contact orders or individuals that should not be in the home), and others involved in the case (e.g., other household members, Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL), non-custodial parents, and education providers);
3. Identified worker safety issues (e.g., drug use, domestic violence, and weapons);
4. A short summary about the reason for DCS involvement, including any previous involvement and services offered;
5. Approved locations for services to take place, if applicable;
6. Information about participant availability;
7. The level and frequency of services;
8. Information about other service providers working with the family and the services they are providing; and
9. The family goals and provider expectations, as documented in the case plan, to assist the family in achieving safe, sustainable case closure.

**Note:** If making a referral on behalf of another DCS employee, ensure the contact information for the assigned FCM is provided in the pertinent information section.

Additional information about service providers, available interventions, service mapping, and making a referral can be found on SharePoint at https://www.in.gov/dcs/3925.htm.

**Domestic Violence Services**

FCMs are encouraged to recommend domestic violence services to any family in which domestic violence may be present. However, mandating or forcing a non-offending parent to participate in domestic violence services may be contrary to the concept of empowerment, and this may actually be perceived by the non-offending parent as mirroring the same coercive and threatening behaviors of the alleged domestic violence offender.

**Factors which may suggest a child may remain safe in the home:**
1. The non-offending parent acknowledges risk to the child and demonstrates protective capacities;
2. The non-offending parent and child are in a shelter or other safe location;
3. The alleged domestic violence offender’s access to the child and non-offending parent, or his or her activities with them, are restricted (e.g., in jail, complying with protective orders, or no-contact orders);
4. The alleged domestic violence offender is demonstrating responsibility for his or her behavior and is actively engaging in intervention programs;
5. The child shows minimal behavioral or emotional effects from the domestic violence;
6. The child has a supportive adult in the home;
7. An older child has a plan to be safe and the ability to carry out the plan;
8. Violence is not escalating and alleged domestic violence offender’s prior history does not include known violent behavior;
9. Other issues (e.g., substance abuse, mental health, etc.) do not pose safety threats; and
10. The non-offending parent has supportive extended family or community ties.

**If the non-offending parent is remaining with the offender, consider the following:**
1. Will the child be safe if he or she remains in the home?
2. In an emergency, what works best to keep the child safe?
3. Who can the non-offending parent call in a crisis?
4. Would the non-offending parent call the police if the violence started again? Is there a phone in the home? Could the non-offending parent develop a plan with the child or neighbors to call the police or get help?
5. If the child and/or non-offending parent need to leave the home, where can they go?

**Factors which may suggest that a child needs an out-of-home placement:**
1. No other workable plan can be put in place that ensures child safety;
2. Other types of child abuse exist, which creates safety threats;
3. The alleged domestic violence offender continues to expose the child to serious violence despite intervention;
4. The alleged domestic violence offender continues to have unauthorized contact with the child, which presents safety concerns;
5. The alleged domestic violence offender’s history includes known violent behaviors;
6. The child has increased vulnerability due to his or her physical, emotional and/or developmental ability and/or age; and/or
7. Adult abuse of alcohol or other drugs presents additional safety threats in the home.

An out-of-home placement for cases involving domestic violence should **only** be considered when all other means of safety have been considered and offered, when the child is at imminent risk of placement, or the non-offending parent is unable to protect the child or accept services.

**FORMS AND TOOLS**

1. **Family Functional Assessment Field Guide**
2. **Child and Adolescent Needs and Strengths (CANS) Assessment** – Available in KidTraks
3. **Initial Safety Assessment** – Available in the case management system
4. **Initial Family Risk Assessment** – Available in the case management system
5. **In-Home Risk and Safety Reassessment** – Available in the case management system
6. **Out-of-Home Risk and Safety Reassessment**
7. **Program of Informal Adjustment** – Available in the case management system
8. **Case Plan (SF 2956)** – Available in the case management system
9. **Provider Referral** – Available in KidTraks
10. **Request for Additional Funding (SF54870)**
11. **Service Mapping Tool** – Available in KidTraks

**RELATED INFORMATION**

**Recommended Service Levels**

**No services needed**

Children are assessed as safe. There are no (or extremely low) risk factors. The child and the family is able to manage any risk factors using its own strengths and resources.

**Referral to prevention services**: There is low risk to the child, but the family is not able to manage risk factors using its own strengths and resources. However, the family is able to use prevention resources for support without ongoing DCS case management services. DCS involvement is limited to actively linking the family with those prevention services and community resources that effectively and safely address its needs.

**Informal Adjustment (IA)**: An IA may be appropriate for the child in families where risk levels range from moderate to very high, but coercive intervention of the court is not needed. DCS will work with the family to develop the terms of the IA, monitor participation in services, and regularly evaluate the child’s safety. The court must approve the IA. Consequences for not complying with the terms of the IA may include, but are not limited to, court intervention, such as filing a Child in Need of Services (CHINS) petition (see separate policy, 5.9 Informal Adjustment (IA)).
**CHINS:** DCS may file a CHINS petition (highest level of intervention) for children in families where the risk level is high or very high and coercive intervention of the court is needed to ensure the child’s safety and well-being. The child may stay in the home or be placed in substitute care. The court monitors the case, including the Case Plan (SF 2956) and permanency goal. Consequences for parental noncompliance with the Case Plan (SF 2956) and permanency goal may include, but are not limited to, a placement in substitute care, and in the most extreme circumstances, termination of parental rights (TPR).

**Functional Strengths**
Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer does not provide much to work with; however, identifying that he or she is able to participate in group activities, follow directions from a leader and work toward a clear goal, are strengths that may be utilized to meet the family’s goals.

**Underlying Needs**
Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

**Protective Factors**
Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:

1. Nurturing and attachment to the child;
2. Knowledge of parenting and of child and youth development;
3. Family resilience;
4. Social connections;
5. Concrete supports; and
6. Social and emotional competence of the child.

**Clinical Supervision**
Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual. The focus of clinical supervision is on the practice that directly impacts outcomes for families.
STATEMENTS OF PURPOSE

When a report of Child Abuse and/or Neglect (CA/N) is substantiated, the Indiana Department of Child Services (DCS) will enter all appropriate information into the Child Protection Index (CPI).

No later than 30 days after DCS enters a substantiated CA/N report into the CPI, DCS shall notify the parent, guardian, or custodian of the victim/child who is named in the report and any substantiated perpetrator, that DCS has entered the report into the CPI.

DCS will release information contained in the CPI only in accordance with Indiana law. Refer to separate policy, 2.6 Sharing Confidential Information.

Code References
1. IC 31-33-26-8 (b): Child Protection Index; notification of entry of substantiated report
2. IC 31-33-26-16 (a): Child Protection Index; access to information

PROCEDURE

The Family Case Manager (FCM) will mail the Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review to all perpetrators. See Chapter 2 Notification Tool. Non-Offending parent(s), guardian, or custodians will receive Notice of Substantiation of Report of Child Abuse or Neglect (SF 53252).

PRACTICE GUIDANCE

N/A

FORMS

1. Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review – available in Chapter 2 Notification Tool.
2. Notice of Substantiation of Report of Child Abuse or Neglect (SF 53252)
RELATED INFORMATION

Perpetrator Right to Appeal
All persons named as perpetrators are entitled to request first an Administrative Review by the DCS Local Office Director and then a hearing by an Administrative Law Judge (ALJ) of the decision to substantiate a report of CA/N except if a Child in Need of Services (CHINS) case or a criminal case has been filed. In those instances, a court will have final authority. Refer to separate policies, 2.1 Requests for Administrative Review, 2.2 Administrative Review Process, 2.3 Child Care Workers Assessment Review Process, 2.4 Assessment and Review of DCS Staff Alleged Perpetrators, and 2.5 Administrative Appeal Hearings.

Changing the State Central Registry (SCR) and Central Client Index (CCI) into the CPI
The 2006 legislative session called for a merging of the SCR and CCI into one registry now known as the CPI. The merging of these two databases will take the child protective services (CPS) information housed in the CCI and the notice requirements of the SCR and incorporate them into the new CPI. This will allow outside agencies conducting CPS checks on their employees or volunteers to have access to all substantiated information instead of the limited information previously available in the SCR. All information housed in the old CCI will be accessible to DCS staff in the CPI.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 4: Assessment
Effective Date: July 1, 2019

Section 28: Involuntary Removals
Version: 8

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will remove a child from his or her parent, guardian, or custodian if:

1. A reasonable person would believe the child’s physical or mental condition is seriously impaired or seriously endangered due to injury by the act or omission of the child’s parent, guardian or custodian; or
2. The child’s physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of the child’s parent, guardian or custodian to supply the child with necessary food, clothing, shelter, medical care, education, or supervision; and
3. The coercive intervention of the court is needed to protect the child.

DCS will obtain a court order prior to removing a child unless emergency removal is necessary to protect the immediate health and safety of the child.

Note: In an Indian Child Welfare Act (ICWA) or potential ICWA case, the emergency removal only exists if a child alleged to be an Indian child is in imminent physical danger (see separate policy, 2.12 Indian Child Welfare Act (ICWA). See the Guidelines for Implementing the Indian Child Welfare ACT documentation via http://www.bia.gov/cs/groups/public/documents/text/idc1-029637.pdf

DCS will not remove a child without a Law Enforcement Agency (LEA) present, unless:

1. Emergency removal is necessary; and
2. LEA has been contacted, but is unable to be present during the removal and there is an immediate concern for the safety or well-being of the child.

Note: If DCS removes a child without a court order and/or LEA present, DCS will document in the case management system the reasons why such measures were necessary.

DCS will secure a detention hearing within 48 hours of detention of the child, excluding Saturdays, Sundays, and State holidays.

DCS will notify the following adult relatives within 30 days of a child’s removal from his or her parent, guardian, or custodian:

1. paternal and maternal grandparents;
2. aunts and uncles;
3. siblings of the child involved;
4. parent of a child’s sibling if the parent has legal custody of the sibling; and
5. any other relatives suggested by the child or parent. See separate policy, 2.26 Diligent Search for further information and Related Information for the definition of sibling.
The DCS local office will neither delay nor deny placement of the child in an available resource home based on the race, color, or national origin of the child or resource parent when a child who is believed to be a foreign national or an Indian child is removed due to an immediate safety concern.

DCS will notify the appropriate foreign consulate or embassy in the United States (U.S.) of the child’s country of origin, as soon as possible, when DCS determines that a child believed to be a foreign national has been detained. In addition, DCS will notify the foreign consulate or embassy, when necessary, if the detained child’s parents are foreign nationals. See Practice Guidance and separate policy, 2.22 International and Cultural Affairs for further guidance.

DCS will notify the Indian child’s parent, Indian custodian, and the tribe, within the designated timeframe as mandated by ICWA, whenever there is a pending legal action regarding the parental rights involving a child who is believed to be a member of, or is eligible for membership of, an Indian tribe. See separate policy 2.12 Indian Child Welfare Act (ICWA).

DCS will gather the information necessary to determine eligibility for federal funding when a child is removed from the home. See Related Information.

Code References
1. IC 31-33-8-8: Immediate removal of a child
2. IC 31-32-3-10.5 Civil immunity for placement of a child on a waiting list for guardian ad litem or court appointed special advocate services
3. IC 31-34-2-3: Taking a child into custody without court order
4. IC 31-34-2-6: Documentation by person taking child into custody without court order; forms
5. IC 31-34-4: Temporary placement of child taken into custody
6. IC 31-34-3-4.5: Procedures for notices to adult relatives and siblings
7. IC 31-34-3-4.7: Notice to the child’s school
8. IC 31-9-2-107 (b): "Relative"
9. IC 34-30-2-134: Child abuse or neglect; reporting and assisting
10. 42 USC 671 (a)(29): Notification of Parents of Siblings

PROCEDURE

The Family Case Manager (FCM) will:
1. Obtain Supervisory approval prior to removal of any child from their parent, guardian, or custodian;
2. Obtain a court order authorizing the removal unless emergency removal is necessary;
3. Request LEA presence at the removal;
4. Obtain information about the child in order to make the transition for the child as easy and as safe as possible;
5. Prepare the child for removal. See separate policy, 8.8 Preparing Child for Placement and Practice Guidance for additional information;
6. Ask the question, “Is this an Indian child?”. If the child is believed to be an Indian child, complete the Indian Status Identification (SF 55407) form and genogram with the family, and forward the completed documents to the FCM Supervisor for review, who will then forward documents to the DCS Staff Attorney;
7. Provide the child’s parent, guardian, or custodian the Advisement of Legal Rights: Upon Taking a Custody of/Filing a Petition on Behalf of a Child Alleged to be a Child in Need of Services (SF 47114) at the time of removal, or notify the parent, guardian, or custodian within two (2) hours of the child’s detention, and provide him or her with the Advisement of Legal Rights: Upon Taking a Custody of/Filing a Petition on Behalf of a Child Alleged to be a Child in Need of Services (SF 47114) if they were not present at the time of removal;

**Note:** In ICWA cases, the DCS Staff Attorney will utilize the information from the Indian Status Identification (SF 55407) form and genogram to complete the ICWA notifications to the parent, Indian custodian, and/or Indian tribe in accordance with ICWA Guidelines.

8. Complete the Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstances (SF 49584) to document why the child was removed without a court order and/or without LEA presence if such extreme measures were taken;

9. Complete a diligent search to identify all adult relatives. See separate policy, 2.26 Diligent Search for additional guidance;

**Note:** Consider completing a Permanency and Practice Support (PPS) referral to the DCS Investigators, if assistance is needed.

10. Complete and send the Notice to Relatives (SF 55211) to the following adult relatives within 30 days of a child being removed from his or her parent, guardian, or custodian:
   a. paternal and maternal grandparents;
   b. aunts and uncles;
   c. siblings of the child involved;
   d. parent of a child’s sibling if the parent has legal custody of the sibling; and
   e. any other relatives suggested by the child or parent.

11. Consider the suitability of noncustodial parents, relatives, and former foster parents when securing appropriate placement for the child. See separate policies, 8.01 Selecting a Placement Option and 8.09 Placing a Child in Out-of-Home Care;

12. Notify the child’s school of his or her removal within 72 hours, and ensure the school is aware of any safety measures and/or medical interventions needed (see separate policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement);

13. Notify the DCS Central Eligibility Unit (CEU) when a child receiving benefits from the Adoption Assistance Program (AAP) or the Guardianship Assistance Program (GAP) is removed from his or her home;

14. Complete the Consulate/Embassy Notification (SF 55676) immediately when a foreign or dual national child is detained or a foreign nationality is identified, whichever comes first, and send to the International and Cultural Affairs (ICA) liaison;

**Note:** A Consulate/Embassy Notification (SF 55676) must be completed for each child.

15. Complete the Preliminary Inquiry (PI) and submit it to the FCM Supervisor for review;

16. Staff with the DCS Staff Attorney regarding the PI and coordinate to schedule a detention hearing;

17. Submit the PI to the DCS Staff Attorney;
18. Provide the parent, guardian, or custodian with advance written notification of the detention hearing using the Notice of Hearing form. Also, see notification responsibilities for ICWA in separate policy, 2.12 Indian Child Welfare Act (ICWA);
19. Complete the DCS Child Support Worksheet Questionnaire Form and submit it to the DCS Staff Attorney. See separate policy, 2.20 Child Support Establishment;
20. Coordinate and facilitate the Child and Family Team (CFT) meeting when it has been determined the child is at imminent risk of removal. Please see separate policy, 5.7 Child and Family Team (CFT) Meetings for additional information;

**Note:** The CFT composition may look different in the assessment phase. Over time, the functioning of the team may change and other team members may be identified. See Related Information for additional information.

22. Complete a Permanency and Practice Support (PPS) referral in KidTraks for ICA services if ICA needs are identified; and
23. Ensure all information and actions taken are documented in the case management system.

The FCM Supervisor will:
1. Staff with the FCM and provide supervisory approval for removal of a child when it has been determined the child cannot safely remain in the home;
2. Assist the FCM with any removal activities; and
3. Review the PI prior to the DCS Staff Attorney screening the PI and CHINS petition;

The DCS Staff Attorney will:
1. Staff with the FCM and FCM Supervisor as needed, regarding the involuntary removal;
2. Review the PI prior to securing a Detention Hearing;
3. Email or fax the Consulate/Embassy Notification (SF 55676) to the ICA liaison, if applicable;
4. Provide the ICWA notification to the child’s parent, Indian custodian, and/or Indian tribe within the mandated timeframe, and obtain confirmation of child’s eligibility (or non-eligibility) for membership in a U.S. Federally Recognized tribe, if applicable;
5. File a request for authorization to file a CHINS petition;
6. Prepare a CHINS petition and file upon receipt of authorization to file from the court;
7. Ensure a motion is filed timely for a detention hearing. See separate policy, 6.1 Detention Hearing for additional information; and
8. Ensure required language regarding Contrary to the Welfare/Best Interests of the child, Reasonable Efforts to Prevent Placement, and Placement and Care Responsibility to DCS or Active Efforts for ICWA cases is included in the Detention/Initial court order. See Related Information for additional guidance.

The ICA Liaison will:
1. Send the Consulate/Embassy Notification (SF 55676) to the appropriate consulate or embassy of the child’s country of origin, if applicable; and
2. Serve as the liaison for DCS and each respective consulate or embassy in sharing information as allowed by law.
PRACTICE GUIDANCE

Exploring Placement Options with the CFT
CFT members may aid in identifying the least restrictive and most appropriate placement option by providing information about non-custodial parents, appropriate relatives, and/or absent parents, as well as, by discussing priorities such as proximity of placement and placement of siblings.

CFT Process During Assessment Phase
During the assessment phase, the CFT may have a unique composition. The following should be considered when developing the CFT during the assessment phase:

1. **A lengthy prep is not necessarily required when utilizing the CFT process during the assessment phase.** During the assessment phase, FCMs are gathering the same information that is covered during the “prep” for the CFT process. It is important to realize that the CFT process utilizes all of the basic Teaming, Engaging, Assessing, Planning, and Intervening (TEAPI) skills that each FCM has learned.
2. **Some families may identify a limited support system during the assessment phase.** As a result there may only be 2-3 individuals at the meeting in addition to the representatives from DCS. In these situations, DCS may engage and team with the family to identify a goal of expanding their informal support system, which would increase the CFT’s membership. The key is to have a CFT composed of key individuals that may support the family after DCS involvement ends. DCS should always ask the question, “Is this an Indian Child?”
3. **The format of the CFT may look different in the assessment phase.** These meetings may lack the formality of the CFT meetings held later in the case. The focus of the meeting will be the same: the creation of a functioning CFT that may support the family so that well-informed decisions may be made to ensure the safety and well-being of the child involved.

Preparing the Child for Removal
Prepare the child for separation and placement, as age and developmentally appropriate, by:

1. Helping the child talk about his or her feelings and concerns, and do not minimize the child’s feelings;
2. Accepting the feelings of the child;
3. Answering questions in a way the child comprehends;
4. Refraining from providing the child with false information. It is better to say, “I don’t know” than to provide false information. Do not say “everything will be fine”;
5. Have a discussion with the child to determine his or her understanding of the removal and placement. Ask the child to explain in his or her own words;
6. Eliciting the parent or guardian’s help in giving permission to the child to leave and assuring the child of their continued love;
7. Taking familiar objects (e.g., clothes; toys; bottles; cups; music; and photos of the parent, guardian, or custodian) unless the home is the site of a contaminating controlled substance. See Indiana Drug Endangered Child Response Protocol;
8. Giving the child permission to miss his or her family; and

Adoption and Foster Care Analysis and Reporting System (AFCARS)
AFCARS requires that every child who is removed from the child’s home must be reported in the system. If a child is removed from his or her home more than 24 hours, the case needs to be entered in the case management system.

**Completing the Notification to Consulate or Embassy**

When completing the [Consulate/Embassy Notification (SF 55676)](https://example.com), it is imperative to have accurate information. The form should reflect if the information is unknown. FCMs should not submit a [Consulate/Embassy Notification (SF 55676)](https://example.com) with an assumed place of birth. If the place of birth is unknown, try to obtain the information by:

1. Reviewing the child’s birth certificate;
2. Asking the parent to which country was the absent parent, guardian, or custodian deported;
3. Contacting known relatives; and/or
4. Reviewing any identification paperwork obtained.

Do not contact Immigration and Customs Enforcement (ICE) to obtain this information.

FCMs should attach copies of any case documents (e.g., court orders, identification documents, and paternity orders) and any additional contact information they may have received when submitting the [Consulate/Embassy Notification (SF 55676)](https://example.com).

**ICA Resources**

ICA resources, such as documents and information about services provided by ICA, are available on the [Permanency and Practice Support Sharepoint](https://example.com). The Permanency and Practice Support SharePoint contains information to help improve services to multicultural populations and families (e.g., immigrant; tribal; sensory-impaired; Lesbian, Gay, Bi-Sexual, Transgender, Questioning [LGBTQ]; and military) by honoring the diversity of cultures and perspectives constituting the Indiana child welfare population. An email inbox is available to obtain guidance from an ICA liaison; emails may be sent to [Internationalandculturalaffairs@dcs.in.gov](mailto:Internationalandculturalaffairs@dcs.in.gov). An example of a question that may be sent to the email inbox includes a question regarding service providers for interpreter services. Emergency situations that require immediate attention, such as a safety concern, should not be emailed to the inbox. In emergency situations, FCMs may email the ICA liaison directly and expect a response by the following day.

**FORMS AND TOOLS**

1. [Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstances (SF 49584)](https://example.com)
2. [Advisement of Legal Rights: Upon Taking a Custody of/Filing a Petition on Behalf of a Child Alleged to be a Child in Need of Services (SF 47114)](https://example.com)
3. [Notice of Hearing – Available in the Juvenile Justice Benchbook: Child in Need of Services](https://example.com)
4. [Notice to Relatives (SF 55211)](https://example.com)
5. [Consulate/Embassy Notification (SF 55676)](https://example.com)
6. [DCS Child Support Worksheet Questionnaire Form](https://example.com)
7. [Title IV-E and Title IV-A/EA Information (SF55435)](https://example.com)
8. [Preliminary Inquiry– available in the case management](https://example.com)
9. [Indian Status Identification (SF 55407)](https://example.com)

**RELATED INFORMATION**
**Sibling**
A sibling is defined as:
1. A brother or sister by blood, half blood, adoption or step-sibling; and
2. Any other individual who would be considered a sibling if parental rights had not been terminated.

**Active Efforts for ICWA**
According to the Bureau of Indian Affairs (BIA) ICWA Guidelines, Active Efforts are intended primarily to maintain and reunite an Indian child with his or her family or tribal community and constitute more than reasonable efforts as required by Title IV-E of the Social Security Act (42 U.S.C. 671(a)(15)). Active efforts must be tailored to each child and family within each ICWA case and may include additional efforts by the agency working with the child and family. Additional examples of *Active Efforts* are listed on pages 40-42, in the *Guidelines for Implementing the Indian Child Welfare Act*.

**Note:** The examples of active efforts provided in the ICWA regulations reflect best practices in the field of Indian child welfare, but are not meant to be an exhaustive list.

The State agency should take an active role in connecting the parent or Indian Custodian with substantive services and resources. Culturally appropriate services in the child welfare context may include: trauma-informed therapy that incorporates best practices in addressing Native American historical and intergenerational trauma and/or pastoral counseling that incorporates a Native American holistic approach and focus on spirituality.

**Title IV-E Eligibility Program**
A Title IV-E eligibility determination must be completed for every child that enters out-of-home care each time an out-of-home care episode begins. Title IV-E Eligibility is based on several factors, including information gathered at the time of a child’s removal. Please review Chapter 15 *Title IV-E Eligibility* for additional information about the documentation needed for Title IV-E eligibility determinations for federal funding (e.g., 15.1 Title IV-E Foster Care (Overview)). This program helps to cover the costs of the child’s out-of-home care and DCS’ administrative expenditures.

**Note:** See separate policy, 2.12 *Indian Child Welfare Act (ICWA)* for information regarding IV-E involvement, when the child is an Indian Child.

**Foreign National**
A foreign national is any person (adult or child) who is born outside of the U.S. and has not become a U.S. citizen.

**Vienna Convention**
In compliance with the provisions of the Vienna Convention, DCS will contact the appropriate foreign consulate or embassy in the U.S. as soon as possible after the detention of a foreign national child.

**Memorandum of Understanding (MOU) with the Mexican Consulates**
The MOU with the Mexican Consulates serving Indiana may be found on the Permanency and Practice Support SharePoint. DCS will notify the Mexican Consulates of the detention of a child who is a Mexican National or whose parent is a Mexican National.

**DCS Investigators**

DCS Investigators are employees of DCS who are responsible for assisting FCMs in locating absent parents, relatives, and/or other identified persons of interest to the case and/or assessment. FCMs may make a referral for this assistance in situations where all procedural steps have been completed and their efforts have been unsuccessful. Additional information regarding how to make a referral, when to make a referral, and other helpful information can be found on the Permanency and Practice Support-Investigator website.
STATEMENTS OF PURPOSE

Upon receipt of a report of suspected Child Abuse and/or Neglect (CA/N) the Indiana Department of Child Services (DCS) will contact the Law Enforcement Agency (LEA) in the appropriate jurisdiction to request a joint assessment in certain circumstances.

DCS will request joint assessments with LEA when CA/N allegations include, but are not limited to:

1. All reports that require a two (2) hour response time;
2. Child fatalities and near fatalities. See separate policy, 4.31 Fatality and Near Fatality Assessments;
3. Child sexual abuse. See separate policy, 3.8 Statutory Definition of Child Abuse and/or Neglect (CA/N) for legal definition of sexual abuse; and

   Note: DCS Institutional Child Protection Service (ICPS) Unit may also request joint assessments with LEA for licensed childcare homes, residential childcare centers, or schools (or employees or volunteers of those persons or entities).

4. All reports of Human Trafficking; see separate policy, 2.21 Human Trafficking.

DCS ICPS Unit will not conduct an assessment involving an unlicensed registered child care ministry without LEA involvement unless the child care ministry accepts Child Care Development Fund (CCDF).

DCS will document efforts to contact LEA for all reports in the case management system. DCS will not be deterred from initiating a CA/N assessment within the necessary time frame due to a delay in LEA response, unless allegations indicate the child’s home may be the site of a contaminating controlled substance or other safety concerns exist for the responding FCM and an interview with the child at an alternate site is not practical. Refer to the Indiana Drug Endangered Children (DEC) Response Protocol. See separate policy 4.38 Assessment Initiation.

During a criminal investigation of CA/N, DCS will cooperate with the county or district prosecutor and LEA. However, DCS will not act as law enforcement by gathering evidence or interviewing persons for the sole purpose of a criminal investigation. The DCS focus will be on assuring the safety of children.

Code References
1. IC 31-9-2-31: “Custodian”
2. IC 31-33-7-7: Law enforcement agency investigation and communication of information
3. IC 31-33-8-1: Investigations of child care ministries by the department of child services
4. IC 31-33-8-2: Investigations by Law enforcement agencies
PROCEDURE

The Family Case Manager (FCM) will:

1. Request LEA assistance and document LEA’s response to DCS’s request in MaGIK.

If LEA is able to respond within the assessment timeframe required by DCS (See separate policy 4.38 Assessment Initiation), the FCM will:

1. Make contact with LEA to discuss the allegations and a plan for the interview and other assessment activities; and
2. Cooperate with LEA to complete all steps necessary in a routine CA/N assessment. See separate policy, 4.3 Conducting the Assessment.

If LEA is unable to respond within the assessment timeframe required by DCS (see separate policy 4.38 Assessment Initiation), the FCM will:

1. Document in the case management system a request was made to LEA for a joint assessment (date and time of request and to whom it was sent);
2. Proceed with the assessment as required; and
3. Anticipate that LEA may join the DCS assessment at any time during the process.

FCMs will:

1. Stay in regular contact with LEA, including providing copies of all pertinent CA/N assessment files, when LEA and DCS are investigating the same family;
2. Follow local agreements and protocols to resolve any conflicts between DCS and LEA about differing methods of assessment; and
3. Testify at criminal hearings when subpoenaed to do so.

PRACTICE GUIDANCE

DCS Participation in Joint Interviews
When conducting a joint interview with LEA, DCS will participate in the interview (vs. merely observe) to the extent practical given the circumstances.

Alleged Perpetrator in Police Custody
If the alleged perpetrator is in police custody, the FCM must obtain authorization to conduct the interview. This is necessary to ensure that the alleged perpetrator’s rights under criminal law are protected. If the perpetrator’s attorney does not allow the interview, or the perpetrator who is not represented by an attorney refuses to be interviewed, the FCM must immediately advise the FCM Supervisor and document thoroughly.

FORMS AND TOOLS

Indiana Drug Endangered Children (DEC) Response Protocol

RELATED INFORMATION

Rationale for Joint Assessments
Teamwork offers several benefits to both the alleged victim(s) and the professionals involved in the assessment. Coordinated responses can reduce the number of interviews a child undergoes. It can minimize the number of personnel involved in the assessment and
duplication of efforts. Teamwork can enhance the quality of evidence. A joint assessment can expedite the provision of necessary assistance to the victim and/or family.
The Institutional Child Protection Services (ICPS) Unit will conduct an assessment of a report of Child Abuse and/or Neglect (CA/N) if the allegations state the incident of CA/N occurred while the child was in the care of one of the following:

1. Residential Facility (e.g., DCS licensed Child Caring Institution, Group Home or Private Secure Facility);
2. School;
3. Hospital;
4. Juvenile Correctional Facility;
5. Adult Correctional Facility that houses juvenile offenders;
7. Licensed Child Care Home or Center;
8. Unlicensed Registered Child Care Ministry; or
9. Unlicensed Child Care Home or Center (see Related Information).

Note: DCS will not conduct an assessment on an unlicensed registered child care ministry without Law Enforcement Agency (LEA) involvement unless the child care ministry receives Child Care Development Fund (CCDF) vouchers.

The ICPS Unit will not assess CA/N reports on foster homes or fatalities/near fatalities. The DCS local office will assess these reports.

Note: The DCS local office shall coordinate with ICPS on any assessment that involves a fatality/near fatality that occurs in an institutional setting.

**Code References**

1. IC 31-33-8-1 Investigations by the department of child services; time of initiation; investigations of child care ministries
2. IC 31-33-7-8 Reports after an initiation of assessment or investigation; contents; confidentiality
3. IC 31-33-18-2 Disclosure of un-redacted material to certain persons

**PROCEDURE**

To investigate an institutional report, the ICPS Family Case Manager (FCM) will:

1. Review the Preliminary Report of Alleged Child Abuse or Neglect (SF 114) and initiate the assessment within the appropriate response time, based on the nature of the allegations. See separate policies, 4.1 Reviewing the Child Abuse and/or Neglect (CA/N) Intake Report and Other Records, 4.38 Assessment Initiation and 4.29 Joint Assessments:
2. Address initial and future safety concerns of the alleged victim through a Safety Plan (SF 53243), when appropriate. The ICPS FCM will document whether any safety measures were taken or why no action was needed in the case management system;  
3. Obtain supervisory approval of the Safety Plan (SF 53243);  
4. Notify the parent, guardian, or custodian of the allegation(s) and request consent to interview the child unless an exception in DCS Policy exists. See separate policies, 4.5 Consent to Interview Child and 4.6 Exigent Circumstances;  

Note: If the child victim is placed in a residential facility by DCS, the Department of Corrections (DOC), or Probation and the alleged perpetrator is an employee or another resident at the facility, exigent circumstances exist.  

5. Notify the following if the child victim and/or the child perpetrator are Child in Need of Services (CHINS) or probation wards:  
   a. The FCM or Probation Officer assigned to provide permanency services for the child; and  
   b. The Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) appointed for the child.  

6. Locate the subjects of the CA/N intake report (e.g. - the alleged victim, victim’s parent(s), guardian(s), or custodian, and alleged perpetrator). See separate policy, 4.7 Locating the Subjects;  
7. Identify himself or herself and show proper identification at the onset of each interview.  
8. Follow appropriate procedures for gaining entry into the home or facility. See separate policy, 4.8 Entry into Home or Facility;  
9. Conduct the following interviews (in the order shown below, to the extent possible and practical):  
   a. An in-person interview with the alleged child victim. See separate policy, 4.9 Interviewing Children;  
   b. An in-person or phone interview with the reporting source (unless the reporting source is anonymous);  
   c. An in-person or phone interview with every person (child or staff) who is known to have witnessed the incident. See separate 4.5 Consent to Interview Child. The ICPS FCM will document in the case management system if no witnesses exist or if a child witness’s parent does not consent to the interview;  
   d. An in-person or phone interview with professionals who did not make the report, but are believed to have first-hand knowledge that relates to the allegation(s), results of the incident, injury to the child victim, or circumstances of the family being assessed, if such professionals are accessible. The FCM will document in the case management system if no such professionals exist.  
   e. Any additional interviews necessary to gain adequate information from which to draw conclusions about the validity of the allegation(s). Examples may include, but are not limited to, DCS local office staff, DCS central office licensing staff, parents, family friends, Bureau of Child Care licensing staff, facility staff or management staff, etc.; and  
   f. An in-person interview with the alleged perpetrator. See separate policy, 4.11 Interviewing the Alleged Perpetrator.  

10. Visually examine an alleged child victim as necessary to confirm alleged or suspected bodily injuries. See separate policy, 4.14 Examining a Child. Photograph visible trauma found on a child or secure photographs that have been taken by a medical professional
or LEA. Upload and scan any photographs taken or obtained into the case management system.

11. Ensure the necessary medical and/or psychological examinations are arranged. See separate policy, 4.16 Medical and Psychological Examinations Drug Screens and Substance Abuse Evaluations;

12. Review and obtain, when possible, the alleged child victim’s records kept by the facility, such as daily log sheets, medical reports, incident reports, surveillance, etc;

13. Review and obtain information on the alleged perpetrator and his or her custodial relationship over the alleged child victim and any other information relevant to the assessment completion;

14. Examine and photograph pertinent areas of the institution and upload into the case management system whenever possible (e.g. classroom, hallways, items related to the allegations, etc);

15. Gather additional demographic information that is not already included on the CA/N intake report during the interviews;

16. Provide each parent, guardian, or custodian, including an alleged father or any known non-custodial parent and alleged perpetrator, Notice of Availability of Completed Reports and Information (SF 48201) and document in the Assessment of Alleged Child Abuse or Neglect Report (SF 113). If the alleged perpetrator is a child, provide the notice to his or her parent, guardian or custodian;

17. Discontinue the interview if at any point the ICPS FCM becomes concerned for his or her safety (e.g., the individual becomes hostile or threatening or there are other dangerous conditions in the home). Seek supervisory input to make alternate arrangements to complete the assessment;

18. Notify the accused employee’s Regional Manager or the DCS Human Resources Office within one (1) business day if the alleged perpetrator is a DCS staff member. See separate policy, 2.4 Assessment and Review of DCS Staff Alleged Perpetrators;

19. Notify any state agency that has responsibility over licensing/certification within one (1) business day;

20. Gather additional information necessary to make a determination about the validity of the allegations;

21. Document all information gathered during the assessment in the case management system;

22. Seek supervisory input as needed throughout the assessment;

23. Document good faith attempts if unable to complete any element of the assessment and seek supervisory input. See separate policy, 4.20 Good Faith Efforts;

24. Send the Forty-five (45) Day Report of Assessment (SF 54854) to the administrator of the facility that made the CA/N report, if applicable. See separate policy, 4.21 Forty-five (45) Day Report of Assessment;

25. Arrive at a finding of substantiated or unsubstantiated for each allegation. See separate policy, 4.22 Making an Assessment Finding;


27. Ensure that the alleged perpetrator is notified of his or her right to administrative review, including the right to participate in an informational review prior to arriving at a finding if the alleged perpetrator is a child care worker or resource parent. See separate policies, 2.1 Notice of Assessment Outcome, 2.2 Administrative Review Process, 2.3 Child Care Worker Assessment Review Process, and 2.4 Assessment and Review of DCS Staff Alleged Perpetrators; and

28. Provide a copy, upon request, of the approved Assessment of Alleged Child Abuse or Neglect Report (SF 113) to the director of a residential facility when a CA/N assessment...
is completed if the allegations involved a facility employee/volunteer when the child was placed at the facility. The Assessment of Alleged Child Abuse or Neglect Report (SF 113) can be released to the facility even if the child is removed prior to the completion of the assessment. See 2.6 Sharing Confidential Information.

The ICPS Supervisor or his or her designee will:

1. Staff the assessment regularly with the ICPS FCM;
2. Review any Safety Plan (SF 53243) for approval;
3. Send a copy of the approved Assessment of Alleged Child Abuse or Neglect Report (SF 113) to the State Superintendent of Public Instruction if the assessment involved allegations regarding a licensed teacher (including substitutes) that occurred in the course of his or her employment as a teacher or if the assessment involved allegations that took place on school grounds. Prior to sending notice, the ICPS Supervisor or his or her designee must redact the report source from the report, as well as other identifying information on other persons if disclosure of the information would be likely to endanger the life or safety of the person; and
4. Send notice to the perpetrator regarding his or her rights to a review and an appeal of the decision if any allegations are substantiated. See separate policies, 2.1 Request for Administrative Review, 2.2 Administrative Review Process, 2.3 Child Care Worker Assessment Review Process, 2.4 Assessment and Review of DCS Staff Alleged Perpetrators, and 2.5 Administrative Appeal Hearings.

PRACTICE GUIDANCE

ICPS Sexual Abuse Allegations
When sexual acts occur involving child(ren) within an institutional setting, ICPS will assess only when the allegations are against a child or adult who is employed by or volunteers at that institution. See chart below for assignment examples:

<table>
<thead>
<tr>
<th>Alleged Perpetrator</th>
<th>Allegation Type</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional staff</td>
<td>Neglect/Sexual Abuse</td>
<td>ICPS</td>
</tr>
<tr>
<td>Child at the Institution</td>
<td>Sexual Abuse</td>
<td>ICPS</td>
</tr>
<tr>
<td>Unknown perpetrator (within the institution)</td>
<td>Sexual Abuse</td>
<td>ICPS</td>
</tr>
<tr>
<td>Unknown perpetrator (outside of institution)</td>
<td>Sexual Abuse</td>
<td>Local Office</td>
</tr>
</tbody>
</table>

Example: Two (2) children aged five (5) are acting out sexually in the bathroom at school. One of the children displays sexual behaviors well outside typical development and there is suspicion that the child is a victim of sexual abuse. While the incident occurred within an institutional setting there is no allegation of neglect on the school, therefore the DCS local office assesses the allegations of sexual abuse on an unknown perpetrator in regard to the child displaying the sexual behaviors.

In the event that a DCS local office or the ICPS unit receives a Preliminary Report of Alleged Child Abuse or Neglect (SF 114) on a caregiver that is operating a day care home without a license or registration, the ICPS Supervisor and/or Program Manager will determine whether or not it is more appropriate for ICPS to complete the assessment.
Assigning ICPS Assessments
When assigning an assessment, the ICPS Supervisor will consider the experience and skill sets, caseloads, and schedules of available ICPS FCMs to determine the best match for the assessment. When a report is assigned, the person assigning will ensure the ICPS FCM receiving the report is notified.

Access to Information
DCS has the authority to request and secure any information from a facility that is necessary to conduct a ICPS CA/N assessment. This includes, but is not limited to: files kept on facility staff and children who attend the facility, and the facility’s licensing file.

Child Care Worker Assessment Review (CCWAR)
If the alleged perpetrator is a child care worker, defined as a person who has direct contact with children through the course of employment or volunteer work in an institution, he or she is entitled to have a Child Care Worker Assessment Review (CCWAR) prior to a decision to substantiate the assessment. This review is a meeting with one (1) of the following: the DCS Local Office Director (LOD), the DCS Local Office Deputy Director, DCS Local Office Division Manager (DM), or the Regional Manager (RM), at which time the child care worker may present any additional information that he or she feels could assist DCS in making an accurate decision. See separate policy, 2.3 Child Care Worker Assessment Review Process.

Executive Branch State Agencies that Administer and/or Monitor Institutions
If another executive branch state agency is involved with the child or family, DCS will collaborate with the designated liaison from the agency.

If a listed state agency licenses, certifies or otherwise monitors an institution in which the CA/N assessment is taking place, DCS will share intake/assessment information with that state agency:

1. Indiana Department of Correction;
2. Family and Social Services Administration: Bureau of Developmental Disabilities;
3. Family and Social Services Administration: Division of Mental Health;
4. Family and Social Services Administration: Division of Family Resources.

In all fatalities/near fatalities, the ICPS unit will have the responsibility to notify the state agency of the assessment even though the local office will take the lead on the assessment.

Department of Education
DCS will share completed assessment information (substantiations and unsubstantiations) with the Department of Education when the allegations:
1. Involve a teacher in their capacity as a teacher; and/or
2. The allegation occurred on school property.

Unlicensed Child Care Home or Center
ICPS will investigate when an incident of alleged CA/N occurs in an unlicensed Child Care Home or Center that cares for more than five (5) unrelated children.

FORMS AND TOOLS

1. Notice of Availability of Completed Reports and Information (SF 48201)
2. Consent of Parent, Guardian or Custodian to Interview Child(ren) (SF 52013)
3. Notice to Parent, Guardian or Custodian of Interview with Child (SF 53130)
5. Request for Release of Assessment Information (SF 55671)
6. Safety Plan (SF 53243)

RELATED INFORMATION

If the institution holds a license by an agency other than DCS, the ICPS FCM may discuss with his or her supervisor and/or Program Manager if a review of the actual licensing file would further the progress of the assessment. The ICPS FCM will request to review the licensing file if it is decided that information in the file will further the progress of the assessment. In situations when an institution will not release information without a subpoena or formal request from DCS, the ICPS FCM and his or her supervisor and/or Program Manager will take necessary steps to obtain information or evidence that would further the progress of the assessment.

Child Caregiver
IC 31-9-2-16.4 defines a child caregiver as a person who provides, or is responsible for providing, care and supervision of a child (other than a child of whom the person is a parent, stepparent, grandparent, aunt, uncle, sibling, legal guardian or custodian with whom the person resides) at a residential property that is not the child’s place of residence, if the person:
1. Is not required to be licensed as the operator of:
   a. A child care home under IC 12-17.2-5, or
   b. A foster family home under IC 31-27-4, and
2. Provides care and supervision of a child while unattended by the child’s:
   a. Parent,
   b. Guardian, or
   c. Custodian with whom the child resides, and
3. Receives more than $2,000 in annual compensation for providing care and supervision of a child or children.

All of these requirements must be met in order for DCS ICPS to assess a child caregiver.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will assess all reported child fatalities and near fatalities for which there is reason to believe that Child Abuse and/or Neglect (CA/N) may be a factor in the fatality or near fatality. If the circumstances surrounding the child’s death or near fatality appear to be sudden, unexpected, or unexplained, DCS shall evaluate the information available to determine whether or not the death or near fatality was related to child abuse and/or neglect. DCS will participate in the fatality team process as established by statute.

**Note:** Near Fatality means a severe childhood injury or condition that is certified by a physician as being life threatening. See Practice Guidance.

DCS will coordinate child fatality or near fatality assessments with a Law Enforcement Agency (LEA). DCS will coordinate and confer with the Coroner as necessary and appropriate. The DCS local office will confer and coordinate with the Institutional Child Protection Services (ICPS) Unit when it is determined a fatality or near fatality has occurred in an institutional setting.

The DCS Hotline and either the local child fatality review team or the statewide child fatality review committee will be notified by the Coroner of a death of a person who is less than 18 years of age, or appears to be less than 18 years of age and who has died in a sudden, unexpected, or unexplained manner.

In the event of a child fatality or near fatality, if DCS has reason to believe a parent, guardian, or custodian was impaired, intoxicated, or under the influence of drugs or alcohol immediately before or at the time of death, DCS or LEA may request that the parent, guardian, or custodian submit to an alcohol/drug screen. DCS or LEA must make the request within three (3) hours of the near fatality or death of the child. However, the results from a requested alcohol/drug screen may not be used in a criminal proceeding.

**Note:** If the parent, guardian, or custodian does not submit to the screen within three (3) hours of the request, the refusal may be used in the DCS determination to substantiate or unsubstantiate abuse and/or neglect. However, the refusal to submit to a screen may not be used in any criminal action.

**Code References**
1. IC 31-33-8 Investigation of reports of suspected child abuse or neglect
2. IC 31-33-18-1.5(h) Written findings; copies to the Department of Child Services; certain records held by government entities not confidential if redacted; procedure for redacting records
3. IC 31-34-12-7 Failure to submit to drug or alcohol test
4. IC 36-2-14-6.3 Coroner notification of child deaths; coroner consultation with child death pathologist; suspicious, unexpected, or unexplained child deaths; autopsy
5. 42 USC 5101 67 The Child Abuse Prevention and Treatment and Adoption Reform
6. IC 16-49 Child Fatality Reviews

**PROCEDURE**

For fatality and near fatality assessments, the Family Case Manager (FCM) will:

1. Place any surviving siblings in a safe environment if all legal caregivers have been arrested;
2. Assess risk to any surviving siblings and document in the Assessment of Alleged Child Abuse or Neglect Report (SF 113) narrative;
3. Request the parent, guardian, or custodian submit to an alcohol/drug screen, if DCS has reason to believe impairment is suspected in the near fatality or fatality of a child, within three (3) hours of the near fatality or death of the child. The FCM must receive approval from the FCM Supervisor prior to sending the parent, guardian, or custodian for the alcohol/drug screen;

**Note:** If an alcohol/drug screen is requested, this must be documented in the Assessment of Alleged Child Abuse or Neglect Report (SF 113). If a drug or alcohol screen cannot be completed at the scene, collaboration shall occur between LEA and the FCM Supervisor to determine a safe plan for transport.

4. Assist LEA with conducting interviews of family members as requested;
5. Collect LEA, Hospital, Coroner reports and the final Autopsy Report so that an Assessment of Alleged Child Abuse or Neglect Report (SF 113) can be prepared;

**Note:** The final Autopsy Report may take some time to obtain depending on various circumstances. Once available, a copy of the final Autopsy Report will be collected.

6. Conduct an appropriately thorough CA/N assessment in coordination with any LEA assessment. See separate policy, 4.3 Conducting the Assessment;
7. Refer the family members to support services and document, if applicable;
8. Provide each parent, guardian, custodian, and alleged perpetrator with a copy of the form, Notice of Availability of Completed Report and Information (SF 48201) and document in the Assessment of Alleged Child Abuse or Neglect Report (SF 113). If the alleged perpetrator is a child, provide the notice to his or her parent, guardian or custodian;
9. Make an assessment finding (See separate policy, 4.22 Making an Assessment Finding) and submit for approval to the FCM Supervisor;

**Note:** For all fatalities and near fatalities that are substantiated, per IC 31-33-18-1.5(h) the Assessment of Alleged Child Abuse or Neglect Report (SF 113) must include the following:
1. A summary of the report of CA/N and a factual description of the contents of the report;
2. The date of birth and gender of the child;
3. The cause of the fatality or near fatality, if the cause has been determined; and
4. Whether DCS had any contact with the child or the perpetrator before the fatality or near fatality occurred. If DCS had contact include the following information:
   a. The frequency of the contact or communication with the child or a member of the child’s family or household before the fatality or near fatality and the date on which the last contact or communication occurred before the fatality or near fatality, and
   b. A summary of the status of the child’s case at the time of the fatality or near fatality including:
      i. Whether the child’s case was closed by DCS before the fatality or near fatality;
      ii. Reasons the case was closed if closure occurred prior to the near fatality or fatality; and
      iii. Date of case closure.

When a near fatality results in a fatality, the FCM is required to e-mail the Central Office Fatality Unit of the death as soon as possible but no later than 24 hours upon learning of the fatality. The FCM must document in Case Management System that the fatality resulted from the near fatality injury.

For Assessments of Child Fatalities the FCM Supervisor will:
1. Engage with the FCM and approve the request to send the parent, guardian, or custodian for an alcohol/drug screen within three (3) hours of the death of the child, if the FCM Supervisor is satisfied that DCS has reason to believe impairment is suspected in the fatality of a child;
2. Ensure the Regional Manager (RM), Local Office Director (LOD), and Division Manager (DM), if applicable, have reviewed the assessment;
3. Send one (1) copy of the assessment file to the Central Office Fatality Unit within 180 days of the receipt of the child fatality. The assessment file should include these and other items:
   a. Completed and approved Preliminary Report of Alleged Child Abuse or Neglect (SF 114),
   b. Substantiated and unsubstantiated history with DCS including 310s, 311s, and contact notes,
   c. Completed but unapproved Assessment of Alleged Child Abuse Child Abuse or Neglect Report (SF 113),
   d. Completed and thoroughly documented assessment notes (add printed contacts from the Case Management System,
   e. Hospital report,

Note: This refers to any relevant medical information relating to the fatality.

   f. LEA report, any information about charges filed, and/or arrests made,
   g. Emergency Medical Services (EMS) or local Fire Department records, if applicable,
   h. Coroner and autopsy report, if applicable,
**Note:** If there was no autopsy, this needs to be documented in the narrative of the Assessment of Alleged Child Abuse or Neglect Report (SF 113).

i. State issued Death Certificate, and  
j. Copies of available newspaper clippings showing any information related to the assessment including, if applicable, criminal investigations, arrests and trials.

4. Approve the assessment as directed by the Central Office Fatality Unit; and

**Note:** Review of fatalities by the local child fatality review team is at the discretion of the team.

5. Send a copy of the completed Assessment of Alleged Child Abuse or Neglect Report (SF 113) to the following persons, if substantiated, and follow-up via phone to confirm receipt:  
   a. County Prosecutor,  
   b. Investigating LEA, and  
   c. County Coroner.

6. Assess to determine if a referral to the DCS Critical Response Unit is needed to assist local staff.

The DCS Local Office Director (LOD) or Division Manager (DM) will complete the Child Fatality Review Form in Case Management System.

For Assessments of **Near Fatalities** the FCM Supervisor will:

1. Engage with the FCM and approve the request to send the parent, guardian, or custodian for an alcohol/drug screen within three (3) hours of the near death of the child, if the FCM Supervisor is satisfied that DCS has reason to believe impairment is suspected in the near fatality of a child;

2. Ensure the assessment is completed within 180 days and the case file contains:  
   a. Completed and approved Preliminary Report of Alleged Child Abuse or Neglect (SF 114),  
   b. Copies of any history the family may have had with DCS,  
   c. Completed but unapproved Assessment of Alleged Child Abuse or Neglect Report (SF 113),  
   d. Completed and thoroughly documented assessment notes (add printed contacts from Case Management System),  
   e. Hospital report,

**Note:** This refers to any relevant medical information relating to the near fatality.

f. LEA report, any information about charges filed, and/or arrests made,  
g. Emergency Medical Services (EMS) or local Fire Department records, if applicable,  
h. Copies of available newspaper clippings showing any information related to the assessment including, if applicable, criminal investigations, arrests and trials.
3. Ensure the Regional Manager (RM), LOD, and DM, if applicable, have reviewed the assessment;
4. Notify the Central Office Fatality Unit when the near fatality assessment is ready to be Approved;
5. Provide the Central Office Fatality Unit with detailed findings of substantiation or unsubstantiation on any alleged perpetrator;

**Note:** The Central Office Fatality Unit will be tracking near fatalities, but will not be responsible for the review or approval of the assessments. The Central Office Fatality Unit will release the assessment in Case Management System to be approved by the FCM Supervisor upon receiving assessment findings and notification that the Child Fatality Review Form has been completed.

5. Approve the assessment in Case Management System;
6. Send a copy of the completed Assessment of Alleged Child Abuse or Neglect Report (SF 113) to the following persons, if substantiated, and follow-up via phone to confirm receipt:
   a. County Prosecutor,
   b. Investigating LEA, and

7. Assess to determine if a referral to the DCS Critical Response Unit is needed to assist local staff.

### PRACTICE GUIDANCE

**Near Fatality**
A near fatality is defined by Indiana Code as a severe childhood injury or condition that is certified by a physician as being life threatening. Life threatening is further defined as an injury or condition that is categorized as “serious” or “critical” in patient hospital records.

Once the child meets this criteria then the allegation of “near fatality” should be marked along with any other type(s) of maltreatment if the allegations are substantiated.

**Note:** Near fatality and fatality cannot be designated for the same originating injury. If a child dies as a result of the near fatality injury, the assessment is to be considered as a fatality only. The FCM Supervisor should add a mandated reason of fatality in Case Management System.

### Documenting a Fatality or Near Fatality
If a child death occurs due to substantiated abuse and/or neglect, the assessment worker must check the allegation of “death due to abuse” and/or “death due to neglect” in the findings section for Fatality or Near Fatality assessments in Case Management System. The type of maltreatment which led to the death of the child must also be checked. A bathtub drowning, for example, might be marked “death due to neglect” (from the list of neglect maltreatment types) and “lack of supervision” or “environment life/health endangering,” depending upon the circumstances.
**Documenting Impairment of the Parent, Guardian, or Custodian**
DCS must document any noted or suspected impairment of the parent, guardian, or custodian during the course of the assessment. If DCS is not on the scene, interview those professionals who were there, for example, LEA, EMS, etc., and obtain any documentation regarding impairment or lack thereof, if applicable. Typically impairment is not mentioned in LEA and EMS reports unless it is obvious. If it is not mentioned, DCS will attempt to contact the other professional responders and ask if any impairment was noted. If no impairment is suspected, DCS will document that there was no suspicion of impairment.

**Coordinating with LEA**
A DCS assessment shall not interfere with or duplicate the LEA assessment. The DCS local office shall complete a DCS assessment report based on the findings of the LEA or joint DCS/LEA assessment.

**DCS Assessment Report**
If DCS was not involved in the active assessment, the Law Enforcement Officer and the LEA report are resources for completion of the *Assessment of Alleged Child Abuse or Neglect Report (SF 113)*. For example, interview dates and birth dates can be found in LEA reports.

**Delayed Coroner’s Reports and Autopsies**
Delayed Coroner’s reports and autopsies are not justifications for a delay in sending the assessment file, including the completed Assessment Report, to the Central Office Fatality Unit unless the FCM is unable to get a verbal Coroner’s report, death certificate, and autopsy report, and has documented this in Case Management System. If there is a delay in obtaining a necessary report the FCM Supervisor will notify the Central Office Fatality Unit of the reason for delay and will complete and transmit the Assessment Report as soon as reasonably possible after receipt of the delayed report.

**Accidental Death**
A Coroner’s finding of “accidental death” does not preclude a DCS assessment finding of substantiated CA/N. For example, a Coroner may rule a child’s drowning an “accidental death,” but DCS may substantiate neglect due to the parent’s lack of supervision of the child.

**FORMS AND TOOLS**
1. Preliminary Report of Alleged Child Abuse or Neglect (SF 114)
2. Assessment of Alleged Child Abuse or Neglect Report (SF 113)
3. Child Fatality Review Form – available to LODs and DMs in Case Management System
4. 4.B Tool - Assessment Narrative
5. Notice of Availability of Completed Report and Information (SF 48201)

**RELATED INFORMATION**

**Autopsy Report**
An Autopsy Report is a clinical report issued by a medical doctor/pathologist.
According to Indiana Code, a coroner shall make available, upon written request, a full copy of an autopsy report, including photographs, a video recording, or an audio recording of the autopsy to:

1. DCS, including the DCS local office where the death occurred;
2. The statewide child fatality review committee; and/or
3. The local child fatality review team where the death occurred.

**Note:** One (1) and three (3) above are for purposes of conducting a review or an investigation of the circumstances surrounding the death of a child (as defined in IC 31-9-2-13(d)(1)) and making a determination as to whether the death of the child was a result of abuse, abandonment, or neglect. An autopsy report made available under this subsection is confidential and shall not be disclosed to another individual or agency, unless otherwise authorized or required by law.

**Coroner's Report**
A Coroner’s Report is a document issued by an elected official (Coroner) usually based on the findings in an autopsy report.

**Coroner's Inquest**
A Coroner’s Inquest is a fact finding process initiated by the Coroner involving the presentation of evidence and witness testimony in front of a jury to determine circumstances surrounding the death.

**Sudden Unexplained Infant Death (SUID)**
According to the Centers for Disease Control (CDC), sudden unexpected infant deaths are defined as infant deaths that occur suddenly and unexpectedly, and whose manner and cause of death are not immediately obvious prior to investigation.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 4: Assessment  Effective Date: July 1, 2011
Section 33: Standby Guardianship  Version: 1

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will consider the Standby Guardian or Alternate Standby Guardian as defined in IC 29-3-3-7: Declaration of standby guardians; required information; duration of the guardianship for purposes of determining the placement of a child who is the subject of:

1. An allegation of Child Abuse or Neglect (CA/N) under IC 31-33. Juvenile Law: Reporting an Investigation of Child Abuse and Neglect;
2. An open Child In Need of Services (CHINIS) case under IC 31-34. Juvenile Law: CHILDREN IN NEED OF SERVICES; or

A Standby Guardian is a person named by the parent of a minor or guardian to assume legal custody of a child when that parent is no longer able to care for the child as a result of a triggering event (debilitation, incapacity or death).

The parent or guardian of a minor may, also, designate an Alternate Standby Guardian if the designated Standby Guardian is unable to serve, renounces the appointment, dies or becomes incapacitated.

This consideration is required, but not binding upon DCS, Probation or the Juvenile Court.

Note: Standby Guardians or Alternate Standby Guardians must still meet the requirements of DCS placements in order for a ward of DCS or Probation to be placed in their care, See separate policy, 8.1 Selecting a Placement Option.

The Standby Guardianship can be effective for 90 days upon death or incapacity of the parent of a minor or guardian.

When the parent or guardian of a minor names a Standby Guardian or Alternate Standby Guardian, or the alleged perpetrator is a Standby Guardian or Alternate Standby Guardian, then the Family Case Manager (FCM) will staff with the Supervisor, DCS Local Office Director (LOD) or designee, and a DCS Staff Attorney.

Code References
1. IC 31-33. Juvenile Law: Reporting an Investigation of Child Abuse and Neglect
2. IC 31-34. Juvenile Law: CHILDREN IN NEED OF SERVICES
4. IC 29-3-1-7.5: Incapacitated Person
5. IC 12-7-2-61: Developmental Disability
6. **IC 29-3-3-7: Declaration of standby guardians; required information; duration of the guardianship**

**PROCEDURE**

The FCM will:

1. Review any notarized documentation from the family regarding a guardianship;
2. Staff the case with their Supervisor, DCS LOD or designee and a DCS Staff Attorney regarding the possible Standby Guardianship situation;
3. Consider the Standby Guardian or Alternate Standby Guardian for purposes of determining a placement if applicable; and
4. Document in the Management Gateway for Indiana’s Kids (MaGIK) that the consideration was made.

**PRACTICE GUIDANCE**

*Safely Home, Families First and Engaging Fathers*

The Standby Guardian or Alternate Standby Guardian may be able to provide valuable information about a child’s extended family and non-custodial parents. By engaging the Standby Guardian and using a Family Network Diagram, the FCM can document valuable information about the child’s history, extended family and identify informal supports to help reach the best permanency option for the child.

**FORMS AND TOOLS**

1. Family Network Diagram
2. GenoPro – Available via GenoPro Software

**RELATED INFORMATION**

**Definition of Incapacity**

An incapacitated person means an individual who:

1. Cannot be located upon reasonable inquiry;
2. Is unable
   a. to manage in whole or in part of the individual’s property,
   b. to provide self care, or
   c. both
3. because of insanity, mental illness, mental deficiency, physical illness, infirmity, habitual drunkenness, excessive use of drugs, incarceration confinement, detention, duress, fraud, undue influences of others on the individual, or other incapacity (as defined in IC 29-3-1-7.5: Incapacitated Person or having a developmental disability (as defined in IC 12-7-2-61: Developmental Disability).
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 4: Assessment
Effective Date: July 1, 2017

Section 34: Safe Haven and Abandoned Infants
Version: 5

STATEMENTS OF PURPOSE

Safe Haven
The Indiana Department of Child Services (DCS) will assume the care, control, and custody of a child immediately after receiving notice that the parent:

1. Has knowingly and intentionally left the child with an emergency medical services provider or in a newborn safety device; and
2. Did not express an intent to return for the child.

The Safe Haven Law allows a parent to surrender their newborn child to an emergency medical services provider. The emergency medical services provider will, without a court order:

1. Take custody of a child from any person who voluntarily leaves their child with them;
2. Perform any act necessary to protect the child’s physical health or safety; and
3. Notify DCS that the child has been taken into temporary custody.

The parent’s identity is protected and he or she will not be prosecuted for abandonment or neglect if he or she acts within 30 days of the birth, and the child is not harmed. The emergency medical services provider is not obligated to disclose their name or the parent’s name.

No later than 48 hours after taking custody of the child, DCS will contact the Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults to determine if the child has been reported missing.

DCS will file a petition alleging that the child is a Child in Need of Services (CHINS), and ask the court to hold an Initial Hearing no later than the next business day after the child is taken into custody.

DCS will place the child in emergency foster care. This initial placement may not be considered as a long-term or adoptive placement for the child. (See Practice Guidance).

Abandoned Infants
DCS will assume the care, control, and custody of a child whose parent, guardian, or custodian has knowingly or intentionally left a child in:

1. An environment that endangers the child’s life or health; or
2. A hospital or medical facility; and has no reasonable plan to assume the care, custody, and control of the child.

No later than 48 hours after taking custody of the child, DCS will contact the Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults to determine if the child has been reported missing.

---

1 Who is or who appears to be no more than 30 days old. (Safe Haven)
2 Who is less than 12 months of age. (Abandoned Infants)
DCS will place the child in emergency foster care, file a petition alleging that the child is a CHINS, and petition the court for an Initial Hearing to be held no later than the next business day after the child is taken into custody.

Code References
1. IC 31-34-2.5: Emergency custody of certain abandoned children
2. IC 10-13-5: Indiana Clearinghouse for Information on Missing Children
3. IC 16-41-10-1 "Emergency services provider" defined

PROCEDURE

For Safe Haven infants, the Family Case Manager (FCM) will:
1. Arrange for emergency placement of the child. (See Practice Guidance for Emergency Placement of Safe Haven babies);
2. Submit an Preliminary Inquiry and a Probable Cause Affidavit;
3. Attend the scheduled hearing;
4. Convene a committee within five (5) business days to determine the appropriate placement and permanency plan for the child. The committee should consist of the following members:
   a. Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL),
   b. DCS Local Office Director (LOD) or designee,
   c. Regional Manager (RM),
   d. FCM Supervisor,
   e. Adoption Liaison (if appropriate),
   f. FCM, and
   g. Regional Foster Care Specialist.
5. Contact the Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults within 48 hours.

For Abandoned infants, the FCM will:
1. Arrange for emergency placement of the child. (See Related Information for Emergency Placement of Abandoned Infants);
2. Contact the Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults within 48 hours.
3. Conduct a diligent search Affidavit of Diligent Inquiry (SF 54778) to locate either of a child's parents or other family members. See separate policy, 5.6 Locating Absent Parents;
4. Ensure that the CHINS petition includes a request for the court to make findings of Best Interests/Contrary to the Welfare, Reasonable Efforts to prevent placement, and Placement and Care responsibility to DCS;
   Note: The FCM must be prepared to submit an Affidavit of Diligent Inquiry (SF 54778) or an update as to the progress toward completion of the Affidavit of Diligent Inquiry (SF 54778) to the court at the time of the Detention/Initial Hearing. See separate policy 5.6 Locating Absent Parents.
5. Work with the DCS Staff Attorney to complete and file all documents necessary for court proceedings. See separate policy, 6.4 Providing Notice; and
6. Forward a copy of the report to the FCM Supervisor for review and approval.

The FCM Supervisor will:
1. Assist the FCM, when necessary, with completing the required CHINS documents;
2. Ensure the FCM or designated staff contacts the Indiana Clearinghouse for Information on Missing Children and Missing Endangered Adults within 48 hours; and
3. Attend the placement staffing.

**PRACTICE GUIDANCE**

**Emergency Placement of Safe Haven**
The FCM will initially place the child in emergency foster care if the team cannot convene prior to the child’s need for out-of-home care. The recommendation for prospective adoptive placement cannot be the emergency foster care home, unless otherwise approved by the Deputy Director or ordered by the court.

In order to determine the final recommendation of placement for the child, the FCM will convene a multi-disciplinary team comprised of the following team members:

1. CASA or GAL;
2. DCS LOD or designee;
3. RM;
4. FCM Supervisor;
5. Adoption Liaison (if appropriate); and
6. Regional Foster Care Specialist.

The team will make a recommendation for placement documenting the best interests of the child and the reasoning used to determine the most appropriate placement for the child. This recommendation and report shall first be submitted to the DCS LOD, then to the juvenile court for review.

**FORMS AND TOOLS**

1. Service Request Intake Report— Available via Management Gateway for Indiana’s Kids (MaGIK)
2. Preliminary Inquiry – Available via MaGIK
3. Affidavit of Diligent Inquiry (SF 54778) – Also Available via MaGIK

**RELATED INFORMATION**

**Emergency Medical Services Provider**
IC 16-41-10-1 defines Emergency Medical Services Provider as:

1. Firefighter;
2. Law Enforcement Officer;
3. Paramedic;
4. Emergency Medical Technician;
5. Physician;
6. Nurse; or
7. Other person who provides emergency medical services in the course of the other person’s employment.
Indiana Missing Children Clearinghouse
Indiana State Police Indiana Missing Children Clearinghouse 100 North Senate Avenue Third Floor Indianapolis, IN 46204-2259 (317) 232-8310 / (800) 831-8953 (nationwide) FAX: (317) 233-3057
www.state.in.us/isp
Indiana Clearinghouse for Missing Children and Missing Endangered Adults
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 4: Assessment
Section 35: Transferring Intercounty Child Abuse and/or Neglect (CA/N) Intake Reports

Effective Date: July 1, 2019
Version: 3

STATEMENTS OF PURPOSE

When an Indiana Department of Child Services (DCS) local office receives the Preliminary Report of Alleged Child Abuse or Neglect (SF 114) from the Child Abuse Hotline (Hotline) and the alleged incident took place in another Indiana county, the local office will:
1. Notify the DCS local office in the county where the allegations occurred; and
2. Transfer the report to that DCS local office.

If a CA/N Intake Report is received after hours and it is determined that the receiving county is the incorrect county, that Local Office Supervisor will immediately inform the Hotline and the Hotline will call the correct county and advise them of the report.

Note: The local office is only contacted after hours by the Hotline for reports with a response time of 24 hours or less, except on holidays. Calls on holidays will be sent according to the response times during normal business hours.

If during the course of an assessment the Family Case Manager (FCM) discovers that the assessment should be transferred to another county, the FCM will ensure the safety of the child. Once safety has been ensured, the FCM will staff the case with the Supervisor to determine if the case should be transferred. If transfer is appropriate, the Supervisor will verbally contact the receiving county by telephone and transfer the case within one (1) business day.

When a DCS local office receives allegations of CA/N that may pose a conflict of interest due to relationships between subjects of the report and local office staff, the office may transfer the report to another county for assessment upon the agreement of each Local Office Director (LOD).

Code References
N/A

PROCEDURE

The FCM will:
1. Ensure the child’s safety after an assigned report has been initiated; and
2. Contact the supervisor if it is believed the CA/N Report has been assigned to the wrong county.

The Local Office Supervisor will:
1. Verify that the FCM has ensured the safety of the child regardless of whether the report belongs to that county or not;

DCS CW Manual/Chapter 4 Section 35: Transferring Intercounty Child Abuse and/or Neglect (CA/N) Intake Reports
2. Staff with appropriate agency personnel to determine if the report should be transferred to another county within one business day;

   **Note:** The Hotline does not have access to the county’s specific Unassigned Caseload, therefore transferring CA/N Intake Reports from one county to another is a local office supervisor function.

3. Verbally contact the county during business hours where it is believed that the CA/N Intake Report incident has occurred, if applicable; and

4. Contact the Hotline during non-business hours if it is believed that their local office has received a CA/N Intake Report for another county in error;

   **Note:** If during non-business hours a county receives a CA/N Intake Report with a two (2) hour or 24 hour response time that does not belong to them, the Hotline will contact the correct county and advise them of the report.

---

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

*Preliminary Report of Alleged Child Abuse or Neglect (SF 114)*

**RELATED INFORMATION**

**Transferring CA/N Intake Reports to Other States**
See procedure and practice guidance in separate policy, *3.1 Receiving Calls (Overview).*
STATEMENTS OF PURPOSE [REVISED]

When an Indiana Department of Child Services (DCS) local office receives the Preliminary Report of Alleged Child Abuse or Neglect (SF 114) from the Child Abuse Hotline (Hotline) and the alleged incident took place in another Indiana county, the local office will:

1. Notify the DCS local office in the county where the allegations occurred; and
2. Transfer the report to that DCS local office.

If a CA/N Intake Report is received after hours and it is determined that the receiving county is the incorrect county, that Local Office Supervisor will immediately inform the Hotline and the Hotline will call the correct county and advise them of the report.

**Note:** The local office is only contacted after hours by the Hotline for reports with a response time of 24 hours or less, except on holidays. Calls on holidays will be sent according to the response times during normal business hours.

If during the course of an assessment the Family Case Manager (FCM) discovers that the assessment should be transferred to another county, the FCM will ensure the safety of the child. Once safety has been ensured, the FCM will staff the case with the Supervisor to determine if the case should be transferred. If transfer is appropriate, the Supervisor will verbally contact the receiving county by telephone and transfer the case within one (1) business day.

When a DCS local office receives allegations of CA/N that may pose a conflict of interest due to relationships between subjects of the report and local office staff, the office may transfer the report to another county for assessment upon the agreement of each Local Office Director (LOD).

**Code References**

N/A

**PROCEDURE**

The FCM will:

1. Ensure the child’s safety after an assigned report has been initiated; and
2. Contact the supervisor if it is believed the CA/N Report has been assigned to the wrong county.

The Local Office Supervisor will:

1. Verify that the FCM has ensured the safety of the child regardless of whether the report belongs to that county or not;
2. Staff with appropriate agency personnel to determine if the report should be transferred to another county within one business day;

   **Note:** The Hotline does not have access to the county’s specific Unassigned Caseload, therefore transferring CA/N Intake Reports from one county to another is a local office supervisor function.

3. Verbally contact the county during business hours where it is believed that the CA/N Intake Report incident has occurred, if applicable; and

4. Contact the Hotline during non-business hours if it is believed that their local office has received a CA/N Intake Report for another county in error;

   **Note:** If during non-business hours a county receives a CA/N Intake Report with a one (1) hour or 24 hour response time that does not belong to them, the Hotline will contact the correct county and advise them of the report.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

Preliminary Report of Alleged Child Abuse or Neglect (SF 114)

**RELATED INFORMATION**

Transferring CA/N Intake Reports to Other States
See procedure and practice guidance in separate policy, [3.1 Receiving Calls (Overview)](https://example.com).
STATEMENTS OF PURPOSE

When appropriate, the Indiana Department of Child Services (DCS) may electronically link a new Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114), henceforth referred to as a 310, to an assessment that:

1. Has been open 14 days or less;
   
   **Note:** A new 310 shall not be linked to a closed assessment.

2. Involves the same alleged perpetrator and the same alleged child victim; and
   
   **Exception:** The new 310 may include new household member(s) (including an alleged perpetrator or alleged child victim) that were not listed in the open assessment. These household members will need to be added to the open assessment.

3. Has a similar allegation type (i.e., Neglect, Physical Abuse, and Sexual Abuse).

   **Note:** If a new 310 is received with the same allegation and no additional information than what is currently being assessed is reported, the new assessment generated from the 310 may be withdrawn for duplicate.

When a new 310 is linked to an existing assessment, the linked 310 may still have an initiation timeframe. A separate assessment may not be conducted, but appropriate steps must be taken to ensure the safety and well-being of the child. See Practice Guidance.

DCS will not link a 310 to an existing assessment when it is necessary to conduct a separate, thorough assessment in order to ensure the safety and well-being of a child. In the event a 310 is linked to an existing assessment with different allegations, DCS will ensure all allegations are assessed which may require opening a new assessment.

   **Note:** Once a new 310 is linked to an existing assessment it may not be unlinked.

Code References

1. IC 31-33-7-4: Written Reports
2. IC 31-33-8-1 Investigations by the department of child services; time of initiation; investigations of child care ministries
**PROCEDURE**

Upon receipt of a new **310** involving a family for which there is an open assessment, the Family Case Manager (FCM) Supervisor will:

1. Check the Management Gateway for Indiana’s Kids (MaGIK) to see if the existing assessment has been open 14 days or less, if the new **310** involves the same alleged perpetrator and the same alleged child victim with the same, similar, or unrelated allegations;
2. Staff any new **310** with the FCM assigned the existing assessment to review the progress of the existing assessment, the information provided in the new **310**, and the safety and well-being of the alleged child victim;
3. Make a final decision as to whether linking the new **310** with the existing assessment is in the best interest of the alleged child victim, and determine what appropriate actions must be taken; (see Practice Guidance)
4. Complete the supervisory approval to screen in and assign the assessment. If linking the assessment is determined to be appropriate, complete the approval process to link the new **310** to the existing assessment;
5. Notify the FCM of the linked **310**, if approved to link, and confirm receipt of the linked report; and

    **Note**: If the **310** is not approved to link to an existing assessment, the **310** should be assigned, when possible, to the FCM completing the existing assessment.

6. Ensure the FCM takes all appropriate actions, including but not limited to, contacting the family, conducting a new Safety Assessment, Risk Assessment, Safety Plan (SF 53243), and Plan of Safe Care (SF56565) when appropriate.

Upon receipt of the linked report, the FCM will:

1. Review the response time and the allegation(s) in the linked report;
2. Ensure all allegations are assessed within the appropriate timeframe; (see separate policy, 4.38 Assessment Initiation);
3. Document whether each linked report was initiated timely, the method of initiation, and any extenuating circumstances for each linked report in the Assessment Initiation Tracking Tool;
4. Staff any concerns with the FCM Supervisor; and
5. Ensure all allegations are addressed in the Assessment of Alleged Child Abuse or Neglect (311) (SF113). (see separate policy, 4.25 Completing the Assessment Report).

**PRACTICE GUIDANCE**

**Linking a New CA/N Report**

A new **310** may be linked when DCS is able to address the allegations via the existing assessment to ensure the safety and well-being of the child. When used appropriately, duplication of effort may be avoided through linking. However, linking should **never** occur at the expense of child safety and well-being. When in doubt, do not link.

Linking an assessment to an existing assessment may eliminate the ability to automatically generate each Forty-five (45) Day Report of Assessment (SF 54854) in MaGIK. If more than one (1) report is received by DCS from the agencies listed in policy 4.21 Forty-five (45) Day Report of Assessment, it is the responsibility of the FCM to generate a Forty-five (45) Day
**Linking Criteria**

When determining whether to link a new 310 to an existing assessment, first determine if all the following criteria has been met.

1. The existing assessment has been open 14 days or less;
2. The new 310 involves the same alleged perpetrator and the same alleged child victim identifies in the existing assessment; and

   **Note:** The new 310 may include new household member(s) an alleged perpetrator or alleged child victim that were not listed in the open assessment. These household members will need to be added to the open assessment.

3. The new 310 has similar allegation as the existing assessment.

If the 310 has the same allegations as an existing assessment, and a decision has been made to link the assessments, the FCM Supervisor and FCM should review all the information gathered during the existing assessment to determine if additional face-to-face contact or other assessments are needed to ensure child safety and/or make an assessment finding. When it is determined that a face-to-face contact is not required, the FCM should contact the family to notify them of the receipt of a new 310.

If the 310 has similar allegations as an existing assessment, and a decision has been made to link the assessment because the existing assessment has not been initiated, the FCM Supervisor and FCM should review the initiation timeframes and determine the appropriate action to take to ensure the safety of the child.

   **Note:** The method of initiation for all linked reports must be documented in the Assessment Initiation Tracking Tool.

If the 310 has similar allegations as an existing assessment, but the existing assessment has been open more than 14 days, the FCM Supervisor should not link the new 310 to the existing assessment. The new 310 should be assigned, when possible, to the same FCM completing the existing assessment.

If the 310 has unrelated allegations as an existing assessment, the FCM Supervisor should not link the new 310 to the existing assessment. The new 310 should be assigned, when possible, to the same FCM completing the existing assessment.

**Withdrawals**

The DCS Local Office may withdraw assessments after receipt from the DCS Hotline for the following reasons:

1. Withdrawal for Screen-out: The information provided in the 310 does not meet statutory requirements; or
2. Withdrawal for Duplicate: The 310, which generated the new assessment has the same allegation with no additional information than what has already been reported in an open assessment.
### FORMS AND TOOLS

1. **Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114)** – Available in MaGIK
2. **Initial Safety Assessment** - Available in MaGIK
3. **Initial Family Risk Assessment** - Available in MaGIK
4. **Safety Plan (SF 53243)** - Available in MaGIK forms
5. **Plan of Safe Care (SF56565)** – Available in MaGIK forms
6. **Assessment of Alleged Child Abuse or Neglect (SF 113)(311)**
7. **Forty-five (45) Day Report of Assessment (SF 54854)** – Available in MaGIK

### RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

If it is determined by DCS that a temporary change in household composition will provide the family with an opportunity to address the safety and risk issues present during the time of the assessment; a change in the household can occur if it is in the best interest of the child. The Family and Family Case Manager (FCM) will:

1. Consider the family’s protective factors (nurturing and attachment to the child, knowledge of parenting and of child and youth development, parental resilience, social connections and concrete supports for parents) when evaluating their ability to ensure the safety of their child;
2. Assist the family in identifying resources and/or informal supports that will help them address the concern so that the child can be maintained safely in the home; and
3. Ask the family what their plan is to remedy the immediate concerns and how the plan demonstrates the parent or caregiver’s intent and ability to ensure the safety of the child.

Circumstances resulting in the temporary change of household shall be rectified within five (5) business days or court action will be initiated. At any time during an assessment when there is a restriction placed by DCS on any parent regarding contact with his/her child, a CHINS Petition will be filed. See separate policies 5.9 Informal Adjustment and 6.2 Filing a CHINS Petition.

Code References
N/A

PROCEDURE

The FCM will:

1. Ensure the safety of the child;
2. Ensure that the family’s plan demonstrates their intent and ability to maintain the safety of the child;
3. Meet with the family to identify their family strengths, concrete supports and informal supports who can assist them in ensuring the safety of the child;
4. Suggest a Child and Family Team (CFT) Meeting to include their informal supports, as a tool to allow the family to address the safety issues that led to DCS involvement;
5. Document the family’s agreed-upon plan by using the Safety Plan (SF 53243) or outlining the plan in the CFTM notes. This should include a family discussion regarding the recommended course of action that will correct the situation including, but not limited to, the child and/or parent moving to a safe location (See separate policy 4.19 Family Support/Community Services for Conditionally Safe Children);
6. Perform a home visit if the plan is to move the child to a safer location;
7. Perform a CPS Check and Sex Offender Check on all possible temporary caregivers;
8. Work with the family to identify resources to immediately assist the family, if needed;
9. Partner with the family to develop a plan for the timely return of the child to the family’s household; and
10. Complete a subsequent Safety Assessment in the Management Gateway for Indiana’s Kids (MaGIK).

If the child or the child and parent temporarily move to an alternative location, the FCM will:
1. Ensure the location is safe for the child;
2. Ensure other caregivers for the child identified are in agreement to provide a safe environment for the child; and
3. Ensure the issues causing a change in household composition are remedied within five (5) days.

**Note:** Court action will be initiated if issues are not remedied within the five (5) day timeframe. At any time during an assessment when there is a restriction placed by DCS on any parent regarding contact with his/her child, a CHINS Petition will be filed.

### PRACTICE GUIDANCE

If there is a restriction regarding contact with a child placed on an adult in the household (other than a parent), for example a boyfriend or girlfriend of a parent, the FCM will ensure that contact will not occur between that person and the child until the safety circumstance has been remedied. The non-biological household member does not have the same right of access to a child as the biological parent/guardian.

Parents have the primary responsibility for the care and safety of their children. This may be accomplished by empowering parents to have a significant role, voice and influence in decisions made about child/family change strategies.

### FORMS AND TOOLS

**Safety Plan (SF 53243)**

### RELATED INFORMATION

**General**
The **Safety Plan (SF 53243)** is a written agreement between DCS and the parent(s), guardian, or custodian(s) specifying what extended family supports or community services will be utilized and how those will ensure the immediate safety of the child. The plan should contain action steps and these action steps should have deadlines for completion that do not extend beyond the end of the assessment. All actions should relate directly to the child’s immediate safety. The extended **Safety Plan (SF 53243)** is a voluntary, non-legally binding agreement with the family that cannot contradict any existing court orders including, but not limited to, child support and child custody orders.

**Parental Involvement in Family Support/Community Services Plan Development**

Involvement of the family in the development of a **Safety Plan (SF 53243)** is imperative. The greater the family’s participation in this process, the more ownership they will have in a
successful outcome. For this reason, it is critical that the FCM focus the discussion on the safety of the child and not on the allegation(s). When developing the plan with the family, the FCM should speak in such a way as to develop a common understanding that the safety of the child is contingent on their ability and willingness to follow the terms of the plan. If the family is hesitant or unwilling to create a plan and/or commit to abiding by the plan’s terms, remind the parent that the child may not be safe under present circumstances.

**Temporary Caregiver**

A temporary caregiver is defined as someone providing short-term care (not to exceed 5 business days) for a child who is the alleged victim in a CA/N report. Temporary care for the child is arranged by the custodial parent and should provide a safe, nurturing, stable environment for a child who must be out of their own home for the brief period of time needed by the parents to remedy risky conditions (i.e. living conditions that would do not meet legal sufficiency) that would prevent the child from continuing to safely reside in their own home.
The Indiana Department of Child Services (DCS) will initiate every Child Abuse and/or Neglect (CA/N) assessment within the appropriate timeframe as determined by Indiana Law. In order to ensure the safety of a child and meet appropriate timeframes, assessments will be initiated regardless of the time of day or night, weekends, or holidays. A CA/N assessment will be considered initiated upon face-to-face contact with all alleged child victims. The parent, guardian, or custodian will be notified in person or by phone of the face-to-face contact with the alleged victim. See separate policies, 4.6 Exigent Circumstances and 4.5 Consent to Interview Child for additional information.

**Note:** There may be times when extenuating circumstances (see Practice Guidance) affect timely initiation. In these situations, contact with a person (other than the alleged perpetrator) who is able to provide information about the condition and safety of the alleged child victim should be attempted. Face-to-face contact with the alleged child victim is still required to successfully initiate the assessment. Contact with any other individual will not be valid for timely initiation.

DCS will measure the assessment response time from the time of local office notification of the intake report. Assessments will be initiated within the following timeframes: (see Practice Guidance):

1. Within two (2) hours if the allegations would cause a reasonable person to believe the child is in imminent danger of serious bodily harm;

   **Note:** Law Enforcement Agency (LEA) assistance should be requested on all reports that require a two (2) hour response time (see Practice Guidance).

2. Within 24 hours if the allegations involve abuse, but the conditions in item one (1) above do not apply; or

3. Within five (5) days if the allegations involve neglect, and none of the conditions in items one (1) or two (2) above apply.

For reports involving alleged domestic violence:

1. DCS will initiate the assessment within 24 hours if the parent, guardian, custodian, or child calls to report alleged domestic violence and the allegations would not cause a reasonable person to believe the child is in imminent danger of serious bodily harm; or

2. DCS will initiate the assessment within 24 hours if the alleged domestic violence occurred in the past 48 hours (regardless of the report source) and the allegations would not cause a reasonable person to believe the child is in imminent danger of serious bodily harm.
DCS will respond within two (2) hours of receiving a report from a hospital when the alleged child victim is currently in the hospital and same-day release is anticipated. A two (2) hour report requesting Authorization for Hospital Release may not require LEA assistance. DCS will provide the requesting hospital with the Hospital Release Authorization (SF 54337).

When there are extenuating circumstances preventing DCS from initiating an assessment timely (e.g., dangerous weather conditions), LEA assistance will be requested to initiate two (2) hour assessments on behalf of DCS.

**Note:** In situations where LEA is on the scene and remains on the scene with all alleged child victims until DCS arrives, as part of a two (2) hour assessment, the assessment will be considered initiated timely.

DCS must conduct an assessment within 48 hours of receiving a report concerning a child who voluntarily enters an emergency shelter or a shelter care facility without the presence or consent of a parent, guardian, or custodian, unless the allegations would cause a reasonable person to believe the child is in imminent danger of serious bodily harm, requiring a one hour response. DCS must notify the parent, guardian or custodian that the child is at an emergency shelter or shelter care facility within 72 hours of the child entering the facility. However, if DCS has reason to believe that the child is a victim of CA/N, the child's parent, guardian, or custodian may not be informed of the specific shelter or facility the child has entered.

DCS will ensure new allegations of CA/N observed by or reported directly to a DCS employee who is on the scene and immediately initiates an assessment (by ensuring safety through face-to-face contact with all alleged child victims), are reported to the DCS Child Abuse Hotline (Hotline) within 24 hours of leaving the scene (see Practice Guidance).

**Code References**

1. IC 31-33-8-1: Investigations by local child protection service; time of initiation
2. IC 31-33-8-6: Investigatory duties of local child protection service; purpose
3. IC 31-36-3-3: Homeless Children
4. IC 34-6-2-34.5: Domestic or family violence

**PROCEDURE**

The assigned FCM will:

1. Consider all known information about the CA/N allegations;
2. Request LEA assistance on all reports that require a two (2) hour response time and document LEA’s response in the Case Management System; and

   **Note:** If LEA agrees to respond within two (2) hours with DCS, the FCM will make contact with the responding officer to advise of the allegations and obtain any information LEA may have regarding the child or family before attempting to make initial contact with the child or family. See separate policy, 4.28 Involuntary Removals if a decision is made to remove the child.

3. Ensure the assessment has been initiated by making face-to-face contact with all alleged child victim(s);
Note: If an extenuating circumstance exists, make contact with a person (other than the alleged perpetrator) who is able to provide information about the condition and safety of the alleged victim(s). Document the extenuating circumstance in the Assessment Initiation Tracking Tool and make face-to-face contact with the alleged child victim(s) as soon as possible.

4. Notify the parent, guardian, or custodian of the face-to-face contact with the alleged victim(s). (See separate policies, 4.6 Exigent Circumstances and 4.5 Consent to Interview Child for additional information.);

5. Document the face-to-face contact with each alleged child victim and notification of the parent, guardian, or custodian in Case Management System; and

6. Document whether the assessment was initiated timely and any extenuating circumstances in the Assessment Initiation Tracking Tool. See separate policy, 4.36 Linking CAN Reports if any reports are linked to the assessment.

The FCM Supervisor will:

1. Discuss details of the assessment during safety staffing and clinical supervision; and
2. Guide the FCM as necessary to ensure that all duties are completed.

PRACTICE GUIDANCE

Extenuating Circumstances

Extenuating circumstances are events that prevent the FCM from completing face-to-face contact with a child victim within the initiation timeframe. Extenuating circumstances which may be approved are:

1. Child victim is not at the location stated on the report (e.g., school trip, out of town/state);
2. Unknown victim or child does not exist;
3. Inclement weather emergency;
4. Traffic accident or delay;
5. New child victim added to the report after initial family contact;
6. Child is deceased;
7. Parent refused to allow access to child (motion to compel is needed);
8. Report is linked to an open assessment and additional face-to-face contact is not required; or
9. Report is assigned after the initiation timeframe.
10. Child is in a hospital setting and not available due to critical illness or a traumatic incident.

NOTE: Contact with a child who is in the hospital should occur within the initiation timeframe unless the child is unavailable due to current medical intervention.

[REVISED] In situations where LEA is on the scene and remains on the scene with all alleged child victims until DCS arrives, as part of a two (2) hour assessment, the assessment will be considered initiated timely. The presence of LEA should be documented in the contact.

Response and Initiation Timeframes

It is important to make the distinction between initiating an assessment and response times. If an FCM has responded in the appropriate timeframe, it does not necessarily mean that the assessment has been initiated. When an FCM responds within the initiation timeframe, but
is unsuccessful in making face-to-face contact with all alleged child victim(s) the assessment has not been initiated.

Response times are measured from the time of local office notification of the intake report. This means for two (2) hour assessments, the FCM must make face-to-face contact with all alleged child victim(s) within two (2) hours of notification. The parent, guardian, or custodian will be notified in person or via phone, of the face-to-face contact with the alleged victim.

A two (2) hour response time is assigned to a report when the allegations would cause a reasonable person to believe that the child is in imminent danger of serious bodily harm. These responses may include, but are not limited to, allegations regarding:

1. Child Fatality & Near Fatality;
2. Shaken infants;
3. A child who has suffered from serious physical injury to any part of the body due to suspected CA/N, such as fractures, broken bones, head injuries, extensive and serious bruising, or internal injuries;
4. A child is intentionally burned or scalded;
5. A child too young or disabled to ensure his or her own safety is actively unsupervised. Disabilities include but are not limited to sight or hearing impairments, limited mental capabilities, or other severe debilitating conditions;
6. A child who has been abandoned or deserted;
7. A child has failure to thrive resulting in immediate need for medical attention;
8. A child is sexually abused or human trafficking is suspected and the alleged perpetrator has access to the child;
9. A child, parent, guardian, or custodian is actively attempting suicide;
10. An active domestic violence situation in the home or a child has been injured as a result of domestic violence;
11. The presence of an active contaminating controlled substance; and/or
12. Specific allegations that a parent, guardian, or custodian is actively using illicit drugs or abusing prescription medications.

Note: FCMs should evaluate the case when there are allegations of drug use and staff with his/her supervisor to determine whether LEA assistance should be requested or if the contact should be for the purpose of notification.

Twenty-four (24) hour responses may include, but are not limited to, allegations regarding:

1. Reported bruising, scratches, and/or welts;
2. Suspected inflicted injury to a child;
3. Serious injury is threatened; and/or
4. A child, parent, guardian, or custodian has previously attempted suicide.

Five (5) day responses may include, but are not limited to, allegations regarding:

1. Supervision concerns;
2. Insufficient food, shelter, or clothing;
3. Unsanitary living conditions; and/or
4. Educational Neglect.

**Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline**

When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to
the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated upon face-to-face contact with all alleged child victims.

**Note:** If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the Hotline immediately.

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See separate policy, 4.36 Linking Child Abuse and/or Neglect (CA/N) Reports to Open Assessments for more information regarding the receipt of the additional Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) during an open assessment.

The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed 310 form, emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The 310 or equivalent information may be submitted via email to: DCSHotlineReports@dcs.in.gov, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.

<table>
<thead>
<tr>
<th>FORMS AND TOOLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hospital Release Authorization (SF 54337)</td>
</tr>
<tr>
<td>2. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATED INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>IC 31-36-3-3 Notification to department; investigation of a child; notification to parents</td>
</tr>
</tbody>
</table>
Sec. 3. (a) Except as provided in subsection (d), if a child voluntarily enters an emergency shelter or a shelter care facility, the shelter or facility shall notify the department, not later than twenty-four (24) hours after the child enters the shelter or facility, of the following:

(1) The name of the child.
(2) The location of the shelter or facility.
(3) Whether the child alleges that the child is the subject of abuse or neglect.

(b) The department shall conduct an investigation concerning the child not later than forty-eight (48) hours after receiving notification from the emergency shelter or shelter care facility under subsection (a).

(c) The department shall notify the child’s parent, guardian, or custodian that the child is in an emergency shelter or a shelter care facility not later than seventy-two (72) hours after the child enters the shelter or facility. However, if the department has reason to believe that the child is a victim of child abuse or neglect, the department may not notify the child’s parent, guardian, or custodian as to the specific shelter or facility the child has entered.

(d) An emergency shelter or a shelter care facility is not required to notify the department of a child who is an emancipated minor.
Clinical Supervision
Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 4: Assessment
Effective Date: August 1, 2014
Section 39: Restricting Assessments in Management Gateway for Indiana’s Kids (MaGIK)
Version: 1

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will restrict access to assessments in MaGIK to ensure confidentiality is maintained at all times. Assessments will only be restricted with permission from the DCS management team: (Family Case Manager (FCM) Supervisor, Division Manager (DM), Local Office Director (LOD), Regional Manager (RM), Assistant Deputy Director of Field Operations or Deputy Director of Field Operations).

Assessments will be restricted when:
1. The assessment pertains to DCS employees or immediate family members of DCS employees;
2. The assessment pertains to or contains information that could be a conflict of interest for DCS employees; and/or
3. Other situations arise and the DCS management team believes it is in the best interest to restrict the assessment for reasons not listed.

Note: Assessments can be restricted at any time while they are open.

MaGIK users will follow guidelines set forth in the Information Resources User Agreement (IRUA) when using MaGIK.

Code References
IC 31-33-26-5: Establish access restrictions; maintain confidentiality; read only access by child services ombudsman

PROCEDURE

The FCM Supervisor will:
1. Assign the assessment to self to restrict;
2. Enter a contact into MaGIK documenting the reason the assessment has been restricted;
3. Reassign the assessment to an FCM and advise him or her that the assessment restriction should not be modified without permission from a member of the DCS management team;
4. Advise the FCM which individuals should be invited throughout the assessment to view the assessment in MaGIK; and
5. Ensure the FCM has invited the appropriate people to view the assessment in MaGIK.

The FCM will:
1. Refrain from modifying restrictions placed on an assessment by his or her supervisor without permission from a member of the DCS management team; and
2. Allow individual members of the DCS management team to view a restricted assessment when requested.

**PRACTICE GUIDANCE**

If questions arise regarding whether or not an assessment should be restricted or how to proceed, the situation should be immediately staffed with the FCM Supervisor and LOD, if appropriate.

Utilize the Help Resource Site within MaGIK for additional information about restricting assessments.

**FORMS AND TOOLS**

[Information Resources User Agreement (IRUA)]

**RELATED INFORMATION**

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will consider using drug screening as a component of a comprehensive assessment of the family when there is an allegation of substance abuse or an indication that substance abuse may be a factor in the report of child abuse or neglect. Substance use or abuse may be a factor in assessments involving 1) the use of drugs during pregnancy; or 2) the use of drugs that results in a child’s physical or mental condition being seriously impaired or seriously endangered. The child’s safety as well as the family’s strengths, needs, and protective capacities will be assessed. Any indication of substance use or misuse (as evidenced by self-disclosure or drug screening results) will be assessed to determine if the use/misuse contributed to the maltreatment of the child.

Note: With the exception of IC 31-34-1-10, the decision to substantiate or unsubstantiate an allegation of Child Abuse or Neglect (CA/N) should not be based solely on the existence or absence of substance use. Drug screen results alone should not be used to make an assessment decision, as these results capture only a snapshot of information. Credible evidence must be present, in addition to drug screen results, to determine assessment finding.

Code References

IC 31-34-1-1 Inability, refusal, or neglect of parent, guardian, or custodian to supply child with necessary food, clothing, shelter, medical care, education, or supervision
IC 31-34-1-2 Act or omission of parent, guardian, or custodian seriously endangering child's physical or mental health
IC 31-34-1-10 Child born with fetal alcohol syndrome, neonatal abstinence syndrome, or drugs in the child's body
IC 31-34-1-11 Risks or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy

PROCEDURE

The Family Case Manager (FCM) will:
1. Inquire about any current or prior substance use by the parent, guardian, or custodian, as well as, any current or prior participation in substance abuse treatment;
2. Obtain information on any prescription medications taken by the parent, guardian, or custodian and request verification of these prescriptions, if there is any indication or allegation of substance use and or abuse;
3. Utilize the UNCOPE questionnaire to assess the client’s need for a substance abuse assessment;

 Note: With the exception of IC 31-34-1-10, the decision to substantiate or unsubstantiate an allegation of Child Abuse or Neglect (CA/N) should not be based solely on the existence or absence of substance use. Drug screen results alone should not be used to make an assessment decision, as these results capture only a snapshot of information. Credible evidence must be present, in addition to drug screen results, to determine assessment finding.

Code References

IC 31-34-1-1 Inability, refusal, or neglect of parent, guardian, or custodian to supply child with necessary food, clothing, shelter, medical care, education, or supervision
IC 31-34-1-2 Act or omission of parent, guardian, or custodian seriously endangering child's physical or mental health
IC 31-34-1-10 Child born with fetal alcohol syndrome, neonatal abstinence syndrome, or drugs in the child's body
IC 31-34-1-11 Risks or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy

PROCEDURE

The Family Case Manager (FCM) will:
1. Inquire about any current or prior substance use by the parent, guardian, or custodian, as well as, any current or prior participation in substance abuse treatment;
2. Obtain information on any prescription medications taken by the parent, guardian, or custodian and request verification of these prescriptions, if there is any indication or allegation of substance use and or abuse;
3. Utilize the UNCOPE questionnaire to assess the client’s need for a substance abuse assessment;

 Note: With the exception of IC 31-34-1-10, the decision to substantiate or unsubstantiate an allegation of Child Abuse or Neglect (CA/N) should not be based solely on the existence or absence of substance use. Drug screen results alone should not be used to make an assessment decision, as these results capture only a snapshot of information. Credible evidence must be present, in addition to drug screen results, to determine assessment finding.

Code References

IC 31-34-1-1 Inability, refusal, or neglect of parent, guardian, or custodian to supply child with necessary food, clothing, shelter, medical care, education, or supervision
IC 31-34-1-2 Act or omission of parent, guardian, or custodian seriously endangering child's physical or mental health
IC 31-34-1-10 Child born with fetal alcohol syndrome, neonatal abstinence syndrome, or drugs in the child's body
IC 31-34-1-11 Risks or injuries arising from use of alcohol, controlled substance, or legend drug by child's mother during pregnancy

PROCEDURE

The Family Case Manager (FCM) will:
1. Inquire about any current or prior substance use by the parent, guardian, or custodian, as well as, any current or prior participation in substance abuse treatment;
2. Obtain information on any prescription medications taken by the parent, guardian, or custodian and request verification of these prescriptions, if there is any indication or allegation of substance use and or abuse;
3. Utilize the UNCOPE questionnaire to assess the client’s need for a substance abuse assessment;
4. Inform the parent, guardian, or custodian of the purpose of the drug screening and how the results will be used to address the family’s need for a substance abuse assessment or treatment. See separate policy, 4.26 Determining Service Levels for additional information;

5. Provide parent, guardian, or custodian an opportunity to voluntarily submit to drug screening. Ensure the consent for the drug screen is signed, on the drug screen chain of custody form, prior to performing the screen;

6. Administer an oral swab or refer for drug screening, if the chain of custody form has been signed or the screen has been ordered by the court, in assessments when child maltreatment appears to be a direct result of substance use or a connection can be made between the drug use and child maltreatment;

   **Note:** For assessments involving a fatality or near fatality see separate policy 4.31 Child Fatality and Near Fatality Assessments.

7. Obtain medical records to support substance use or abuse, if there is any indication or allegation of substance use and or abuse; and

8. Document all relevant factors of the assessment that indicate a drug screen is needed or indicated. If the parent, guardian or custodian refuses to submit to a drug screen a request may be made to the court to order the parent, guardian or custodian to submit to a drug screen.

   **Note:** In situations where it is not clear if a drug screen is necessary to complete an assessment, the FCM should staff the case with an FCM Supervisor or DCS Local Office Director (LOD). Drug screening may not be appropriate if the parent, guardian, or custodian is actively involved in a substance abuse treatment program that already requires frequent random drug screening. Refusal to voluntarily consent to drug screening, without other child safety and risk factors, is not a sufficient basis for removal of a child from parents.

**PRACTICE GUIDANCE**

**Deciding to Request a Drug Screen**

During a home visit, the FCM should gather information regarding the need to drug screen a parent, guardian or custodian.

   **Note:** Observations from various sources can show a picture of how a person is functioning on a day to day basis and provide justification for requesting a drug screen.

When there are observable facts and circumstances of substance use consistent with child abuse and neglect, the FCM should request that the parent, guardian, or custodian voluntarily submit to a drug screen and sign the consent for the drug screen on the drug screen chain of custody form prior to performing the screen. If he/she declines to consent to the drug screen, the FCM should continue thoroughly assessing the situation. If there are no indications of CA/N, the FCM should staff the assessment with the FCM Supervisor to determine the next step.

   **Note:** DCS Local Office Staff Attorney should be consulted concerning the need to seek a Court order for the parent, guardian, or custodian to submit to a drug screen as part of the assessment.
**Instant Drug Screens and the Confirmation Process**

Instant drug screen results are considered only presumptive positive until going through a confirmation process. The lab based mouth swabs, through the current provider, automatically go through a confirmation process when sent in to the lab if the screen is presumptive positive. Drug screens completed by outside providers and medical facilities may or may not be confirmed screens. FCMs should inquire about the validity of such screens prior to using the screen to inform an assessment decision.

**The Assessment Decision Involving Substance Use**

Parental drug use or abuse constitutes child abuse or neglect when a child is seriously impaired or seriously endangered. Factors that should be considered in the comprehensive assessment along with drug screen results include, but are not limited to:

1. Parent, guardian, or custodian substantiated DCS history and/or criminal history pertaining to possession of substances or substance use;
2. Evidence that the parent is a chronic drug user including a lengthy history of drug or alcohol abuse;
3. Evidence of the illegal manufacture of a drug or controlled substances on the property where the child resides;
4. Whether the parent has an addiction that renders the parent unable to provide appropriate care and supervision to the child;
5. The parents’ willingness and ability to remain sober when caring for the child;
6. Parent, guardian or custodian behavior indicating use such as extreme lethargy, hyperactivity, slurred speech, poor balance, inability to focus and, visible needle track marks, etc.;
7. One or more children living in the home discloses detailed knowledge or first-hand observations of parent’s, guardian’s, or custodian’s drug use or impaired behavior;
8. Evidence that the parent exposed the child to an environment of illegal drug use which results in endangering the child’s physical or mental condition including the presence of drug paraphernalia (syringes, pipes, charred spoons, foils, alcohol bottles, etc.) found in the home;
9. The drugs or drug paraphernalia present in the home was or could have been accessed by one or more children living in the home;
10. The condition of the home (odors commonly associated with drugs or alcohol);
11. The presence of additional allegations;
12. Input from the Child and Family Team (CFT);
13. Factors that support or eliminate that substance use directly endangers child safety; and
14. Any other pertinent information obtained by DCS in the assessment phase.

**Assessment Involving Drug Exposed Infants**

A pregnant woman’s drug abuse may constitute child abuse and neglect and may be legally sufficient for a finding of CHINS which requires the coercive intervention of the Court to ensure the family receives the necessary services. Factors that should be considered in the comprehensive assessment along with drug screen results include, but are not limited to:

1. Evidence that the child is born with fetal alcohol syndrome
2. Evidence that the child is born with neonatal abstinence syndrome
3. Evidence that the child is born with any amount of controlled substance, legend drug, or metabolite of a controlled substance or legend drug in child’s body including blood, urine, umbilical cord tissue, or meconium absent a prescription or medical supervision.
4. Evidence that child has an injury, abnormal physical or psychological development, symptoms of neonatal intoxication or withdrawal that arises or is aggravated as a result of the mother of the child use of alcohol, a controlled substance or legend drug during pregnancy absent a prescription or medical supervision.

5. Evidence that a child is at substantial risk of a life threatening condition that arises or is substantially aggravated because of the mother of the child use of alcohol a controlled substance or legend drug during pregnancy absent a prescription or medical supervision.

**Parental Disclosure of Drug Use**
Any admissions by parents, guardian, or custodian that is a party to the case may be admissible as evidence in court proceedings. Best practice would include documenting discussions with parents, guardians, or custodians regarding drug use including such admissions and any specific reasons why such a discussion was necessary.

**Drug Screening Frequency**
The number of drug screens administered during the assessment phase will depend on several factors such as if a parent, guardian or custodian appears to be immediately impaired (sturred speech, poor balance, etc.), child reports witnessing drug use, a substance abuse counselor reports concerns, drug paraphernalia is located in home, or Law Enforcement Agency (LEA) is involved or an arrest is made regarding drug involvement.

If a client provides a negative drug screen and no other indicators of substance use are identified in the assessment process, additional drug screens are likely unwarranted.

If a situation arises and the FCM is unsure as to if it warrants a drug screen, the situation should be staffed with an FCM Supervisor. If parents refuse to voluntarily consent to a drug screen, the Local Office Staff Attorney should be consulted in regards to a legal basis for requesting a court order.

**UNCOPE Questionnaire**
The UNCOPE is a six question verbal screening tool used to identify risk for alcohol and drug abuse. Answering yes to two or more of the UNCOPE questions indicates possible substance abuse or dependency and the need for further substance abuse assessment and evaluation. The UNCOPE questions include:

U – Have you continued to use alcohol or drugs longer than you intended? Or, have you spent more time drinking or using than you intended?
N – Have you ever neglected some of your usual responsibilities because of alcohol or drug use?
C – Have you ever wanted to stop using alcohol or drugs but couldn’t? (cut down)
O – Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?
P – Have you ever found yourself preoccupied with wanting to use alcohol or drugs? Or, have you frequently found yourself thinking about a drink or getting high?
E – Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

(UNCOPE assessment is obtained from Evince Clinical Assessments at http://www.evinceassessment.com/UNCOPE_for_web.pdf)

**Medication-Assisted Treatment (MAT)**
The use of medication-assisted treatment (MAT), in conjunction with psychosocial support and treatment, is considered best practice for the treatment of opioid use disorders. Clients should
not be discouraged from using MAT as part of a substance abuse treatment plan. If a parent, guardian, or custodian indicates the use of MAT (such as the use of Methadone, Buprenorphine, or Naltrexone), the FCM should attempt to collect the following information and documentation:

1. A statement from the parent, guardian, or custodian regarding any current or prior history of substance abuse that has led to the current use of MAT;
2. A statement from the parent, guardian, or custodian, regarding the details of the MAT program (including the name of the physician or agency prescribing the medication and the name of the provider of any associated therapy or substance abuse treatment services) and any other associated therapy or substance abuse treatment; and
3. A Release of Information to obtain verification of the parent’s, guardian’s, or custodian’s participation in MAT and other associated therapy or substance abuse treatment.

Note: If a Release of Information is signed, the FCM should share any positive drug screen results, as well as any other information pertinent to treatment, with the MAT provider so that the provider may make the most appropriate decisions regarding the treatment of the parent, guardian, or custodian.

**FORMS AND TOOLS**

**UNCOPE**
- Oral Swab available in the Local Office
- Referral for Drug Screening available in MaGIK

**RELATED INFORMATION**

**The Law and Drug Screening**
A single occurrence of drug use outside the presence of the child without additional evidence of child abuse or neglect is legally insufficient to support the filing of a CHINS petition.

Good cause for the court to order a drug screen when parents, guardians, or custodians deny consent requires evidence beyond a report of child abuse or neglect from an undisclosed source. Admissions of drug use by a parent, guardian, or custodian is admissible to the court. The evidence must be specific to the case being investigated.

**Types of Drug Screens**

**Oral (Saliva):** Research indicates oral test can most precisely indicate recent drug use, as substances appear in saliva only minutes after use. However, the detection window for oral (saliva) screens is narrow, as some substances remain in the saliva from hours to a few days.

**Urine:** Urine is the most accurate testing to assist in determining on-going drug use by clients. Urine has a longer detection window for substances and randomizing the testing dates and times increases the likelihood of substances being detected. As a caution, a urine test will not detect some substances for several hours past use.

**Hair Follicle:** Hair follicle drug screens should be requested very rarely and only in specific circumstances. These screens may be used on children to detect exposure to methamphetamines or if an oral/urine screen is uncollectable. The use of hair follicle testing
should be limited to investigation of past usage or exposure to substances and in assisting in
the determination of services to be provided to the client. The decision to utilize hair follicle
screening should be approved by the Local Office Director (LOD)/Division Manager (DM) or
designee or the hair follicle screen is court ordered.

**Drug Screening Detection Windows**
The timeframe for drug screening is critical in detecting drug use. The amount of time a
particular drug remains in the body depends on several factors such as the frequency of use,
how much of the drug was taken as well as the metabolism of the individual. Levels that are
under the cutoff are considered negative.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Saliva (Forensic Fluids)</th>
<th>Saliva (Redwood)</th>
<th>Urine (Redwood)</th>
<th>Hair Follicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Not listed</td>
<td>Not listed</td>
<td>1 hour after absorption</td>
<td>Not on panel</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>Up to 2 days</td>
<td>Up to 48 hours</td>
<td>24 to 96 hours</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>Up to 1 day (short acting)</td>
<td>Up to 48 hours</td>
<td>3 days to 3 weeks (varies significantly by substance)</td>
<td>Not on panel</td>
</tr>
<tr>
<td></td>
<td>Up to 2-3 weeks (long acting)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>Up to 5 days (longer if prolonged use)</td>
<td>Up to 48 hours</td>
<td>1 to 7 days (varies significantly by substance)</td>
<td>Not on panel</td>
</tr>
<tr>
<td>Cannabinoids (light or acute use)</td>
<td>Up to 3 days</td>
<td>Up to 24 hours</td>
<td>1 to 3 days</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td>Cannabinoids (habitual use)</td>
<td>Up to 3 days</td>
<td>Up to 24 hours</td>
<td>3 to 5 days (Use 4 times/week) 10 to 21+ Days (daily use) 10 to 30+ days (5+ joints/day) 1 to 5 days (oral ingestion)</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td>Synthetic Cannabinoids (single use)</td>
<td>Up to 3 days</td>
<td>Up to 48 hours</td>
<td>36 to 27 hours</td>
<td>Not on Panel</td>
</tr>
<tr>
<td>Synthetic Cannabinoids (chronic use)</td>
<td>Up to 3 days</td>
<td>Up to 48 hours</td>
<td>Up to 6 weeks</td>
<td>Not on Panel</td>
</tr>
<tr>
<td>Cocaine</td>
<td>Up to 4 days</td>
<td>Up to 48 hours</td>
<td>24 to 96 hours</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td>Opioids (inclusive of but not limited to Tramadol,)</td>
<td>Up to 3 days</td>
<td>Up to 48 hours</td>
<td>24 to 72 hours</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td>Drug</td>
<td>Detection Window</td>
<td>Confirmation Window</td>
<td>Confirmation Method</td>
<td>Result</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Heroin, Oxycodone</td>
<td>Up to 3 days</td>
<td>Up to 48 hours</td>
<td>24 hours</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>Up to 2 days</td>
<td>Up to 48 hours</td>
<td>24 to 96 hours</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Up to 3 days</td>
<td>Up to 48 hours</td>
<td>Up to 72 hours</td>
<td>Not on panel</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(low dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(high dose)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Up to 10-14 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(extended therapeutic administration)</td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>Up to 4 days</td>
<td>Up to 48 hours</td>
<td>72 hours</td>
<td>Not on panel</td>
</tr>
</tbody>
</table>

* Chart adapted from multiple sources
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 4: Assessment
Section 41: Safety Staffing
Effective Date: August 1, 2019
Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct a daily safety staffing for each open assessment until the following requirements are met:

1. Each alleged child victim has been interviewed. See separate policies 4.4 Required Interviews and 4.9 Interviewing Children and Related Information for further guidance;

   Note: When consent of the parent, guardian, or custodian is not obtained prior to interviewing the child due to exigent circumstances, contact with the parent, guardian, or custodian should occur as soon as possible following the interview, but no later than the same day on which the interview occurred. See separate policy, 4.6 Exigent Circumstances for further guidance.

2. The parent, guardian, or custodian has been interviewed. See separate policies, 4.4 Required Interviews and 4.10 Interviewing the Parent, Guardian, or Custodian and Related Information for further guidance;

   Note: Daily safety staffing will continue until the assessment is closed when an alleged child victim or parent, guardian, or custodian is unable to be located. The assessment may not be closed with a reason of unable to locate without Family Case Manager (FCM) Supervisor approval.

3. A Safety Plan (SF53243) and/or Plan of Safe Care (SF56565) are developed (if needed) and approved by the FCM Supervisor. See separate policy, 4.19 Safety Planning for further information;

4. Contact notes, which establish safety, are entered in the case management system; and

5. The Initial Safety Assessment is completed in the case management system.

   Note: Daily safety staffing of an assessment may continue beyond completion of the above requirements when deemed appropriate for ensuring safety.

The facilitation of a daily safety staffing is in addition to the regular assessment review during clinical supervision to ensure needed actions are addressed timely, including continual evaluation of the Safety Plan (SF53243) and/or Plan of Safe Care (SF56565).

Code References
N/A

PROCEDURE

The FCM will:

1. Initiate each assigned assessment within the appropriate timeframe (see separate policy, 4.38 Assessment Initiation);
2. Update the case management system to reflect all contacts and actions taken, prior to each daily safety staffing;

3. Ensure each open assessment is discussed daily during the safety staffing until the following criteria are met:
   a. Each child listed as an alleged victim has been interviewed. See separate policies 4.4 Required Interviews and 4.9 Interviewing Children and Related Information for further guidance,

   **Note:** When consent of the parent, guardian, or custodian is not obtained prior to interviewing the child due to exigent circumstances, contact with the parent, guardian, or custodian should occur as soon as possible following the interview, but no later than the same day on which the interview occurred. See separate policy, 4.6 Exigent Circumstances for further guidance.

   b. The parent, guardian, or custodian has been interviewed. See separate policies, 4.4 Required Interviews and 4.10 Interviewing the Parent, Guardian, or Custodian and Related Information for further guidance,

   **Note:** The FCM should complete a Permanency and Practice Support (PPS) Investigator referral when an alleged child victim or parent, guardian, or custodian is not able to be located. Daily safety staffing must continue until assessment closure or until all required parties are located and contact is successful. The assessment may not be closed with a reason of unable to locate without FCM Supervisor approval.

   c. A Safety Plan (SF53243) and/or Plan of Safe Care (SF56565) are developed (if needed) and approved by the FCM Supervisor. See separate policy, 4.19 Safety Planning for further information,

   d. Contact notes, which establish safety, are entered in case management system,

   e. The Initial Safety Assessment is completed in case management system, and

   f. The FCM Supervisor determines that daily safety staffing is no longer warranted.

   **Note:** Unless the daily safety staffing is rescheduled due to other work duties, the FCM must staff with the FCM Supervisor, Division Manager (DM), or Local Office Director (LOD) before the end of the business day.

4. Upload each approved Safety Plan (SF43243) and/or Plan of Safe Care (SF56565) directly into the case management system; and

5. Continue to staff the assessment during clinical supervision until it is closed or transfers to a permanency worker. See separate policy, 4.26 Determining Service Levels and Transitioning to Permanency Services for further guidance.

The FCM Supervisor will:
1. Schedule a daily safety staffing and ensure FCMs understand expectations and preparation requirements for the meeting;
2. Staff each open assessment for which the requirements to ensure safety have not been met;
3. Review, discuss, and update the Safety Staffing (SF56567) form during each Safety Staffing to:
   a. Document and track actions taken to ensure safety for each assessment, and
   b. Plan for ensuring safety.
4. Review the Safety Plan (SF43243) and/or Plan of Safe Care (SF56565), discuss any needed revisions to ensure the child’s safety, and sign the approved plan. See separate policy, 4.19 Safety Planning for further guidance;

5. Ensure each approved Safety Plan (SF43243) or Plan of Safe Care (SF56565) and all contacts and actions taken are entered in case management system;

6. [REVISED] Ensure the Safety Staffing (SF56567) form is completed in the case management system prior to discontinuing the daily safety staffing for an assessment;

7. Make a determination regarding whether daily safety staffing should continue following the completion of all requirements (see above) and notify the FCM of the decision; and

Note: The FCM Supervisor should consider the safety of all alleged child victims, as well as, all household children and other children who were present when the incident occurred prior to making a determination regarding the continuation of daily safety staffing.

8. Continue to staff the assessment during clinical supervision until it is closed or transfers to a permanency worker.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Plan of Safe Care (SF56565)
2. Safety Plan (SF53243)
3. Safety Staffing (SF56567)

RELATED INFORMATION

Contact vs. Interview
A contact may be any communication or an in-person observation. An interview occurs when a person is individually questioned about the allegations of a CA/N report not in the presence of family members or witnesses. A contact is not always considered an interview.

Clinical Supervision
Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will complete a Plan of Safe Care (SF56565) or review and update an existing Plan of Safe Care (SF56565) for each infant under the age of one (1) year who is identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal), experiencing symptoms of withdrawal, diagnosed with Neonatal Abstinence Syndrome, and/or diagnosed with Fetal Alcohol Spectrum Disorder (FASD). The plan will address the mental and physical health and substance use treatment needs of the infant, parent(s), household members, and the infant's caregiver(s).

Note: A Plan of Safe Care (SF56565) will be completed regardless of the decision to substantiate or unsubstantiate the assessment. See separate policy, 4.22 Making an Assessment Finding for further guidance.

Code References

1. PL 114-198 Comprehensive Addiction and Recovery Act of 2016
2. 42 USC 67 Child Abuse Prevention and Treatment and Adoption Reform

PROCEDURE

The Family Case Manager (FCM) will:

1. Observe and assess the needs of each parent, household member, or caregiver;
2. Collaborate with each parent, household member, caregiver, Child and Family Team (CFT) member, and other professional partners and agencies involved in providing services for the infant, parent(s), household member(s), and caregiver(s) to develop a Plan of Safe Care (SF56565);
3. Speak with the parents, guardians, and caregivers about safe sleep and document the discussion in the case management system.
4. Ensure the plan addresses the mental and physical health and substance use treatment needs of the infant and each parent, household member and/or caregiver;
5. Create a Safety Plan (SF53243), if needed, to address immediate safety needs of the child. See separate policy, 4.19 Safety Planning for additional guidance;
6. Have each participating parent, adult household member, and caregiver who is listed on the Plan of Safe Care (SF56565) sign the Plan of Safe Care (SF56565) and provide them with a copy of the plan;

Note: If a parent refuses or is unable to sign the Plan of Safe Care (SF56565) information regarding that parent may not be shared with other individuals, professionals, or agencies. A separate Plan of Safe Care (SF56565) should be created for the other parent.
7. Review the Plan of Safe Care (SF56565) with the FCM Supervisor during regular clinical supervision;

8. Provide a copy of the plan to each individual, professional, or agency included in the plan and authorized by the parents to receive a copy;

   **Note:** When there is court involvement, the Plan of Safe Care (SF56565) should also be provided to the court.

9. Upload the Plan of Safe Care (SF56565) to the case management system;

10. Adjust the Plan of Safe Care (SF56565), as needed, due to changes in the household; identified needs of the child, parent, household member, or caregiver; or a change in risk or protective factors; and

11. Ensure the Plan of Safe Care (SF56565) is provided to the permanency FCM, if further DCS involvement is planned.

The FCM Supervisor will:

1. Guide the FCM in engaging the parent(s), household member(s), caregiver(s), CFT members, professional partners, and agencies to create or update the Plan of Safe Care (SF56565), as needed; and

2. Ensure the Plan of Safe Care (SF56565):
   a. Addresses the needs of each individual as required,
   b. Is uploaded to the case management system and provided to the listed parties, and
   c. Is provided to the permanency FCM, if further DCS involvement is necessary.

### PRACTICE GUIDANCE

#### Plan of Safe Care

A Plan of Safe Care (SF56565) should include the following:

1. The treatment needs of the parent(s), household member(s), caregiver(s), and infant;
2. Other identified needs that are not determined to be immediate safety concerns;
3. Utilization of community resources and extended family support systems; and
4. A plan for continued family support beyond DCS involvement.

#### Safe Sleep

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

1. Always place babies alone, on their backs, and in a crib (the ABCs) to sleep. The back sleep position is the safest\(^1\). Keep other caregivers informed of these safe sleep guidelines
2. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised). These types of cribs are not permitted for children under DCS care and supervision. See the following link for a picture of the new crib: [http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/](http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/);
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on couches, car seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;

---

\(^1\) Riley Children’s Health: [https://www.rileychildrens.org/health-info/sleep-safety](https://www.rileychildrens.org/health-info/sleep-safety)
4. Keep soft objects, toys, and loose bedding, out of the baby’s sleep area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleep area. A sleep sack is appropriate to keep the baby warm;

5. Keep baby’s sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep on any surface with adults or other children. They may sleep in the same room as the caregiver;

6. Consider using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;

7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;

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. Also, change the direction that the baby lies in the crib and avoid excessive time in car seats, carriers, bouncers, and swings. These items should be placed/used on appropriate surfaces and should not be utilized in place of a crib; and

9. There should be no smoking around the baby as babies who are around cigarette smoke have a higher risk of sleep-related deaths.\(^2\)

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

1. [The American Academy of Pediatrics](https://www.aap.org);
2. [Healthy Children.org](https://www.healthychildren.org);
3. [The National Institute of Health](https://www.nih.gov);
4. [Riley Children’s Health](https://www.rileychildrens.org);
5. [The DCS Website](https://www.dcs.state.in.us).

**FORMS AND TOOLS**

1. Plan of Safe Care (SF56565)
2. Safety Plan (SF53243)

**RELATED INFORMATION**

**Protective Factors**

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:

1. Nurturing and attachment – A child’s early experience of being nurtured and developing a bond with a caring adult affects all aspects of behavior and development. When parents and children have a strong attachment to one another, children develop trust that their parents will provide what they need to thrive, including love, acceptance, positive guidance, and protection.

2. Knowledge of parenting and of child and youth development – Children thrive when parents provide not only affection, but also respectful communication and listening, consistent rules and expectations, and safe opportunities that promote independence. Successful parenting fosters psychological adjustment, helps children succeed in school, encourages curiosity about the world, and motivates children to achieve.

---

\(^2\) Riley Children’s Health: [https://www.rileychildrens.org/health-info/sleep-safety](https://www.rileychildrens.org/health-info/sleep-safety)
3. Parental resilience – Parents who are able to cope with the stresses of everyday life, as well an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well. Multiple life stressors, such as a family history of abuse or neglect, health problems, marital conflict, or domestic or community violence and financial stressors, such as unemployment, poverty, and homelessness, may reduce a parent's capacity to cope effectively with the typical day-to-day stresses of raising children.

4. Social connections – Parents with a social network of emotionally supportive friends, family, and neighbors often find that it is easier to care for their children and themselves. Most parents need people they can call on once in a while when they need a sympathetic listener, advice, or concrete support. Research has shown that parents who are isolated, with few social connections, are at higher risk for Child Abuse and/or Neglect (CA/N).

5. Concrete supports for parents – Partnering with parents to identify and access resources in the community may help prevent the stress that sometimes precipitates child maltreatment. Providing concrete supports may also help prevent the unintended neglect that sometimes occurs when parents are unable to provide for their children.

6. Social and emotional competence of the child - A child's social and emotional competence is crucial to sound relationships with family, adults, and peers. Conversely, delayed social-emotional development may obstruct healthy relationships. Early identification of such delays and early assistance for children and parents can provide support for family relationships and sustain positive and appropriate development.

See [https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/](https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/) for additional information.

**Extended Family Support**
Extended family members are often the most resourceful and effective support for the family, and their interventions are often the least disruptive for the child involved. Family support services may consist of childcare, transportation, home management assistance, and teaching of skills, and financial assistance for housing, food, or clothing on a short term basis.

**Clinical Supervision**
Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

**Example:** The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.
Tips for a Successful Interview

1. **Greeting the child.** It is important to ask the child directly what name they prefer to be called. You may also ask someone who knows the child (e.g. parent, guardian, custodian, teacher, social worker, etc.) what name the child prefers. The purpose of this interaction is to build a rapport with the child, allowing him or her some sense of control. Take time to get to know the child and make the child as comfortable as possible. The initial focus should be on the child and not on the allegation.

2. **Introduce everyone present.** The Family Case Manager (FCM) should always tell the child his or her name. You may introduce everyone by title or full name, but reassure the child that they may call them by their first name. Ideally, there should only be one (1), at the most two (2), individuals (professionals involved in the assessment) present when the child is being interviewed.

3. **Attempt to accommodate any size differentials.** The FCM may sit on the floor, be either at eye level or below the child’s eye level. Attempt to interview in a private area, as space may allow.

4. **Explain why the FCM is there.** Tell the child it is your job to help and protect children; to find out if they are okay; and if they are not, to find ways to protect them. The choice of words should meet the developmental level of the child.

5. **Explain in general terms the purpose for the interview.** An appropriate response might be, “Remember how I said earlier my job is to find out if kids are okay? Someone asked me to talk to you because they were worried that you might not be okay.” Do not offer rewards to the child or incentives.

6. **Affirm the reason for the visit.** Acknowledge the accuracy of the response if the child indicates that he or she knows the reason for the visit.

7. **Address any feelings expressed by the child.** It is helpful to acknowledge children’s feelings and assure them that all children have different feelings. An example of a statement a FCM may use in assuring the child, “I know this subject is hard to talk about, but I talk to a lot of kids about the same thing, so there is nothing that you can say that I haven’t heard before,” and “In this room you can say anything as long as it is the truth. If I say something that isn’t right then it is okay to tell me that it isn’t right, because I want to make sure I understand everything that you are telling me and want me to know.”

8. **Gather information and make a behavioral observation.** Everyone reacts differently to stressful situations. In addition to gathering information, the FCM must document the observed behavior of the child, (e.g. – whether the child’s behavior is consistent with what is expected for his or her age. Document thoroughly any inconsistencies in behavioral expectations for the child’s age and development). Do not show any signs of disbelief or disgust during the interview, as this may shut the child down. The FCM needs to be aware of their own body language as well as the child’s. More than likely, the child is reading the FCM’s body language too. While gathering information, it is of utmost importance not to encourage right answers that you are looking for or respond to or “discourage” wrong answers. Be as neutral as possible but encouraging to the actual answering of questions. Using “What happened next?” is a very good way to get details.
from children, and promotes active listening on your part, expressing to the child that you are listening and interested. Be aware of the child’s level of comfort, and if he or she becomes distracted or fidgety, use critical thinking skills on how to proceed (e.g. – continue interview or allow for a short break before continuing the interview). Don’t utilize the interview time to determine if the child is telling the truth. Results of the FCM’s interviews will assist in assessment determination.

9. Determine whether the child can make a differentiation between the truth and a lie. It is essential that the FCM establish whether the child knows the difference between the truth and a lie and documentation must describe the child’s ability to discern. The FCM should also assure the child understands that it is okay to “not know the answer” to a question. An example of determining this would be, “If you (the child) were wearing a blue shirt, and I stated that your shirt was yellow, would that be a truth or a lie?” When using this kind of example it is essential to make sure that the child knows their colors. Also, you may ask the child “What happens if you tell a lie? What happens when you tell the truth?”

10. Allow the child to name the alleged perpetrator. Do not disclose the name of the alleged perpetrator until after the child says the name. It is important that the child discloses the name of the perpetrator without prompting. Also, keep in mind if assessing sexual abuse, the FCM should not call any body part by any name until the child identifies that particular body part. The FCM should then refer to that particular body part using the same name as the child. Depending on availability and resources, have the child identify the particular body part on a picture or by what that specific body part is used for.

11. Determine how the incident happened. When possible use a statement or directive, rather than a question. Use non-leading and open ended questions (e.g. – Tell me, Describe, How did, What, When, etc.). A statement such as, “I need to find out how you got the bruises on your back” or a directive such as, “Tell me about the bruises on your back” gives the child greater latitude to respond. You can determine time frames by the season, night time, day time, what was on television, etc. Keep in mind the developmental level of each child during your assessment.

12. Summarize the Interview. It is important to summarize what was said during the interview in the child’s own words to verify that the FCM has understood the child and to clear up any misunderstanding. Summarizing can also provide the FCM the opportunity to identify additional areas that have not been discussed. After summarizing, ask the child if there is anything else he or she would like to tell you. Ask them if you understood correctly what they told you or if there was something they wanted to change that the FCM had stated incorrectly. Again, it is important not to offer the child any rewards or incentives.

13. Assure/affirm the child. Assure the child that he or she has done the right thing by telling the truth. It is important for this to be said to the child in simple, unconditional terms to counteract what may have been told to the child or what the child may think. Most children are understandably concerned about “telling on” an adult caretaker. Thank the child for talking to you.

14. Provide the child an opportunity for questions. Provide the child the opportunity to ask any questions or explore any issues not previously discussed in the interview.
This tool provides guidance to Indiana Department of Child Services (DCS) Family Case Managers (FCM) in preparing a complete assessment narrative. Each assessment narrative should include a summary of the Preliminary Report of Alleged Abuse or Neglect (SF 114), the scope of the assessment, a conclusion statement for each allegation assessed, an assessment of the safety of the child(ren), and a notice section. Additional guidance is also provided for assessments that involve near fatality/fatality and Institutional assessments.

When completing an assessment narrative, the FCM should follow these general guidelines:

- Write the narrative in paragraph format, using complete sentences, proper grammar and punctuation;
- Use appropriate wording (e.g., no slang, no abbreviations unless previously identified, use quotes when quoting other sources or statements).
- Avoid overusing pronouns;
- Do not cut and paste contact logs into the narrative;
- Do not use all capital letters; and
- Utilize spell-check prior to submitting for supervisory approval.

The FCM should be mindful of the purposes that the assessment may be used as the Assessment of Alleged Abuse or Neglect Report (SF 113) is completed. The report may be used by DCS for the following purposes, including, but not limited to:

- Notification of the assessment conclusions to the substantiated alleged perpetrator or parent, guardian or custodian of the alleged child victim.
- Monitoring of assessments by management staff to ensure consistent compliance with DCS Policy requirements and for clinical supervision purposes to ensure best practices are being followed.
- Approvals of relative placement for wards, pre-adoptive placements and consents and Foster Family Home license applications/revocations, including appropriate waivers.
- Waivers of Child Protection Service (CPS) History by DCS.
- Evidence in a DCS administrative hearing or Child in Need of Services (CHINS) or Termination of the Parent Child Relationship (TPR) Court case.

**Note:** Others also use the assessment report in discovery requests, law enforcement investigations, as evidence in criminal or juvenile delinquency cases, divorce or paternity actions and in administrative hearings or other civil
matters. The assessment report may also be requested by the public and media in fatalities through an information request.

The assessment narrative should be a summary of the events, interviews and relevant facts that result in assessment findings, not a step-by-step detailed account of the assessment. The following information is an outline of what is to be included in each assessment narrative:

**Summary of the Preliminary Report of Alleged Abuse or Neglect (SF 114)**

1. The report date and the incident date (or time frame), if available, and a summary of all allegations;
2. The name and age of the alleged child victim(s);
3. The name and age (approximate if not known) of the alleged perpetrator(s);
4. The perpetrator(s)’ relationship to the child victim(s); and
5. The name and title of the assessing FCM.

Example:

On January 1, 2011, the Indiana Department of Child Services Central Intake Unit received a report alleging Joey Smith (age 0) is a victim of Neglect, in the maltreatment type of drug positive infant. The alleged perpetrator is Jane Smith (age 25), mother of victim. The Report Source (RS) stated that his meconium screen came back positive for Methadone and Opiates. Family Case Manager (FCM) Jones was assigned this assessment on January 1, 2011.

**Scope of the Assessment**

1. Include a summary of the facts gathered during the assessment that assisted the FCM in reaching the decision to substantiate or unsubstantiate the allegations.
2. Identify all required interviews and relevant collateral interviews that were conducted as a part of the assessment by stating the person’s name and the date and place of the interview. Provide an explanation if a required interview is not conducted. State the relevant information obtained from each interview. In some instances, documenting that a visit was unannounced may be relevant. In some instances, the date or time frame of an alleged incident is critical information necessary to reach an informed conclusion and should be included. See separate Policies 4.3 Conducting an Assessment; and 4.11 Interviewing the Alleged Perpetrator.

Example 1:

On January 1, 2011, FCM Jones interviewed Julie Smith (Mother) the mother of the alleged child victim Joey Smith (Joey) in a home visit. Mother stated that Joey had no bruising when Mother left for work on December 31, 2010, at 8:00 AM. At that time, she left Joey in the care of Joey’s father who was supposed to take Joey to his regular daycare. Mother stated that she picked Joey up from the daycare on December 31, 2010, at 3:30 PM and saw scratches and bruising on
Joey’s face near his left eye and bruising on his left upper arm. Mother stated that she confronted the daycare owner, Nanny Lee, who told her that Joey had the injuries when he arrived at the daycare and that he was “just fine.” Mother said she had not yet discussed the injuries with Joey’s father.

Example 2:
On January 3, 2011, FCM Jones obtained a copy of an interview with the child’s father, Jack Smith (Father), conducted by the Johnson County Sheriff’s Department on January 1, 2011. In the interview, Father denied that he caused injury to Joey on December 31, 2010. FCM Jones was unable to interview Father because Father’s attorney informed the FCM that he would not allow his client to participate in a DCS interview.

3. Either as a part of an interview or separately if no interview is conducted, record relevant observations, including whether the FCM’s observations were documented by photographs of injury or household conditions. See separate Policy 4.14 Examining and Photographing a Child and/or Trauma;

4. Document relevant information obtained through records and reports that the FCM reviewed (police reports, medical records, court pleadings and orders, etc). Documentation in this area could also include DCS history for the family, if it is relevant to the conclusion to substantiate the allegations or not;

5. If applicable, state the date of any PEDS Referral and the outcome. See separate Policy 4.16 Medical Examinations, Psychological Testing, Drug Screens and Substance Abuse Evaluations.

Conclusion Statement

For each individual allegation (whether substantiated or unsubstantiated), include a brief synopsis of how relevant facts found during the scope of the assessment led to the assessment finding(s). See separate Policy 4.22 Making an Assessment Finding: Include:

1. Neglect or Abuse;
2. Abuse or Neglect Maltreatment Type: Environment life/health endangering, drowning, sexual misconduct with a minor, etc.;
3. Substantiated/unsubstantiated;
4. Alleged perpetrator’s name;
5. Alleged perpetrator’s relationship to child (i.e. parent, guardian or custodian);
6. Alleged child victim’s name;
7. The relevant act or omission of the alleged perpetrator; and
8. How the act or omission impacted the alleged child victim.

Example 1:
Abuse (bone fracture) is substantiated against custodian, John Boyfriend, as to the child Jane Doe. John Boyfriend is custodian to the child because John Boyfriend and the child live in the same home. The decision to substantiate is based on the FCM’s interviews with the child, the child’s mother and the child’s
physician as well as the FCM’s review of the medical reports obtained during the assessment. The child’s left arm had a spiral fracture consistent with non-accidental trauma. John Boyfriend was the sole caregiver for the child during the time period in which the injury could have occurred and was unable to provide an explanation consistent with the injuries. The child was seriously endangered by her injuries.

Example 2:
Neglect (lack of supervision) is unsubstantiated against John Foster as to the child, Johnny Doe. John Foster was the Resource Parent to Johnny Doe during the time he was found by law enforcement, without adult supervision. John Foster had no reason to believe that the child would leave the home. During the time that the incident occurred, John Foster was at work and the child was in the care of Mr. Foster’s wife.

Initial and Subsequent Safety of the Child(ren)

1. Include a brief statement indicating how the safety of the victim(s), or in the case of fatality assessments, surviving child(ren) was ensured;
2. If the alleged victim was removed from the home, include the date of removal, original placement type, and measures utilized to prevent the removal (safety plan, CFTM, etc.) or reasons the child(ren) was left in the home; and
3. If any child(ren) was removed from his/her home environment, and returned home before the completion of the assessment, state the date and reason for the child’s return.
4. Provide a brief description of any services referrals, including the identity of the agency or service provider;
5. Identify any arrests made related to the alleged abuse or neglect incident. If charges are filed, state the charges and the court case number;
6. Identify any court action taken by DCS (e.g., Informal Adjustment (IA), Child in Need of Services (CHINS));
7. Describe any casework plan that has been developed (e.g., Family Support/Community Services/Safety Plan (SF 53243), etc.); and
8. Include the date of any Child and Family Team Meetings (CFTM) and include information relevant to the conclusions reached by the FCM.

Example for an unsubstantiated assessment:
On January 15, 2011, a Child and Family Team Meeting (CFTM) was held. The safety of the child, Joey Smith, was assured as part of the CFTM through the development of a Family Support/Community Services/Safety Plan (SF 53243). The plan included the mother Jane Smith having family support, including parents, aunts and uncles; Jane continuing to work with her chosen service provider to get back on her medications and her participation in parenting education. On January 17, 2011, FCM Jones conducted an unannounced home visit and found the home had been cleaned, was above minimal standards, appropriate for children, and had adequate food and working utilities.
Example for a substantiated assessment:
The safety of Joey Smith and Bonny Smith could not be ensured in the home of parents, John and Jane Smith, due to the severity of the injuries inflicted on Infant Smith, by John and Jane Smith. All three children were removed from the home on June 1, 2011, and placed with relatives. A detention hearing was held on June 2, 2011 and the court approved continued detention of the children and set the matter for Fact Finding.

Notice Section

1. State the names of persons provided with the Notice of Availability of Completed Reports and Information (SF 48201), and the dates the notices were provided; and
2. Include a statement indicating that the Child Abuse Prevention and Treatment Act (CAPTA) forms will be sent or hand delivered after the approval of the assessment. For Child Care Worker/Resource Parent assessments, add the date the Notice of Intent to Substantiate Allegations of Abuse and/or Neglect by a Child Care Worker/Resource Parent (CAPTA081003ICW) was sent or hand delivered as well as the Child Care Worker Assessment Review (CCWAR) meeting date and the outcome of the CCWAR, if applicable.
3. Include a statement indicating that the ongoing FCM was notified of the conclusion of the assessment, if the child is a ward of DCS.

Example:
Notice of Availability was provided and verbally explained to Jane Doe and John Doe on February 1, 2011. Notice of Outcome will be mailed to Jane Doe and John Doe upon supervisor approval. The ongoing FCM for the child victim was notified of the assessment conclusion.

Post Assessment Approval Reversal Information

If, upon review in a Child Care Worker Assessment Review, the classification of allegations is reversed on one (1) or more allegations, the Conclusion should reflect the final decision by DCS. If any reversal of the classification of the allegations occurs after the original approval of the Assessment of Alleged Child Abuse or Neglect SF 113, the body of the narrative should remain intact. If the allegations in an approved Assessment of Alleged Child Abuse or Neglect SF 113 are reversed, after the original narrative, state the following information; the date of the reversal, the name and title of the person who authorized the reversal (such as the Local Office Director, Administrative Law Judge, court, etc.) and what procedure occurred that resulted in the reversal (administrative review, administrative hearing, expungement, Judicial Review, etc.). If the reversal is authorized through administrative review, the basis of the reversal should also be identified.
Example:
On March 10, 2011, Regional Manager John Henry, conducted an administrative review and reversed the decision to substantiate allegations of Neglect (environment life/health endangering) by Jane Doe as to Joey Smith, a minor child, because he determined that Jane Doe was not a parent, guardian or custodian to Joey Smith.

Additional Information for Fatality/Near Fatality Assessments

1. Always list both the cause and manner of death identified in the autopsy reports and the State issued death certificate. Document the reason for not having an autopsy report if one is not available and include additional documentation related to the death (coroner’s report, coroner’s inquest, etc).

2. For near fatalities, provide a brief statement stating that the child was placed on a vent/intubated and was admitted to ICU/NICU.

3. Indiana law requires documentation of all “prior contact” for assessments with a substantiated fatality/near fatality allegation. Prior contact includes any intake, assessment or case with regard to all household members and non custodial parent or guardian that were in the Management Gateway for Indiana's Kids (MaGIK) at the time of the fatality or near fatality. Documentation for any incident of prior contact must include:
   a. Frequency of contact with the family—this does not just include face-to-face visits with the child, but any contact (face-to-face, telephonic, written correspondence, etc);
   b. Date of the last contact with the family;
   c. For any report, assessment, or case that was closed at the time of the fatality/near fatality, provide a detailed reason for the closure; and
   d. Closure date

   **Note:** Any unsubstantiated fatality/near fatality should include a detailed description of any substantiated history of all victims, perpetrators, parents, guardians, custodians and household members, including the ICWIS and/or MaGIK assessment or case number, substantiation date, allegation and finding

4. Include a statement addressing any impairment, or lack of, on the part of parents/caregivers/alleged perpetrators at the time of the incident resulting in the fatality/near fatality.

5. Include a statement indicating whether drug/alcohol screens were conducted on parents/caregivers/alleged perpetrators and the results of said screens.
6. For sleep-related deaths, state: who placed child to sleep, the environment where child was placed (adult bed, couch, crib, bedding, etc), who last saw the child alive and who found the child unresponsive.

7. For ingestion fatalities/near fatalities, provide a statement that prescription info was verified by the assessing FCM for all household members/caregivers.

8. Include an update on the DCS (CHINS or IA) case, including closure date and reason for closure, if applicable.

9. No CAPTA forms should be provided without prior approval from the fatality unit. See separate Policies 2.2 Administrative Review Process and 4.31 Fatality and Near Fatality Assessments.

Additional Information for Institutional Assessments

1. If the institution is a residential treatment facility (or a Resource Parent), include the Resource Number of the facility (or the Licensed Child Placement Agency (LCPA)) at the beginning of the assessment narrative;

2. Identify whether the child victim (and alleged perpetrator, if appropriate) was a private or agency placement. Agency placement may include DCS, Probation, Department of Education (DOE), Division of Disability, Aging, and Rehabilitative Services (DDARS). If Agency placement, state which agency; and

3. State the last three (3) residential placements for the child victim, if applicable. See separate Policy 4.30 Institutional Child Protection Services (ICPS) Unit Assessments.

4. State that the DCS licensing unit was notified of the assessment conclusion.
Suggested Interview Questions for the Non-Offending Parent

Always interview the non-offending parent alone. Prior to beginning the interview it is important to:

1. Explain the process of the child protection service (CPS) assessment.
2. Provide assurance that the children’s safety (as well as that of the non-offending parent’s) is the goal of the assessment.
3. Provide assurance that the alleged domestic violence offender will not be confronted with the source of information, or any information concerning his or her safety that he or she has shared.
4. Explain that he or she will be provided with referral information regarding safety for him or her and the children.
5. Explain the limits of confidentiality.

Below are suggested questions to utilize while interviewing the non-offending parent in a domestic violence relationship.

**Note:** If the non-offending parent of domestic violence is believed to be the alleged perpetrator of Child Abuse and/or Neglect (CA/N), see separate policy, 4.11 – Interviewing the Alleged Perpetrator.

1. Do you ever worry about the safety of your children? If yes, tell me more about that.
2. Where are the children when the fighting happens?
3. Has your partner ever hurt you in front of the children?
4. How has the child been exposed to the violence: heard it happen, saw it happen, told about it by siblings or others, or saw the aftermath (broken bones, bruises on parent or other family members or stitches)?
5. Have the children ever been hurt, either accidentally or on purpose during an incident? Tell me about this.
6. How are you able to keep your children safe?
7. Has your partner:
   a. Called your child degrading names?
   b. Threatened to take the children from your care?
   c. Accused you of being an unfit parent?
   d. Threatened to hurt or kill you in front of the children?
   e. Touched your children in a way that made you or them feel uncomfortable?
   f. Asked your children to report on what you do during the day?
   g. Had your children spy on you?

8. Has your child:
a. Overheard the yelling and/or violence?
b. Behaved in ways that remind you of your partner?
c. Physically hurt you or other family members?
d. Tried to protect you?
e. Tried to stop the violence?
f. Hurt him/herself?
g. Hurt family pets?
h. Been fearful of leaving you?
i. Exhibited emotional/behavioral problems at home or school?

9. Describe how the children respond to the violence. Have you noticed any effects?
10. How do you believe your children understand the violence?
11. When I interview your children, will they tell your partner what I ask them?

12. On a scale of 1-10 (where 10 is very safe all the time and 1 is not safe at all), how safe do you feel?
13. What does safety mean for you and your child(ren)?
14. What do you believe would help keep you and/or your children safe? What can be done to make this happen?
15. Tell me about your relationship. What is good about it and what is not so good about it?
16. How do decisions about things such as discipline and money get made?
17. Do you have family or friends you can talk to about your problems?
18. Who are some of the people you turn to for support?
19. Do you feel free to do, think, believe what you want?
20. Do you have any current injuries or health problems?
21. Has your partner ever:
   a. Isolated you from your family or friends or going someplace you wanted to go?
   b. Followed you to see where you go?
   c. Accused you of being unfaithful?
   d. Controlled your money?
   e. Called you degrading names?
   f. Made threats to hurt you or the children?
   g. Made threats to kill you if you ever attempt to leave or divorce?
   h. Hurt household pets, or threatened to hurt them?
   i. Been violent to people outside the family?
   j. Threatened to report you to DCS or take away the children?

22. Does your partner ever act jealous or possessive? If yes, tell me more about that.
23. Have you ever felt afraid of your partner? In what ways?
24. Has your partner ever physically used force on you (e.g., pushed, pulled, slapped, punched, hit, strangled/choked or kicked you)? If so, tell me about the worst episode. What was the most recent episode?
25. How frequently does this happen?
26. How dangerous do you think your partner is?

Note: The more types of abuse there are, the more dangerous the situation is likely to be for the adult victim and the children. If the abuse is happening more frequently and/or getting more severe, the risk for the adult victim and children is high.
27. Does your partner do reckless things that scare you, such as driving too fast with the children in the car? Tell me about that.
28. Has your partner ever been depressed?
29. Has your partner ever abused over-the-counter medications, prescriptions, illegal drugs and/or alcohol?
30. Does your partner have any weapons? Does he or she have access to weapons owned by others?
31. Has your partner ever threatened to commit suicide? If yes, when and what was the plan?
32. How often do you get hurt by accident?
33. Are you afraid at home?
34. Were you ever assaulted while you were pregnant?
35. Have you been exposed to domestic violence in a previous relationship(s)?
36. Do you have/have you had a domestic violence advocate?

Note: If they have not contacted a domestic violence advocate, recommend that they do.

37. Have you ever used a domestic violence shelter or group? Was it helpful?
38. Have you ever called the police? What happened?
39. Have you filed a protective order? What happened? (e.g., did your partner respect the order?)
40. Have you:
   a. Told anyone about the abuse? What happened?
   b. Seen a counselor or therapist? What happened?
   c. Left home as a result of the abuse? What happened?

41. What do you think will happen when I leave?
42. Will it increase the risk of harm to you or the children if I ask your partner some questions?

Note: If the victim is fearful of the consequences of questioning the offender, then it should not be done until safety can be achieved. Safety always comes first.

43. How do you think he or she will react when he or she finds out we talked to you?
44. How do you think he or she will react when he or she finds out we talked to the children?
45. How do you think he or she will react when we talk to him or her?
Suggested Interview Questions for the Child

Sometimes when parents fight they get angry. Sometimes this is scary for children. I want to ask you a few questions about when your parents fight and what you think about it.

1. Arguments happen in all families. What happens when your mom and dad (boyfriend, partner, etc.) argue? What do they argue about?
2. What do you do when mom and dad (boyfriend, partner, etc.) are fighting?
   a. Stay in the room.
   b. Go to a sibling.
   c. Leave or hide.
   d. Ask parents to stop.
   e. Phone someone.
   f. Go for help.
   g. Other.

3. What do you think about when this is happening?
4. When mom and dad (boyfriend, partner, etc.) are fighting, what do you worry about the most?
5. Do they ever get hurt?
6. Have you ever gotten hurt when they were fighting?
7. Have you ever tried to stop the fighting? What happened?
8. Do you find that you think about your parents fighting a lot?
   a. When do you think about it?
   b. What do you think about?
   c. Do these thoughts ever come in school or while you are playing?

9. Do you ever have trouble sleeping at night? Why? Do you have nightmares?
10. Have you talked to any other grownups about this problem? What happened?
11. Does your mom or dad (boyfriend, partner, etc.) own any weapons? Do you know where they keep them at?
12. What would you like them to do to make it better?
13. In an emergency, who would you call?
   a. Their phone number is: ____________________.
   b. What would you say?
If children don’t have some idea of whom to call, give them basic information or help them think of where they could go if their parents are fighting. Information gathered in this interview should always be shared with the adult victim to help them understand the effects of domestic violence on the children, as long as the children’s safety will not be compromised.
Suggested Interview Questions for the Alleged Domestic Violence Offender

The purpose of interviewing the alleged perpetrator is to assess dangerousness, not to elicit a confession. Do not confront the alleged perpetrator with information obtained from the child or non-offending parent. If at any point during the interview you feel that the alleged perpetrator is too dangerous, close the interview and consult with a Supervisor regarding what steps to take next.

1. Tell me about your relationship with your family or household members.
2. Describe your relationship with your children.
3. There are disagreements in all relationships. What happens when you and your household members disagree?
4. How do decisions get made?
5. What do you do when you do not get your own way?
6. Have you ever been so angry that you wanted to hurt someone? Have you ever tried to hurt someone?
7. Do you or any of your household members use alcohol or drugs? How often?
8. Do you own or have access to weapons?
9. Have you ever been told that violence/fighting is a problem for you? By whom?
10. Have you ever pushed, pulled, hit, kicked, slapped or punched anyone in your family or a household member? In what way?
11. Does your partner ever seem afraid of you? Do your children or household members ever seem afraid of you?
12. On a scale of 1-10 (where 10 is very safe all the time and 1 is not safe at all), how safe do you feel in your family? How safe do you think your partner feels? Your children or household members?
13. If you could change one thing about your partner, what would it be?
14. If we could offer you or your partner any services or information to help strengthen your family what would those be? To make one or both of you better parents?
15. If we could offer your family or household members any services or information, what would they be?
16. The worker should also note their observations of alleged perpetrator’s behavior during the interview.
General Tips for Photographing a Child and/or Trauma

1. Ensure an identifying picture is taken of the child’s face.

2. Label each photograph with the child’s name, date of birth, date the picture was taken and who took the photograph.

3. Ensure there is enough light in the room. If needed, turn on additional light or move toward a window. Take more than one (1) photograph if there are concerns that lighting or flash may cause issues with the photographs.

4. If possible, use an uncluttered neutral background. Skin is best photographed against a blue background. Do not be afraid to shoot from different perspectives, which will enhance revealing shadows or eliminate flash glare.

5. Take a photo of the injury, including an anatomical landmark such as an elbow, belly button or knee to identify the location of the injury.

6. If possible, use a measuring device directly above or below the injury in one (1) of the photos. Examples of measuring devices can be but not limited to: rulers, coins or business cards.

7. Take photographs of the object allegedly used to inflict the injury or other pertinent objects.

8. If injury is related to a fall, take photographs of what the child fell from and where the child landed, if possible.

9. Scene Photos: Always take a picture of the entire room in which the incident allegedly occurred.

10. If sending photographs to be reviewed by a health care professional expert or Law Enforcement Agency, ensure they are transmitted via a secure email or secure website.

---

Specific Injury Documentation

1. **Bruises:** All bruises should be photographed whether they are old or new.
   
a. **Note:** Areas of swelling sometimes have strong reflection caused by the flash bouncing off the injured site, this may obscure a photograph. In order to reduce flash reflection, take photographs from several different angles.

2. **Punctures, Bite Marks, Slashes, Rope Burns and Pressure Injuries:** Take photographs straight on or at a slight angle. Take close-up photographs of patterned injuries or marks of restraint so photos can later be compared to object used to inflict the injury.

3. **Burns:** Take photographs of dirty abrasions and burns before cleaning and after. Photograph from all angles and prior to any cream being applied. If possible, photograph after medical treatment.

4. **Neglect:** Take photographs of child’s general appearance, signs of neglect such as splinters, or blisters on feet, hair loss, extreme diaper rash, prominent ribs, and/or swollen belly.

5. **Facial:** Ask a health care provider to assist in mouth injury documentation. For eye injuries, distract child to look in opposite direction to photograph the extent of the injury to the eye.

6. **Sexual Abuse:** If possible, during a medical examination for sexual abuse have a medical professional take all photographs of alleged sexual trauma or injuries. If a medical professional refuses to take photographs but expresses the need for photographs to be taken after a medical examination, DCS is permitted to take photographs with a witness present in the room.

---

INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 5: General Case Management  Effective Date: March 1, 2015
Section 1: Transitioning a Case  Version: 6

STATEMENTS OF PURPOSE  This policy does not apply to Collaborative Care (see Policy 11.21 Collaborative Care (CC) Case Transfers)

The Indiana Department of Child Services (DCS) will ensure transitioning of cases, from one Family Case Manager (FCM) to another, is a smooth and informative process. Cases must be transitioned to ensure continuity of care for children and families. Families must be informed of a change in FCM, and any actions taken in the case. All pertinent case information will be shared with the Child and Family Team (CFT).

Code References
N/A

PROCEDURE

Refer to local office management for assistance if needed.

Local office management will ensure a written checklist/protocol is developed regarding the transitioning of a case and submitted to the Deputy Director of Field Operations and the Deputy Director of Permanency and Practice Support.

PRACTICE GUIDANCE

Successful transition of a case should ensure that all pertinent information is understood by the new FCM and the CFT.

Pertinent Family Information
All parties, especially the family, should have the opportunity to review and discuss all pertinent family information with the FCM and CFT (e.g., family strengths, values, support systems, family composition, behavioral management, mental health, developmental and/or medical needs, domestic violence concerns, immediate needs, substance abuse, truancy, review of the Safety Plan (SF 53243) and/or the Plan of Safe Care (SF 56565), etc. Depending upon the dynamics of the case, it may be necessary to have more than one (1) CFT to discuss all pertinent information. (e.g., when there is a no contact order between parent, guardian, or custodian and the child or each other). If there are safety concerns, the FCM may also need to keep the location of the resource home confidential.

Safety Plans and Domestic Violence
The primary goal of a Safety Plan (SF53243)/Plan of Safe Care (SF 56565) created by DCS is to ensure the safety of the child(ren). The purpose of the plan is to:
1. Achieve immediate and long-term safety for the child(ren) and non-offending parent; and
2. Provide safety options for the child(ren) and non-offending parent.
The plan should include strategies to reduce the risk of physical violence and/or harm by the alleged domestic violence offender and enhance the protection of the non-offending parent and child(ren). Planning for the safety of the child(ren) living with domestic violence will vary depending on whether the non-offending parent is separated from the alleged domestic violence offender, thinking about leaving, or returning to or remaining in the relationship. Specific planning may include:

1. Engaging the non-offending parent in a discussion about the options available to keep him or her and the child(ren) safe, including what has been tried before;
2. Exploring the benefits and disadvantages of specific options and creating individualized solutions for each family;
3. Utilizing the criminal justice and civil court systems to hold the alleged perpetrator accountable; and
4. Writing down a list of phone numbers of neighbors, friends, family, and community service providers that the non-offending parent can contact for safety, resources, and services. This requires FCMs to stay current about resources, contacts, and legal options.

The Safety Plan (SF 53243)/Plan of Safe Care (SF 56565) of the non-offending parent and child(ren) should not be shared with the alleged domestic violence offender. The FCM will attempt to engage the alleged domestic violence offender to develop a separate Safety Plan (SF 53243)/Plan of Safe Care (SF 56565), which holds him or her accountable for the abusive behavior and responsible for stopping the violence. Both plans should also address any other safety concerns that have been identified for the child(ren).

Purpose of Transitioning a Case
A Child and Family Team (CFT) Meeting should be utilized to accomplish a case transition. Timing of this meeting is critical to the actual transfer of the case so initiating the transfer as soon as possible may be beneficial. During the meeting, all parties should receive information about the status of the case, current services, along with identified additional needs to plan for services and appropriate placement.

Examples of information to be shared and discussed with the parties include, but are not limited to:
1. The family’s strengths and underlying needs;
2. Needs that may arise in the near future;
3. The efforts that have been taken to meet those needs;
4. Clarification of expectations about what happens next;
5. The name and contact information of the new FCM and FCM Supervisor;
6. Formal and informal supports for the family; and
7. Information about the membership of the CFT.

FORMS AND TOOLS

1. Visitation Plan – Available in the case management system
2. Affidavit of Diligent Inquiry (SF54778) – Available in the case management system
3. Assessment of Alleged Abuse or Neglect Report 311 (SF 113) – Available in the case management system
4. Safety Plan (SF 53243) – Available in the case management system
5. Plan of Safe Care (SF 56565) – Available in the case management system
6. **Notice to Relatives (SF 55211)** – Available in the case management system

### RELATED INFORMATION

**“Transitioned” Defined**
A case is “transitioned” when the following has occurred:
1. The new FCM is assigned to the case in the case management.
2. The new FCM has received the hard copy file.

**Eligibility for Federal Funding**
The following should be documented in the case file and in case management system:
1. The most accurate and up-to-date information concerning household members;
2. The relationships of household members to the removed child; See separate policies, [15.4 Specified Relative](#) and [15.5 Assistance Group](#).
3. Household members income and resources in the month of removal;
4. Each parent’s place of residence in the month of removal;
5. Each parent’s employment status; and
6. Any physical or mental illnesses that would prevent either parent from providing care to the child.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 5: General Case Management  Effective Date: July 1, 2019
Section 2: Gathering Case Information  Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will gather as much information as possible about the child and the family to assist in completing a thorough assessment of the functional strengths and underlying needs of the family, including identification of child and family supports and connections. Information will be gathered as soon as possible and efforts will continue throughout the life of the case. This information will be used when identifying and conducting a diligent search for all adult relatives (including adult siblings), developing the Case Plan (SF 2956), planning for services, and establishing eligibility for federal funding. See separate policies, 5.08 Developing the Case Plan and 15.1 Title IV-E Foster Care (Overview) and the Family Functional Assessment (FFA) Field Guide for suggested questions in each functional area.

Code References
  IC 31-34-19-7 Placement of child; relative; evaluation; background checks

PROCEDURE

The Family Case Manager (FCM) will:
1. Collect pertinent information, including provider reports as soon as possible and throughout the life of the case:
   a. Preliminary Report of Alleged Child Abuse or Neglect (310)(SF 114),
   b. Assessment of Alleged Child Abuse or Neglect Report (311) (SF 113),
   c. Safety Assessments,
   d. Risk Assessments,
   e. Child and Adolescent Needs and Strengths (CANS) assessment,
   f. All assessment and case notes, photographs, and recordings,
   g. Educational information,
   h. Services in which a parent or caregiver participates,
      i. Medical Passport (DCS PAM 036),
      j. Family Network Diagram. See 5.B Tool: Family Network Diagram Instruction Guide for more information; and
   k. Documentation for determining eligibility for federal funding [see policy 15.1 Title IV-E Foster Care (Overview)];

2. Record all pertinent contacts and information pertaining to the assessment and permanency case in the case management system;
3. Analyze all information as it pertains to the safety, stability, permanency, and well-being of the child and discuss the information with the FCM Supervisor during regular clinical supervision;
**Note:** Any new allegations of Child Abuse or Neglect (CA/N) must be reported to the DCS Child Abuse Hotline (Hotline). See Practice Guidance and separate policy, 4.38 Assessment Initiation for more information.

4. Update the Safety Plan (SF 53243) and/or Plan of Safe Care (SF 56565), as needed. See separate policies, 4.19 Safety Planning, 4.42 Plan of Safe Care and 5.21 Safety Planning for further guidance;

5. Provide a summary of all pertinent information to the Child and Family Team (CFT), for the purpose of developing or updating the Case Plan (SF 2956) to meet the needs of the child and family (See separate policies, 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan for more information); and

6. Complete needed Service Referrals in KidTraks and ensure all relevant information is included in the referral. See separate policy, 5.10 Family Services for more information.

The FCM Supervisor will:

1. Ensure all pertinent information is gathered and entered or updated in the case management system case record;

2. Review all information as it pertains to safety, stability, permanency, and well-being during clinical supervision with the FCM;

3. Review and discuss any changes that may be necessary to the Safety Plan (SF 53243) and/or Plan of Safe Care (SF 56565);

4. Ensure the family’s service needs are met by reviewing the Case Plan (SF 2956) with the FCM and discussing any changes in services that may be necessary.

### PRACTICE GUIDANCE

**Use of the Family Functional Assessment (FFA) Field Guide**
The FCM may 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 (CA/N). Over time, the parent, guardian, or custodian’s functional strengths should increase with the completion of identified services, which address underlying needs. Each case should be evaluated independently based upon its own unique conditions.

**Family Network Diagram**
The Family Network Diagram is a tool that combines the Ecomap and Genogram to provide valuable information on genealogy and community resources available to the family. The use of this tool recognizes the family as the most knowledgeable source of information see 5.B Tool: Family Network Diagram Instruction Guide for more information.

**Note:** A Permanency and Practice Support (PPS) referral to the DCS Investigators may be made via KidTraks if additional assistance is needed in locating absent parents, relatives, and/or other identified persons of interest in the case.

**Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline**
When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated
upon face-to-face contact with all alleged child victims. See separate policy, 4.38 Assessment Initiation for additional information regarding initiation.

**Note:** If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the DCS Hotline immediately.

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See separate policy, 4.36 Linking Child Abuse or Neglect (CA/N) Reports to Open Assessments for more information regarding the receipt of an additional 310 during an open assessment.

The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed 310 form, emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The 310 or equivalent information may be submitted via email to: DCSHotlineReports@dcs.in.gov, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.

**Areas of Assessment**

An Assessment is an ongoing process that occurs at every interaction with the family. Throughout the life of the case, the FCM will strive to assess the functional strengths and underlying needs for each family member in the following areas:

1. Safety;
2. Well-being, for example: physical health, mental health, learning and development, as well as self-identified issues surrounding sexual orientation and/or gender identity;
3. Domestic violence;
4. Sexual abuse;
5. Living conditions, including the location of incarcerated parents;
6. Finances and employment;
7. Education;
8. Formal and informal supports available to caregivers;
9. Resources available to the family;
10. Interaction between caregivers and child(ren);
11. Academic or developmental level of the child(ren) and the parent, guardian, or custodian;
12. Relationship between adult caregivers and child(ren);
13. Recent losses;
14. Substance use challenges;
15. Stability and transitions; and
16. Permanence

As the FCM is gathering case information from the family and service providers, the most accurate and up-to-date information should be documented in the case management system. For example, if an item can be scanned into the case management system, it does not need to be saved in the hard file. The following details are needed regarding persons living in the household of the removed child:

1. The relationship of household members to the removed child;
2. Sources and amount of income for each household member in the month of removal;
3. Each parent’s place of residence in the month of removal;
4. Each parent’s employment status; and
5. Any significant physical or mental illness(es) of one (1) or both parents that would prevent the parent(s) from providing care and support to the child.

Note: These details may be used to determine a child’s eligibility for Title IV-E Foster Care, Title IV-E waiver, and/or Title IV-A Emergency Assistance. Title IV-E and Title IV-A/EA Information (SF55435) can be used to document information needed for the Title IV-E and/or Title IV-A Emergency Assistance determination.

Engagement with the Incarcerated Parent
The Incarcerated Parent Letter – Assessment, Incarcerated Parent Letter – Permanency, Incarcerated Parent Demographics (SF56538), and Incarcerated Parent Information (SF56539) have been developed for use as tools for contact with incarcerated parents and for gathering information. These forms do not replace appropriate engagement and regular contact with the parents.

FORMS AND TOOLS

1. Family Functional Assessment Field Guide – Available on the Indiana Practice Model SharePoint
2. Service Referral – Available in KidTraks
3. Case Plan (SF 2956) – Available in the case management system
4. Preliminary Report of Alleged Child Abuse or Neglect (310)(SF 114) – Available in the case management system
5. Assessment of Alleged Abuse or Neglect Report (311)(SF 113) – Available in the case management system
6. Medical Passport (DCS PAM 036) – Available in hard copy
7. Initial Safety Assessment-Available in the case management system
8. Initial Family Risk Assessment-Available in the case management system
9. Title IV-E and Title IV-A/EA Information (SF 55435)
10. Plan of Safe Care (SF 56565)
11. Incarcerated Parent Letter-Assessment
12. Incarcerated Parent Letter-Permanency
13. Incarcerated Parent Demographics (SF 56538)
14. Incarcerated Parent Information (SF 56539)
15. Safety Plan (SF 53243)
16. 5.B Tool: Family Network Diagram Instruction Guide

RELATED INFORMATION

Functional Strengths
Functional strengths are ‘the buildable’ strengths of our families; they help us build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer doesn't provide much to work with; however, identifying that they are able to participate in group activities, follow directions from a leader and the ability to work towards a clear goal, are strengths that may be utilized to meet the family’s goals.
**Underlying Needs**
Underlying needs are the root source of an individual and/or family’s challenges. An underlying need determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what does the family need or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. We address underlying needs so that we understand the root of the problem and are able to provide accurate/effective services to address the needs. This method supports safe sustainable case closure. See Policies 7.5 Meaningful Contacts (In-Home) or 8.43 Meaningful Contacts (Out-of-Home) for more information.

**Clinical Supervision**
Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

*Example:* The focus of clinical supervision is on the practice that directly impacts outcomes for families.

**Protective Factors**
Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:

1. Nurturing and attachment;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports for the parents; and

See [https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/](https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/) for additional information.

**DCS Investigators**
DCS Investigators are employees of DCS who are responsible for assisting FCMs in locating absent parents, relatives, and/or other identified persons of interest to the case and/or assessment. FCMs may make a referral for this assistance in situations where all procedural steps have been completed and their efforts have been unsuccessful. Additional information regarding how to make a referral, when to make a referral, and other helpful information can be found on the [Permanency and Practice Support-Investigator](#) website.
The Indiana Department of Child Services (DCS) will build trust-based relationships with families by demonstrating sensitivity, empathy, and cultural competence. See Related Information for additional information.

DCS will encourage parental involvement in all cases, including cases involving domestic violence. DCS will, to the extent possible, engage both maternal and paternal family members equally in the case planning process from the first point of intervention. DCS will engage the alleged father and his family, even before paternity is established. See separate policies, 5.4 Noncustodial Parents and 5.5 Genetic Testing for Alleged Fathers for more information.

DCS will use the Child and Family Team (CFT) Meeting process, which will include the family and their supports, to identify the strengths and needs of the child and family. The CFT Meeting will also assist in developing the Case Plan which will identify appropriate services to meet the child and/or family’s needs.

**Note:** DCS will incorporate appropriate community services and/or treatment in the Case Plan when a parent is actively participating in the service (including services available to an incarcerated parent through the facility).

DCS will explain the benefits of this process to the family and encourage the parent, guardian, or custodian to utilize the CFT Meeting process to help build a support system or strengthen a pre-existing support system. See Related Information and separate policies, 5.7 Child and Family Team Meetings and 5.8 Developing the Case Plan for additional guidance.

DCS will communicate and engage in planning with the parent, guardian, or custodian regarding current events in the child’s life. Examples of such events may include:

1. DCS receiving allegations pertaining to the child while the child is in care;
2. Information about the child’s physical or mental health (e.g., car accident or injured while playing or during a school activity, serious illness, routine medical/dental/vision appointments, or is prescribed psychotropic medication); and/or
3. Extracurricular activities in which the child will participate (e.g., sports, church, scouts, or attendance at birthday parties).

**Code References**

1. IC 5-26.5-1-3: “Domestic violence”
2. IC 31-34-15-4: Forms; contents
The Family Case Manager (FCM) will:
1. Actively engage the family at first point of intervention and throughout the life of the case;
2. Utilize CFT Meetings to encourage and support parental involvement;
3. Clearly communicate DCS’ expectations for the parent, guardian, or custodian, to:
   a. Actively participate in CFT Meetings;
   b. Ensure attendance at scheduled appointments and provide notice if an appointment needs to be rescheduled;
   c. Actively participate in recommended services; and
   d. Communicate openly and honestly.
4. Communicate updates regarding all aspects of the case in a timely manner to the court, CFT members, parent, guardian, custodian, and service providers;
5. Ensure contacts with the child and family are meaningful, with open communication regarding the case and/or other relevant factors pertaining to the child and family; and
6. Utilize a CFT Meeting and/or Case Plan Conference to discuss the family's functional strengths and protective factors and how they may be used to provide for the child's safety and well-being.

Engagement
Engagement is the skill of effectively establishing a relationship with children, parents, and essential individuals, including CFT members, for the purpose of sustaining the work that is to be accomplished together. Engagement between a child, family, and FCM is critical in creating trust-based relationships and assessing the family’s functional strengths, protective factors, and underlying needs. When families are engaged in collaborative decision making and case planning, they understand their roles and are more empowered and motivated to make the long-lasting changes necessary to protect the child in their care.

Meaningful Contacts with the Family
Recognize that family members may be uninformed, confused, and/or concerned due to the family’s involvement with DCS. The completion of the following tasks may reduce these issues:
1. Take the time to explain the process and answer any questions asked by the family;
2. Inform the family of the possible timeline of events that may occur during the life of the case (e.g., filing of termination petition at 15 out of 22 months of the child being in out-of-home care);
3. Continually ask family members if there are any questions or concerns they may have and address these concerns with honesty and urgency; and
4. Recognize the value of the family members and their expertise regarding the family history.

   Note: Convey the importance of each and every contact and do not rush conversations with the family.

Incarcerated Parents
The Incarcerated Parent Letter – Assessment, Incarcerated Parent Letter – Permanency, Incarcerated Parent Demographics (SF56538), and Incarcerated Parent Information (SF56539) have been developed for use as tools for contact with incarcerated parents for gathering information. These forms do not replace appropriate engagement with the parents.
FORMS AND TOOLS

1. Incarcerated Parent Letter – Assessment
2. Incarcerated Parent Letter – Permanency
3. Incarcerated Parent Demographics (SF 56538)
4. Incarcerated Parent Information (SF 56539)
5. Case Plan – Available in the case management system

RELATED INFORMATION

Potential Benefits of the CFT Meeting Process to the Child and Family
CFT Meetings are the best way for DCS to assist the family in making positive changes in the lives of the child and family members. By utilizing the CFT Meeting process, DCS will:
   1. Learn what the family hopes to accomplish;
   2. Set reasonable and meaningful goals;
   3. Recognize and affirm family strengths;
   4. Assess family needs and find solutions; and
   5. Organize tasks to accomplish goals.

According to The Child Welfare Policy & Practice Group (CWG)¹, a CFT Meeting is a gathering of family members, friends, members of the family’s faith community and professionals who join together to jointly develop individualized plans to strengthen family capacity, to assure safety, stability, well-being and permanency and to build natural supports that will sustain the family over time. Bringing a family together with a solution focused team of supports contributes to a variety of potential benefits, such as:
   1. Preventing abuse and neglect and speeding up permanency;
   2. Preventing removal and placement disruptions;
   3. Strengthening engagement with families and older youth;
   4. Improving the quality of assessments about strengths and needs;
   5. Increasing the likelihood of matching the appropriate service to needs;
   6. Identifying kinship placement opportunities;
   7. Increasing the varieties of options for solutions;
   8. Increasing the capacity to overcome barriers; and
   9. Creating a system of supports that will sustain the family over time and provide a safety net after agency involvement ends.

Cultural Humility & Family-Centered Practice
In family-centered practice, the family is involved in all aspects of the planning and decision making processes. DCS and its staff strive to incorporate the family’s cultural expertise into service planning by promoting the family’s self-awareness of their cultural strengths and needs. Culture is defined by the family and includes elements such as history, traditions, values, family systems, spirituality, language, and artistic expression. Agencies and practitioners who practice cultural humility are able to recognize they are not the expert in their client’s cultural experiences. Instead, the value is placed on the family’s own cultural expressions. Cultural humility is an ongoing process that demonstrates the ability to collaboratively work alongside the family to deliver appropriate services while promoting their specific cultural strengths and needs.

¹ The Child Welfare Policy and Practice Group is a private, non-profit organization developed to assist child welfare, mental health and juvenile justice systems to create, design and manage organizational change that results in improved practice and outcomes for children and their families.
DCS staff who practice cultural humility are guided by the following principles:

1. Recognizing the family remains in charge of their own lives while motivating, facilitating, and promoting a climate of respect and caring;\(^2\)
2. Engaging collaboratively with families, including establishing their role as a partner in the process;
3. Respecting the client's family and home environment and acknowledging cultural differences. All people, regardless of their race, national origin, economic status, sex, sexual orientation, gender identity, religion, disability, and HIV status deserve to be respected, cared for, and supported by field staff, resource families, residential care staff, and/or providers;
4. Embracing the complexity of diversity when working with children and families; and
5. Critically challenging one’s openness to learn from others who engage in cultural practices different from their own.

**Note:** Cultural humility is considered a lifelong process that requires continual self-awareness.\(^3\)

**Functional Strengths**

Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer does not provide much to work with; however, identifying that he or she is able to participate in group activities, follow directions from a leader, and work toward a clear goal, are strengths that may be utilized to meet the family’s goals.

**Underlying Needs**

Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT to understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

**Protective Factors**

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:

1. Nurturing and attachment;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports for parents; and

\(^2\) [https://www.childwelfare.gov/](https://www.childwelfare.gov/)

\(^3\) [Training Child Welfare Workers for an Intersectional Cultural Humility Perspective: A Paradigm Shift](https://www.childwelfare.gov/)
See https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/ for additional information.
The Indiana Department of Child Services (DCS) will make diligent efforts beginning in the assessment phase to locate and engage the noncustodial parent. These efforts will continue throughout the life of the case.

DCS will clearly document the efforts made to locate and engage the noncustodial parent throughout the life of the case. Information gained from the noncustodial parent will be considered when developing the Case Plan (SF 2956), planning services, and establishing eligibility for federal funding. Engagement with the noncustodial parent may also assist DCS in identifying relatives that may serve as placement or support for the child.

DCS will provide the Advisement of Legal Rights Form (SF 47114) to the noncustodial parent and inform the noncustodial parent of his/her rights which include the right to:

1. Request that the child be placed with him or her;
2. Visit with the child, unless the court orders no visitation; and
3. Participate in case planning for the child through the Child and Family Team (CFT) Meeting or Case Plan Conference.

If it is necessary to remove a child from a custodial parent, DCS will give primary consideration to the noncustodial parent when selecting an out-of-home placement option. See separate policy, 8.1 Selecting a Placement Option.

If warranted, background checks may be conducted when moving a child to the care of the noncustodial parent. See Related Information and separate policies, 13.5 Conducting Background Checks for Unlicensed Placements and 13.6 Evaluation of Background Checks for Unlicensed Placements for further details.

DCS will inform noncustodial parents of his/her obligation to pay child support, if ordered. If not ordered, DCS will assist noncustodial parents in establishing child support responsibilities. DCS will also assist in helping noncustodial parents determine whether an existing child support order needs to be modified due to a change in circumstances (e.g., if the noncustodial parent now has placement of the child, or the amount of support needs to be adjusted to match current income levels). See separate policy, 2.20 Establishment of Child Support Orders for additional information.

Code References
1. 31-9-2-22.1 Concurrent Planning
2. IC 31-34-19-7 Placement of child; relative; evaluation; background checks
PROCEDURE

The FCM will:
1. Ask the parent, guardian, custodian, child, and other pertinent individuals the name and location of the noncustodial parent at the time of the initial assessment and, as necessary, throughout the life of the case;
2. Record the information in the case management system;
3. Complete a diligent search to locate the noncustodial parent if the parent’s location is unknown. See separate policies 4.0 Diligent Search and 5.06 Locating Absent Parents;

Note: Consider completing a Permanency and Practice Support (PPS) Investigator referral in KidTraks for assistance in locating the noncustodial parent if the FCM is not otherwise able to make contact. See Related Information for additional guidance.

4. Create a Permanency and Practice Support (PPS) Investigator;
5. Notify the noncustodial parent (once identified and located) of his/her rights and responsibilities and all pending court hearings;

Note: In the case of an involuntary removal, notify the noncustodial parent according to separate policy, 4.28 Involuntary Removals.

6. Provide the noncustodial parent with the Advisement of Legal Rights Form (SF 47114)
7. Engage with the noncustodial parent to develop his or her family network diagram. See 5.B Tool Family Network Diagram Instruction Guide for more information.
8. Ensure the noncustodial parent is informed about the child and included in all aspects of case planning;
9. Request that the court issue or redirect an order for child support, if the child is placed out-of-home. See separate policy, 2.20 Establishment of Child Support Orders for additional guidance;
10. Make copies of all correspondence sent to the noncustodial parent for the case file; and
11. Document in the case management system the efforts to engage the noncustodial parent. See policy 5.3 Engaging the Family.

The FCM Supervisor will:
1. Review all efforts made by the FCM to locate and engage the noncustodial parent; and
2. Provide direction and support to the FCM as needed.

PRACTICE GUIDANCE

Conducting Background Checks on Noncustodial Parents
Background checks may be conducted on the noncustodial parent if the FCM has reason to question the safety of the placement or if risk factors are present. Safety or risk factors that would necessitate a criminal history check include, but are not limited to, the following:
1. Child raises concern regarding the placement;
2. Custodial parent or members of the CFT have concerns regarding the placement;
3. Custodial parent or members of the CFT report past or current criminal history perpetrated by the noncustodial parent; or
4. Noncustodial parent does not have regular visitation with the child.

If it is determined that it is in best the interest of the child to complete criminal history checks on a
noncustodial parent, the FCM must document in the case management system that background checks were completed and the outcome of the check as criminal history checks are not required for noncustodial parents. See separate policies, 13.5 Conducting Background Checks for Unlicensed Placements and 13.6 Evaluation of Background Checks for Unlicensed Placements for additional information conducting criminal history checks on noncustodial parents.

**FORMS AND TOOLS**

1. Advisement of Legal Rights Form (SF 47114) – Available in the case management system
2. Case Plan (SF 2956) – Available in the case management system
3. Plan of Safe Care (SF 56565)
4. Incarcerated Parent Letter-Assessment
5. Incarcerated Parent Letter-Permanency
6. Incarcerated Parent Demographic (SF 56538)
7. Incarcerated Parent Information (SF 56539)
8. 5.B Tool: Family Network Diagram Instruction Guide

**RELATED INFORMATION**

**Noncustodial Parent**
A mother, father, or alleged father (biological or adoptive) who does not have legal or primary physical custody of the child.

**Reasons for Engaging Noncustodial Parents**
Engaging the noncustodial parent may benefit the child in the following ways:
1. The noncustodial parent may be a potential caregiver;
2. The noncustodial parent may be able to provide DCS with unknown medical history;
3. The child may be the recipient of or eligible for certain benefits; such as health insurance, survivor benefits or child support.
4. The noncustodial parent’s extended family may become active team members of the CFT by assisting with helping the family achieve permanency for the child;
5. The noncustodial parent’s extended family may provide support if concurrent planning is pursued. See separate policy 5.15 Concurrent Planning.
6. The noncustodial parent’s extended family may serve as a lifelong connection for the child.

**Engagement with the Incarcerated Parent**
The Incarcerated Parent Letter – Assessment, Incarcerated Parent Letter – Permanency, Incarcerated Parent Demographics (SF 56538), and Incarcerated Parent Information (SF 56539) have been developed for use as tools for contact with incarcerated parents and for gathering information. These forms do not replace appropriate engagement and regular contact with the parents.

**DCS Investigators**
DCS Investigators are employees of DCS who are responsible for assisting FCMs in locating absent parents, relatives, and/or other identified persons of interest to the case and/or assessment. FCMs may make a referral for this assistance in situations where all procedural steps have been completed and their efforts have been unsuccessful. Additional information regarding how to make a referral, when to make a referral, and other helpful information can be found on the Permanency and Practice Support-Investigator website.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will facilitate genetic testing to establish paternity in cases where there is an alleged father and paternity has yet to be established. DCS will contract with a designated vendor for processing genetic tests.

Note: Genetic testing should not be done on cases where paternity has already been established. See separate policy 2.20 Child Support Establishment.

DCS will request that the child’s mother provide the first and last name of each alleged father during the detention/initial hearing. DCS will ask the mother and each alleged father to voluntarily submit to genetic testing. For those who refuse, DCS will obtain a court order stating that the mother, alleged father(s) and the child are required to submit to genetic testing.

DCS will offer services to an alleged father while he is awaiting the establishment of paternity.

DCS may recommend placement of a child with an alleged father or the family member of an alleged father before paternity has been established.

Code References
1. IC 31-34-15-6: Filing of paternity action by local prosecuting attorney's office
2. IC 31-14-7-1 (1)(2) Presumptions; child’s biological father
3. IC 16-37-2-2(1) Birth Certificate and paternity affidavit; person responsible for filing or preparation; release of paternity affidavit

PROCEDURE

The Family Case Manager (FCM) will conduct a search using the Indiana Support Enforcement Tracking System (ISETS) web tool to determine the status of paternity.

The FCM will:
1. Click ISETS Data on the DCS Intranet page;
2. Log-in using the following;
   a. His/her DCS Username, and
   b. Generic password- ‘DCSgen01’.

   Note: The system will prompt each user to set up a new personal password.

3. Enter the child’s identifying information on the Search Data screen and click ‘Search’;
4. Select the appropriate child under ‘Results’ to expand the results;
5. Review the paternity status and funding information to determine if:
   a. Paternity has been established,
   b. Paternity has not been established and IV-D funding is available, or
   c. Paternity has not been established and IV-D funding is not available.

6. Request the DCS Staff Attorney to review paternity status in Panoptic if paternity has not been established.

If paternity has been established, the FCM will select ‘print screen’ and submit a copy of the results to the DCS Staff Attorney. This will allow the DCS Staff Attorney to pursue the appropriate next steps. See separate policy 2.20 Child Support Establishment.

If paternity has not been established or no paternity results are listed, the FCM will:

1. Complete the Authorization/Request for Genetic Testing Services (SF 54716) form by:
   a. Selecting the case management system case type, and enter the applicable case number when paternity is not established and there is no IV-D funding available; or paternity information is not listed, or
   b. Selecting ISETS case type and enter the applicable ISETS case number for cases when paternity has not been established and IV-D funding is available, and
   c. Sign the Authorization/Request for Genetic Testing Services (SF 54716) form.

2. Utilizing the Specimen Collection Instructions to complete the Client Identification and Consent Form/Chain of Custody.
   a. Request to see photo identification for everyone being tested,
   b. Review the form to be sure it is properly and fully completed,
   c. Have the mother, alleged father(s) and legal custodian of minor child sign the form,

   Note: If an adult other than the mother or legal guardian signs the consent a written statement indicating that person’s relationship to the child is required. If the FCM has to sign the consent form, he/she must write a statement on DCS letterhead indicating the child is a ward of DCS.

   d. Take thumbprint of each person being tested, and
   e. Complete the collector’s statement on the back of the form.

3. Ask individuals being tested to take a group picture;

   Note: If anyone refuses to be included in the group picture, the FCM will take a picture of the mother and the child together and a separate picture of each alleged father. All pictures will be submitted to the designated vendor with the genetic testing kit.

4. Collect and label specimens. See Forms and Tools for link to Specimen Collection Instructions;

   Note: Use Standard Precautions at all times while collecting, handling, and transporting samples. See Related Information for definition of Standard Precautions.
5. Re-package the test kit, including the required forms and photo, and mail all items to the designated vendor. See Forms and Tools for link to Specimen Collection Instructions;

**Note:** Return the original copy of the Authorization/Request for Genetic Testing Services (SF 54716) form to the genetic testing provider with the genetic test kit.

6. Place a copy of the Authorization/Request for Genetic Testing Services (SF 54716) form in the child’s case file; and
7. Complete the following tasks once the results have been received:
   d. File a copy with the court within five (5) business days,
   e. Submit a copy to the DCS Staff Attorney, and
   f. Place a copy in the child’s case file.

If the paternity test results are positive, DCS will:
1. Inform all parties of the test results;
2. Ensure the father is participating in services or referred to services; and
3. Include the father in the case planning process.

If the paternity test results are negative for an alleged father, DCS will:
1. Inform all parties of the test results;
2. Consider continuing services if the individual chooses to remain involved in the child’s life as an informal support. See Related Information for further details;
3. Notify the court of the test results and whether or not the individual chooses to remain involved in the case; and
4. Allow the individual to participate in case planning if he chooses to be involved and has the consent of the child’s mother.

The DCS Staff Attorney will search the Panoptic database for a paternity affidavit. See Related Information and:
1. Submit a copy of the genetic test results to the IV-D Prosecutor, if it is a IV-D case; or
2. Seek adjudication of paternity through the CHINS.

### PRACTICE GUIDANCE

**Long arm draw**
A long arm draw is a process used for a parent that lives outside of Indiana and is unable to come in to the DCS local office to submit to genetic testing. In those situations, the FCM will make arrangements for that person to submit to genetic testing at the designated vendor testing site in the area where he/she lives.

**Re-ordering test kits**
Each region will assign one (1) or two (2) staff members to track inventory and to place orders for additional test kits as needed.

### FORMS AND TOOLS

1. Authorization/Request for Genetic Testing Services (SF 54716)
2. Specimen Collection Training Video
3. State of Indiana-DCS Offices List of Specimen Collector Points to Remember
4. Client Information Form/Chain of Custody- Available via genetic test kit
5. Statement of Consent and Release- Available via genetic test kit
6. Specimen Collection Instructions-Available via genetic test kit
7. ISETS Child Support Case Inquiry Web Tool
8. Panoptic Web Tool-Available to DCS legal staff

RELATED INFORMATION

Temporary Assistance for Needy Families (TANF)
If the child is placed with a specified relative and this specified relative opts to receive TANF benefits for the child instead of the foster care per diem, the child support is redirected. Federal law requires that as a condition of eligibility for TANF benefits, applicants are required to assign their rights to child support to the State of Indiana and to participate in the Title IV-D Child Support Program. This Federal law supersedes the Indiana law. The TANF child’s support will automatically be assigned through the Indiana Client Eligibility System (ICES) upon application for TANF and any support paid on behalf of this child will go toward the repayment of TANF benefits received by the child.

Determining if Establishing Paternity is in the Child’s Best Interests
The following circumstances are examples of when it may be contrary to the child’s best interest to establish paternity, including but not limited to:
1. Adoption proceedings are pending in court;
2. The child was conceived as a result of incest or rape.

Alleged/Putative Father
An alleged (putative) father is a male who has asserted to be the father of a child, or who claims to be the father of a child but has not been adjudicated the father through a paternity action filed in court having jurisdiction, has not signed a paternity affidavit and is not presumed to be a child’s father under IC 31-14-7 (1) or IC 31-14-7-1(2).

Noncustodial Parent
A mother, father, or alleged father (biological or adoptive) who does not have legal or primary physical custody of the child.

Universal Precautions
Universal precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals. Universal precautions apply to:
1. Blood;
2. All body fluids, secretions, and excretions, except sweat, regardless of whether or not they contain visible blood;
3. Non-intact skin; and
4. Mucous membranes.

Note: Universal precautions includes the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to client’s body fluids is anticipated.

Panoptic
Panoptic is a search tool used by the Indiana State Department of Health to access Paternity Affidavits. This tool is now available to DCS legal staff to quickly and easily access and print this information.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make diligent efforts to locate absent parents of children under DCS care and custody at the earliest possible time during the life of the case (e.g. after the initial assessment visit occurs, after referral to DCS, after the Detention or Initial Hearing, after filing a Child in Need of Services (CHINS) petition, after creating an informal adjustment (IA), prior to filing Termination of Parental Rights (TPR)).

When the identity and whereabouts of a parent of a child under DCS care and custody is unknown, DCS will attempt to identify and provide notification to the parent of the court proceedings using various means such as the Putative Father Registry and Parent Locator.

When the whereabouts of a parent of a child under DCS care and custody is unknown, DCS will complete an Affidavit of Diligent Inquiry (SF 54778) to document for the court the efforts to locate the child’s parent and provide notice of court proceedings.

Code References
1. IC 31-34-3-2: Procedures for notice; custodial parent, guardian, or custodian who cannot be located

PROCEDURE

When the identity and whereabouts of a parent of a child under DCS care and custody is unknown, the Family Case Manager (FCM) will gather the following information about the absent parent from all available resources during the assessment process and throughout the life of the case, if necessary:

1. Full name of both parents and any known aliases;
2. Social security number (SSN) for both parents;
3. Date of birth for both parents;
4. Previous address and/or telephone number;
5. Present or previous employers;
6. Address and telephone number of any known relatives;
7. Any benefits received (e.g., disability, Temporary Assistance to Needy Families (TANF), etc.); and

Note: When the parent is located, gather information regarding their income and resources for the removal month.

8. Ask about a history of domestic violence in the relationship. Check police records, protective order registry, and other sources to obtain additional information about potential domestic violence.
**Note:** If there is a history of domestic violence, the search for the absent parent must still be completed. The information obtained will help the FCM be more prepared when actually locating the parent and assessing permanency alternatives.

The FCM will make other efforts to identify the absent parent as necessary:

1. Ensure a letter is sent to the Department of Health requesting a search of the Putative Father Registry;
2. Utilize 5.B Tool: Family Network Diagram Instruction Guide to create a family diagram and present a copy to the court. A hard copy of the family diagram should be kept in the case file and uploaded into the case management system;
3. At the first court hearing, request the judge to place the custodial parent or other individuals under oath to answer questions regarding the absent parent and extended family;
4. Obtain and review a copy of the birth certificates of the child(ren) to ascertain date of birth and the names of parents listed;
5. Inquire as to persons who were present at the time of the child’s birth;
6. Ask the child, if age-appropriate, about the absent parent or extended family;
7. Inquire as to who is listed as the emergency contact at school or with a medical provider;
8. Review the child’s health records for names of parents; and
9. Request service providers to assist DCS in obtaining information about the absent parent.

When the identity of a parent of a child under DCS care and custody is known but the whereabouts are unknown, the FCM must utilize the following tools in the order listed until the parent is located:

1. Search the databases available to the FCM including the Indiana Support Enforcement Tracking System (ISETS) and the case management system;
4. Contact the county jail to see if the absent parent is being held; and
5. Search the Department of Corrections (DOC) at [http://www.in.gov/idoc/](http://www.in.gov/idoc/). Click on Offender Locator on the right side of the screen.

**Note:** The FCM must be prepared to submit an Affidavit of Diligent Inquiry (SF 54778) to the court at the time of the initial hearing.

In addition to the steps listed above, the FCM may utilize the following efforts to locate the absent parent:

1. Check other government information;
2. Search the worldwide military locator, if applicable;

**Note:** There may be a fee associated with this service.

3. Search databases related to career or hobbies;
4. Check the telephone directory;
5. Search other state offender locator services as available;
6. Attempt to contact the absent parent at their last known address; and
7. Attempt to make contact with other individuals (e.g., extended custodial family) who may assist in locating the absent parent; and/or
8. Make a referral to the DCS Investigator Unit to assist in identifying or searching for the absent parent prior to making a referral for a service provider to locate an absent parent.

**Note:** DCS Investigators have access to search the Accurint database for additional information.

The FCM will also:
1. Document all efforts and the results of the search in the case management system;
2. Advise the Child and Family Team (CFT) regarding the identity, or lack thereof, of the absent parent and efforts to locate;
3. Complete/provide an Affidavit of Diligent Inquiry (SF 54778) during the assessment phase outlining the efforts taken to identify and/or locate the absent parent to the DCS Staff Attorney to ensure that notice of proceedings is published as to the absent parent; and
4. Continue to pursue these efforts if necessary throughout the life of the case.

**Note:** When the identity and location of the absent or alleged parent is known, the FCM will provide the address of the parent to the DCS Staff Attorney so the parent may receive notices of court proceedings and may be considered for placement and services.

### PRACTICE GUIDANCE

#### BMV Search
Use the following steps to complete a BMV search to locate an absent parent:
1. Go to BMV homepage at [http://www.in.gov/bmv](http://www.in.gov/bmv);
2. Click *Search BMV Records* on the far right side of the site;
3. Click *Start a driver's license records search*;
4. Choose the radio button *For use by a government agency to carry out its functions*; and
5. Enter the search criteria based on the information you have available.

#### Utilizing DCS Investigators
DCS Investigators are employees of DCS who are responsible for assisting FCMs in locating absent parents, relatives, and/or other identified persons of interest to the case and/or assessment. FCMs may make a referral for this assistance in situations where all procedural steps have been completed and their efforts have been unsuccessful.

### FORMS AND TOOLS

1. Family Network Diagram
2. 5.B Tool: Family Network Diagram Instruction Guide
3. Affidavit of Diligent Inquiry (SF 54778) – available in the case management system

### RELATED INFORMATION

**Importance of Conducting a Diligent Search and Engaging Absent Parents**
Failure to complete a diligent search for the absent parent may delay appropriate permanency options for the child under the care and custody of DCS. It is necessary to demonstrate to the court that a diligent search has been made to locate and engage an absent parent before a court can involuntarily terminate that person’s parental rights. Locating and engaging an absent
parent may lead to several positive outcomes. It may aid in establishing a relationship or connection between a child and parent that may lead to an expedited permanency outcome.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

<table>
<thead>
<tr>
<th>Chapter 5: General Case Management</th>
<th>Effective Date: July 1, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 7: Child and Family Team Meetings</td>
<td>Version: 6</td>
</tr>
</tbody>
</table>

STATMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will facilitate a Child and Family Team (CFT) Meeting with every family and youth at case junctures beginning in the assessment phase and continuing throughout the life of the case.

DCS will utilize the CFT Meeting to create plans for assessment, safety, service delivery, and permanency. DCS will work with the family and/or youth and placement (if applicable) to form the most effective team to assist with achieving goals. Teams should always consist of at least one (1) or more formal or informal supports identified by the family. DCS will strive to meet the logistical needs of the family and youth, including the time and location of the CFT Meeting. DCS will continue efforts to engage the family and youth in the CFT process throughout the life of the case.

**Note:** Youth, age 14 and older, may select up to two (2) child representatives. The child representatives must be at least 18 years of age and members of the CFT. Representatives may not be a foster parent or FCM. The youth may select one (1) of the child representatives to also be his or her adviser and advocate. Child representatives are subject to the approval of DCS. Approval may not be granted when there is cause to believe that the representative may not act in the best interest of the child.

A CFT Meeting may fulfill the requirement to hold a Case Plan Conference if all required parties are present. If a family and/or youth chooses not to participate in the CFT process, a Case Plan Conference must be held to develop, update, or revise the Case Plan (SF 2956). If membership of the CFT does not include the resource parent or the Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL), who are mandatory parties for the development of the Case Plan (SF 2956), a separate Case Plan Conference must be held (in addition to the CFT Meeting) to develop the Case Plan (SF 2956). See separate policy, 5.8 Developing the Case Plan for additional information.

**Note:** Youth age 14 and older are required to participate in the development of the Case Plan (SF 2956).

DCS will engage members of the CFT regarding the need for a CFT Meeting upon request of any team member (including noncustodial and incarcerated parents), prior to case closure, and at case junctures throughout the life of the case. A case juncture is defined as a new awareness of significant information regarding the child or family’s strengths or needs, which
may impact the Case Plan (SF 2956) and/or Safety Plan (SF 53243). Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:
1. Placement;
2. Formal or informal supports;
3. Family involvement;
4. Visitation;
5. Behavior;
6. Diagnosis (mental or physical);
7. Sobriety;
8. Skills acquisition; or
9. Education.

Code References
1. IC 31-34-15-5: Cooperation in Development of Case Plan
2. IC 31-28-5.8-6 Updating Case Plan; Transitional Services Plan, Visitation with FCM
3. 42 USC 1305 Preventing Trafficking and Strengthening Families Act

PROCEDURE

For cases where domestic violence has been identified, the FCM will:
1. Seek input from the FCM Supervisor to assess whether to involve the alleged domestic violence offender in the teaming process;
2. Assess whether holding a CFT Meeting with both parents present may be accomplished safely. See Practice Guidance for additional information regarding domestic violence and the CFT Meeting;
3. Consider other options for having the alleged domestic violence offender involved in the meeting without being physically present if there are safety concerns; and
4. Include a domestic violence advocate or another domestic violence service provider(s) in meetings, whenever possible; and

Note: If a CFT Meeting is held with both the non-offending parent and the alleged domestic violence offender present, a plan should be created during CFT preparation meetings to address safety before, during, and after the meeting. This may include, but is not limited to:
   a. Having the non-offending parent and alleged domestic violence offender arrive and leave the meeting at different times; and/or
   b. Having scheduled breaks throughout the meeting to evaluate the safety of all team members. See 5.A Tool: Domestic Violence and CFT Meeting Considerations.

5. Contact the non-offending parent within 24 hours after the CFT Meeting, if domestic violence has been identified as a risk factor for the family and/or youth and both parents were present at the CFT Meeting.

Note: This contact will allow the FCM to assess any impact the CFT Meeting may have had on the non-offending parent’s and child(ren)’s safety. See 5.A Tool: Domestic Violence and Child and Family Team Meeting Considerations for more information.
The FCM Supervisor will assist the FCM in creating a plan that addresses safety before, during, and after the CFT Meeting when a CFT Meeting is held with both the non-offending parent and alleged domestic violence offender present.

The FCM will:
1. Utilize the initial preparation meeting to explain the CFT process to the parent(s), guardian, or custodian(s), youth (when appropriate), and other team members. Subsequent meetings in preparation for the CFT Meeting are utilized to gather information relative to the team members’ observations of the family’s and/or youth’s progress and to discuss any questions or concerns. All discussions held with team members should be documented in the case management system;

   **Note:** Preparation with the parent and youth should be completed in person prior to and separate from the CFT Meeting. Face-to-face contact is generally the best communication method for gathering and evaluating information. Consequently, it is beneficial to meet team members in person whenever possible.

2. Utilize the *Authorization to Contact Child and Family Team Meeting (CFTM) Members (SF 54341)* form to determine the list of members to be included in the CFT;

   **Note:** The family and/or youth should select all CFT members, with the exception of DCS staff.

3. Encourage the parent, guardian, or custodian to include any residential placement staff, resource parents, and CASA or GAL as members of the CFT by explaining the benefits to case planning;

4. Ensure youth age 14 and older have the opportunity or are encouraged to select up to two (2) child representatives. The child representatives must be at least 18 years of age, members of the CFT, and may not be a foster parent or FCM. The youth may select one (1) of the child representatives to also be his or her adviser and advocate. See *Practice Guidance*;

   **Note:** Child representatives are subject to the approval of DCS. Approval may not be granted when there is cause to believe that the representative may not act in the best interest of the child.

5. Send a *Confirmation Notice of a Child and Family Team Meeting (SF 54338)* to all team members to notify them of an upcoming meeting;

6. Coordinate and implement the CFT Meetings following the *Child and Family Team Meeting Agenda* (Available in the case management system);

7. Ensure that all CFT members sign a *Child and Family Team Meeting (CFTM) Attendance and Confidentiality for Limited Use of Agreement for Access to Confidential Department of Child Services Client/Case Information (SF 54339)* and that the family and youth understand the limits of the confidentiality of team members;

8. Gather essential family and community connections to document in the GenoPro software;
9. Ensure that individualized plans based on the family and/or youth’s personal goals are developed during the CFT Meeting to connect the family and/or youth with the appropriate services and resources;

**Note:** Ensure available community services (including those available to incarcerated parents) are considered. Visitation should also be discussed and included in the plan.

10. Complete the Child and Family Team Meeting Notes (SF 54601). The Family Story is not included in the notes. If a safety concern is raised during the Family Story regarding allegations of abuse and neglect, a ‘Contact’ titled “family story” must be entered in the case management system. The information about the safety concern must be entered and a safety response should be documented (e.g., a report was made to the Hotline regarding new allegations);

**Note:** All CFT Meeting notes must include a current plan for safety, which includes the youth’s current level of safety in placement, visitation, school, age appropriate programs and/or extracurricular activities etc.

11. Ensure the CFT Meeting notes are distributed to all appropriate parties and entered in the case management system within seven (7) calendar days of the CFT Meeting;

**Note:** Distribute CFT Meeting notes to the CASA/GAL if they were not included as part of the CFT. They do not need to request the notes, they must be sent automatically as they are a party to the case.

12. Complete a summary of all CFT Meeting notes including significant changes that occurred in the Progress Report to the court;

13. Contact an FCM Supervisor, Peer Coach, or Peer Coach Consultant for assistance with all families who agree to have a CFT Meeting but cannot identify informal or formal supports to form a team. If formal or informal supports are unable to be identified, the reason for this lack of team formation must be staffed with the FCM’s supervisor. In order to be considered a CFT there should be at least one (1) formal or informal support identified by the family to participate in the CFT Meeting.

The FCM Supervisor will complete all responsibilities outlined in the Case Practice Reform Goals and Expectations for Supervisors at the Indiana Practice Model SharePoint.

**PRACTICE GUIDANCE**

**Preparation Meeting**

The preparation meeting is the critical first step in the CFT Meeting process to engage the family and/or youth and other team members by providing them with details about the CFT Meeting process. During this meeting, the FCM should obtain a list of potential team members and make a list of outcomes identified by the family and/or youth for a safe/sustainable permanency plan for the child. Once potential team members have been identified, the facilitator will contact them to invite them to the meeting, prepare them for the CFT Meeting process, and discuss with them their role during the meeting. Preparation of team members is
not a one-time event, but should happen consistently, throughout the life of the case or the family’s involvement with DCS.

Preparation of team members facilitates active participation by helping them to:
1. Focus on **functional strengths** as well as **underlying needs**;
2. Understand the family and/or youth’s identified outcomes;
3. Report observations of the family and/or youth’s progress and child safety;
4. Explore any potential conflicts and preparing ways to manage emotions positively; and
5. Determine how they can help meet the identified needs and identify what they can do to help contribute to accomplishing the family and/or youth’s desired permanency outcome.

**CFT Meeting Process**
The CFT Meeting is a process and it should be based on the needs of the family and/or youth. The CFT Meeting is a shared decision-making and a strength-based approach to assist with the initial and ongoing assessments of children and their families. The CFT Meeting process includes gathering formal and informal supports to assist the family in achieving goals identified by the family. This process allows DCS to hear and understand the family’s voice and to assist the family with building a support system that will remain in place after the DCS assessment or case has closed.

**Teaming with the Child/Youth and/or Placement**
It is important to remember that the composition of CFTs will vary depending on each case. FCMs may facilitate CFT Meetings with the youth and/or their caregiver or placement provider. Prior to teaming with the youth only, efforts should be made to team with the child’s parent, guardian, or custodian. However, there may be reasons that support youth only CFT Meetings. For example, termination of parental rights (TPR) has occurred for a parent of the youth or the discussion at a CFT Meeting may be detrimental to the youth. FCMs should seek supervisory input prior to proceeding with teaming with the youth only.

**Teaming with Youth age 14 and older**
All youth age 14 and older must have the opportunity to attend and participate at a CFT Meeting or Case Plan Conference that will address or create the Case Plan (SF 2956) for the youth. The youth should also have the opportunity to have two (2) child representatives added to the team with one (1) being the youth’s advisor. The child representatives must be at least 18 years of age and members of the CFT. Representative may not be the foster parent or FCM. The youth may select one (1) of the child representatives to also be his or her adviser and advocate. The child representatives and advisor are subject to the approval of DCS. Approval may not be granted when there is cause to believe that the representative may not act in the best interest of the child.

**Teaming with Older Youth (17.5 and Older)**
Older Youth CFTs may be composed of the youth, his or her service providers, DCS staff and informal supports, depending on the housing or placement status. These CFT Meetings are youth driven and youth focused in order to develop and adapt the case plan, address any issues that may arise in the life of the case, and discuss issues at case junctures. See separate policy, [11.6 Transition Plan for Successful Adulthood](#) for additional information.
Domestic Violence and the CFT Meeting
Due to the extreme power and control, that one partner typically exhibits in a relationship where domestic violence is present; it may be unsafe and/or unproductive to have both the non-offending parent and alleged domestic violence offender present at the same CFT Meeting.

Reasons why a joint meeting would be inappropriate include, but are not limited to:
1. The non-offending parent does not want a meeting because he or she feels that they or the youth would be in danger;
2. The non-offending parent does not want a meeting because he or she feels intimidated and is therefore unable to represent what he or she feels is in the youth’s best interest;
3. The non-offending parent has secured a “no contact order” and the CFT Meeting would be a violation of the order;

Note: If it has been determined that is in the best interest of the family to convene a CFT Meeting, DCS may request the court to lift the “no contact order” during the time of the meeting.

4. The offending parent denies that DV is an issue or that DV has not occurred when evidence states otherwise (e.g., police reports, visible bruises, etc.);
5. The FCM believes the non-offending parent or the youth could be placed in danger if the meeting took place; or
6. The family of the non-offending parent or the alleged domestic violence offender either denies or enables the abuse.

Note: It may initially be inappropriate to have the non-offending parent and alleged domestic violence offender attend the same CFT Meeting. Prior to each meeting, DCS should evaluate the option of having the non-offending parent and alleged domestic violence offender attend the same CFT Meeting. Other options may be considered, such as a conference call with the offending parent. If there is a court order in place, permission can be sought from the court for the offending parent to be on the phone for a CFT Meeting. See 5.A Tool: Domestic Violence and Child and Family Team Meeting Considerations for more information.

Informal Supports
Informal supports refer to connections, such as family members, friends, or neighbors, in the home or in the community that may provide support, assistance, or care to the family/child and could serve in this capacity in a sustainable way once the DCS case is closed. Informal supports are generally unpaid supports, however if a situation arises regarding determining if a support is informal or formal it should be staffed with the FCM Supervisor.

Building Informal Supports
1. **Location:** Families may identify a potential informal support but are concerned they may not be able to be physically present at the CFT Meeting. We should encourage this person to participate via conference call or speakerphone. Efforts should be made to accommodate the best time and location for the family and the identified informal supports.
2. **Situation:** Families may not invite someone because they feel the person already has too much going on or they are too busy, or because they have a strained relationship. DCS
should encourage them to invite these people regardless of what their schedule might be or what has occurred in the past.

Questions to Assist Family in Selection of Team Members:
1. Who do you list as an emergency contact on the school paperwork for your children?
2. Who do you list as an emergency contact person for yourself?
3. Who would you trust to make decisions for you if you could not do this for yourself?
4. If you could not care for your child, who would you want to care for him/her?
5. Name the activities in which your children are involved. Who are the people at those activities who you find to be helpful? (Church, Missions, Sports, School, YMCA, Big Brothers/Sisters, Mentors, etc.)

Resolving Potential Differences (Addressing Potential Conflicts) ¹
When potential differences arise while facilitating a CFT Meeting, the facilitator should assess and decide if all family and team members should discuss the issue or differences. To make this decision some questions to consider are:
1. Does the issue or difference involve the whole team?
2. How might this issue or difference influence the development and implementation of the family’s plan?
3. Does this issue or difference impact the ability of the team or family to ensure safety, well-being, stability, and permanency for the child?

The goals and requests of the parent must never come before ensuring the safety of the youth.

For additional practice support, see Indiana Practice Model SharePoint.

**FORMS AND TOOLS**

1. Confirmation Notice of a Child and Family Team Meeting (SF 54338)
2. Authorization to Contact Child and Family Team Meeting (CFTM) Members (SF 54341)
3. Child and Family Team Meeting (CFTM) Attendance and Confidentiality for Limited Use of Agreement for Access to Confidential Department of Child Services Client/Case Information (SF 54339)
4. Child and Family Team Meeting Agenda - Available in the case management system
5. CFT meeting Debrief Forms – Available on Indiana Practice Model SharePoint
6. Child and Family Team Meeting Notes (SF 54601)
7. 5.A Tool: Domestic Violence and CFT Meeting Considerations
8. Case Plan (SF 2956)
9. Safety Plan (SF 53243)
10. GenoPro Software
11. 5.B Tool: Family Network Diagram Instruction Guide
12. Progress Report
13. Incarcerated Parent Letter-Assessment
14. Incarcerated Parent Letter-Permanency
15. Incarcerated Parent Demographics (SF 56538)
16. Incarcerated Parent Information (SF 56539)

¹ The Child Welfare Policy & Practice Group, *Engagement and Facilitating the Child and Family Team Meetings*
RELATED INFORMATION

Engagement with the Incarcerated Parent
The Incarcerated Parent Letter – Assessment, Incarcerated Parent Letter – Permanency, Incarcerated Parent Demographics (SF 56538), and Incarcerated Parent Information (SF 56539) have been developed for use as tools for contact with incarcerated parents and for gathering information. These forms do not replace appropriate engagement and regular contact with the parents.

Functional Strengths
Functional strengths are ‘the buildable’ strengths of our families; they help us build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer doesn't provide much to work with; however, identifying that they are able to participate in group activities, follow directions from a leader and the ability to work towards a clear goal.

Underlying Needs
Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will have an approved Case Plan (SF 2956) entered into the case management system within 45 days of removal or disposition, whichever comes first for:

1. Every child who has been adjudicated a Child in Need of Services (CHINS);
2. All children with an open case type;

Note: For children participating in a Program of Informal Adjustment (IA), the signed IA serves as the Case Plan (SF 2956).

3. Children who are at imminent risk of removal; or
4. A Juvenile Delinquent or Juvenile Status (JD/JS) for whom DCS has been ordered to pay for the placement and the child is IV-E eligible.

DCS will seek input from professionals, who may not be members of the Child and Family Team (CFT) but have expertise relating to the child and family’s strengths and needs (e.g., physicians, mental health professionals, school personnel, and other community service providers), for the purpose of developing the Case Plan (SF 2956). See separate policy, 5.7 Child and Family Team Meetings.

Note: Efforts to enable the child’s school to provide appropriate support and protect the safety of the child will be documented in the Case Plan (SF 2956).

DCS will work with the parent (including a noncustodial parent or incarcerated parent), guardian, or custodian; extended family; child/youth (if age and developmentally appropriate); and the CFT (if applicable) in developing the Case Plan (SF 2956), planning for services, and establishing eligibility for federal funding.

Exception: DCS will not involve the parent in the case planning process if parental rights have been terminated or if the parent has not been located after diligent efforts. See separate policies, 2.26 Diligent Search, 5.3 Engaging the Family, 5.4 Noncustodial Parents, and 5.6 Locating Absent Parents.

Youth, age 14 and older, are required to participate in the development of the Case Plan (SF 2956). These youth may select up to two (2) child representatives to be a part of their CFT to assist with the development of the Case Plan (SF 2956). See child representative information in Practice Guidance. DCS will ensure all youth, age 14 and older and in out-of-home care, receive the Indiana DCS Bill of Rights for Youth in Care.

DCS may excuse the child from the case planning process by documenting in the Case Plan (SF 2956) the determined reasons for youth’s inability to participate effectively in the
development of the **Case Plan (SF 2956)** due to a physical, mental, emotional, or intellectual disability.

**Note:** If the youth refuses to participate in the development of the **Case Plan (SF 2956)**, DCS must record the refusal and document efforts made to obtain the child’s input or participation in the development of the **Case Plan (SF 2956)**.

DCS must include the resource parent and Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL) in developing the **Case Plan (SF 2956)** even if they are not members of the CFT.

DCS will ensure the **Case Plan (SF 2956)** is updated at least every 180 days from the effective date of the previous plan. The **Case Plan (SF 2956)** should be updated each time there is a significant change (e.g., new or revised Safety Plan) in:

1. Placement;
2. Identified needs;
3. Permanency Plan;
4. Parent’s participation in services, including visitation;
5. DCS knowledge of the parents’ whereabouts;
6. Changes in the parent’s income, living arrangements, or employment; and/or
7. The child’s income and/or resources.

**Code References**

1. IC 31-34-15: Case Plan
2. IC 31-9-2-22.1 Concurrent Planning
3. 42 USC 675(1) and (5)
4. 45 CFR 1356.21(g) Case plan requirements

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Staff with the FCM Supervisor to determine how to protect the safety of the child and the non-offending parent when writing the **Case Plan (SF 2956)** for cases with identified domestic violence;
2. Convene a CFT Meeting, if applicable, to develop the **Case Plan (SF 2956)** with the required parties;
   a. Parent, guardian, or custodian (including noncustodial parent and/or incarcerated parent. See Policy [5.7 Child and Family Team Meetings](#) for additional information.
   b. Child/youth if age appropriate and developmentally appropriate (youth age 14 and older are required to participate in CFT meetings),

   **Note:** FCM must ensure all youth age 14 and older receive the Indiana DCS Bill of Rights for Youth in Care and understand the bill of rights before signing the completed **Case Plan (SF 2956)**.

   c. Resource parent, if applicable,
   d. CASA/GAL,
   e. Licensed Child Placing Agency (LCPA), if applicable, and
   f. FCM and his or her FCM Supervisor.
3. Schedule and convene a Case Plan Conference if all required parties (i.e., resource parent and CASA/GAL) are not part of the CFT;

   **Note:** Youth age 14 and older are required to participate in the development of the Case Plan (SF 2956).

4. Develop the Case Plan (SF 2956):
   a. Determine the Permanency Plan and second Permanency Plan, if concurrent planning, that is in the best interest of the child. See separate policy, 5.15 Concurrent Planning-An Overview.
   b. Specify the activities or tasks to be undertaken, the person responsible for each task, and the time frames for achieving the goals, objectives, and tasks,

   **Note:** Ensure the objectives and activities outlined in the Case Plan (SF 2956) support the Permanency Plan. See separate policy, 6.10 Permanency Plan.
   c. Identify the actions to support the school in ensuring the child’s safety,
   d. Ensure services that address all identified risk factors are in place and documented in the Case Plan (SF 2956). See separate policy, 5.10 Family Services.

   **Note:** Ensure available community services (including those available to incarcerated parents) are considered and documented in the Case Plan (SF 2956).
   e. Develop or update the Safety Plan (SF 53243) and/or the Plan of Safe Care (SF 56565) while helping the parents gain the confidence and capacity needed to care appropriately for the child/youth. See Policies 4.19 Safety Planning, 4.41 Safety Staffing, 4.42 Plan of Safe Care, and 5.21 Safety Planning.
   f. Ensure opportunities to strengthen the child’s relationship with his or her parents and siblings are discussed during case planning and documented in the Visitation Plan,

   **Note:** All active Visitation Plans in the case management system will attach to the Case Plan (SF 2956) when the Case Plan (SF 2956) is printed.
   g. Ensure the Case Plan (SF 2956) is realistically related to the functional strengths and underlying needs of the family/youth,
   h. Prioritize the goals and service delivery based on the immediate safety needs of the child/youth and the risk of future Child Abuse and/or Neglect (CA/N), and
   i. Recognize the importance of both formal and informal community supports to the family/youth.

5. Develop a Safety Plan and/or a Plan of Safe Care (SF 56565) with the family. Update the Case Plan (SF 2956) when safety, risk, or protective factors have changed. See policies 4.19 Safety Planning, 4.41 Safety Staffing, 4.42 Plan of Safe Care, and 5.21 Safety Planning.

6. Update the information regarding changes in the child’s or parents status including:
   a. Change in the child’s or parents income,
   b. Parents employment status, and
   c. Parent’s place of residence.
Note: These types of changes in the parent’s status may also require updating information related to Title IV-E Eligibility as the parent may be unable to provide support and care to the child. See Separate policies in Chapter 15 Eligibility.

7. Obtain signatures on the approved Case Plan (SF 2956) from the required parties:
   a. Parent, guardian, or custodian (including noncustodial parent),
   b. Child/youth if age and developmentally appropriate (youth age 14 and older are required to sign the Case Plan (SF 2956),

   Note: The FCM must ensure the youth age 14 and older knows that by signing the case plan he or she is also acknowledging the receipt of the Indiana DCS Bill of Rights for Youth in Care and that the bill of rights was explained in a manner that he or she was able to understand.

c. Child representatives,
   d. Resource parent, if applicable,
   e. CASA/GAL,
   f. LCPA, if applicable,
   g. Residential treatment provider, if applicable, and
   h. FCM and his or her FCM Supervisor.

7. Mail or hand deliver a copy of the signed Case Plan (SF 2956), within 10 days of completion, to the required parties as well as the following:
   a. Additional persons specifically identified in the plan who will play a role in implementing the Case Plan (SF 2956), and
   b. Service providers outlined in the Case Plan (SF 2956).

   Note: Ensure there is a current release of information from the parent to allow DCS to share the Case Plan (SF 2956) with community service providers that are not contracted with DCS.

8. File a copy of the signed Case Plan (SF 2956) with the court at the next Periodic Case Review.

The FCM Supervisor will:
1. Provide input into Case Plan (SF 2956) development as needed;
2. Staff with the FCM to determine how to protect the safety of the child and the non-offending parent when writing the Case Plan (SF 2956) for cases with identified domestic violence;
3. Ensure the Case Plan (SF 2956) development process is completed in a timely fashion;
4. Review the Safety Plan (SF 53243) and/or Plan of Safe Care (SF 56565) to confirm it is appropriate to address the child’s safety and needs;
5. [NEW] Review the Visitation Plan to ensure appropriate opportunity is provided to strengthen the child’s relationship with his or her parents and siblings; and
6. Review and approve the Case Plan (SF 2956) prior to distribution.

PRACTICE GUIDANCE

Child Representatives
Beginning at the age of 14, the FCM should advise the youth of his or her ability to select up to two (2) child representatives. The child representatives must be at least 18 years of age, members of the CFT, and may not be a foster parent or FCM. The youth may select one (1) of
the child representatives to also be his or her adviser, and if necessary, advocate for age appropriate activities. Child representatives are subject to the approval of DCS, and they may be rejected if there is cause to believe that they would not act in the best interest of the child.

**Permanency Plan**
The Permanency Plan is the intended permanent or long-term arrangement for care and custody of the child. The Permanency Plan must include one (1) of the following goals that the court considers most appropriate and in the best interest of the child:
1. **Reunification**;
2. **Adoption**;
3. **Legal Guardianship**;
4. **Another Planned Permanent Living Arrangement (APPLA)** (only applicable for youth age 16 and older); or
5. **Placement with a Fit and Willing Relative**.

**Reunification**
Reunification is the process by which a child returns to live with either legal parent, guardian, or custodian without continued supervision and/or intervention by DCS. Typically, reunification is the most favorable permanency goal for a child as long as the parent, guardian, or custodian is able to provide a safe, nurturing, and stable home. Most children want to return to or remain in their home with their parent and support this permanency goal.

**Adoption**
Adoption is the legal process when a child becomes the legal child of a person or persons other than their biological parents. A child may be adopted by a relative, a resource family, or an unrelated person. Adoption offers the most stability for a child who is not able to be reunified with his or her parent.

Adoption may be the most appropriate permanency goal when the child has been under a Dispositional Decree for at least six (6) months with no progress made toward a plan of reunification, when termination of parental rights are filed, or when a judge rules that attempts to reunify the family are not necessary.

**Legal Guardianship**
Legal Guardianship is the transfer of parental responsibility and legal authority for a minor child to an adult caregiver who intends to provide permanent care for the child. Guardianship may be established with or without the termination of parental rights. Transferring legal responsibility removes the child from the state child welfare system, allows the caregiver to make important decisions on the child’s behalf, and establishes a long-term caregiver for the child.

Guardianship may be an appropriate permanency goal for children who are at least 13 years of age and have placed with a relative for at least six (6) months. The CFT should decide if guardianship is a more appropriate permanency goal than reunification or adoption.

**Another Planned Permanent Living Arrangement (APPLA)**
Another Planned Permanent Living Arrangement (APPLA) refers to a situation in which DCS maintains care and custody responsibilities for the youth, but DCS places the youth in a setting in which the child is expected to remain until successful adulthood, such as:
1. With resource parents who have made a commitment to care for the youth permanently, but are not moving toward adoption;
2. In a residential facility (e.g., for youth with emotional or developmental disabilities who require long-term residential care); or
3. Receiving Older Youth Services (OYS) that will lead the youth to successful adulthood living after emancipation from the child welfare system.

APPLA may only be identified as a permanency plan for a youth age 16 and older, and must be supported and approved by the CFT. When a youth age 16 and older has a permanency plan of APPLA, documentation is required at each periodic case review hearing. The documentation should reflect intensive ongoing, and current unsuccessful efforts to return the child home or secure placement with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent, including through efforts that utilize search technology (including social media) to find relatives for the youth. DCS must document compelling reasons why it continues to be in the best interest of the youth to have APPLA as a permanency plan and why alternative permanency plans such as Reunification, Adoption, Legal Guardianship, or Placement with a Fit and Willing Relative are not in the best interest of the child.

**Fit and Willing Relative**
The permanent placement of a child with a fit and willing relative who is able to adequately provide for the child’s needs and is willing to care for the child long-term. When a child is placed with a fit and willing relative, the CHINS case will remain open, typically until the child reaches the age of majority.

Placement with a fit and willing relative may be an appropriate goal for children who have been in placement with the relative for the past six (6) months and the relative has made a commitment to provide for the child until the child reaches the age of majority. The CFT should decide if a fit and willing relative is a more appropriate permanency goal than adoption or guardianship.

**Case Planning and Domestic Violence**
For cases where domestic violence has been identified as a risk factor, the FCM will collaborate with the CFT to develop a logical and achievable plan for the child and family by prioritizing service needs. Services should first focus on “barrier” issues that must be dealt with before family members can benefit from other services. The Case Plan (SF 2956) should focus on the concrete supports the non-offending parent needs as well as supports that counteract the coercive tactics used by the alleged domestic violence offender. The Case Plan (SF 2956) should indicate that it is important for the alleged domestic violence offender to stop being violent, begin taking responsibility for the violence, and reduce their power and control tactics before the non-offending parent and/or child can safely participate in other services with him or her.

Items listed below are examples of goals and objectives that may be included in a Case Plan (SF 2956).

Case Plan goals or objectives for non-offending parents may include:
1. Parent will participate in safety planning for self and child;
2. Parent will participate in an evaluation and counseling to address personal safety issues in order to protect self and child from alleged domestic violence offender;
3. Parent will not use excessive discipline with the child;
4. Parent will develop capacity and willingness to protect the child;
5. Parent will participate in supportive counseling for self and child to reduce the negative effects of domestic abuse;
6. Parent will participate in domestic violence education;
7. Parent will participate in education regarding the effects of domestic violence on children and will help the child cope with and recover from the effects of domestic violence;
8. Parent will comply with recommendations for the child’s therapy; and/or
9. Parent will assist in the development of, and compliance with, the Safety Plan (SF 53243) and/or the Plan of Safe Care (SF 56565).

Case Plan goals or objectives for the child may include:
1. Child will develop skills for self-protection that match his or her age and ability;
2. Child will develop skills to cope with and recover from the after-effects of witnessing domestic violence;
3. Child will participate in therapy;
4. Child will not be violent;
5. Child will participate in individual or group sessions learning alternatives to violence; and/or
6. Child will have a safety plan that is consistent with his or her willingness, age, and development.

Case Plan goals or objectives for alleged domestic violence offenders may include:
1. Participate in an evaluation and specialized treatment program and follow all recommendations; the alleged domestic violence offender will be required to attend and complete the program; the alleged domestic violence offender may be required to pay for the program;
2. Develop capacity and willingness to protect the child by stopping all abusive behavior toward all family members. This includes physical abuse, sexual abuse, emotional abuse, verbal abuse, stalking, and neglectful behavior;
3. Will not interfere with the child’s therapy nor question the child regarding therapy sessions;
4. Will not involve the child in attempts to control the non-offending parent or force the child to witness or participate in other abusive behaviors;
5. Will participate in educating him- or herself regarding the effects of domestic violence on children;
6. Comply with all court orders and probation conditions; and/or
7. Will develop a Safety Plan (SF 53242) and/or a Plan of Safe Care (SF 56565) with the FCM.

Parent, Guardian, or Custodian Not Available/Refuses to Participate in Case Planning
The FCM must document in the case management system the efforts made to involve both parents, guardian, or custodian. Despite a parent, guardian, or custodian’s refusal to participate in the development of the Case Plan (SF 2956), the FCM must provide a copy of the document to the parent, guardian, or custodian and ask him or her to review and sign it.

**FORMS AND TOOLS**

1. Case Plan (SF 2956) – Available in the case management system
2. Program of Informal Adjustment – Available in the case management system
3. Indiana DCS Bill of Rights for Youth in Care
4. Safety Plan (SF 53243)
5. Plan of Safe Care (SF 56565)
6. Visitation Plan – Available in the case management system
7. Incarcerated Parent Letter-Assessment
8. Incarcerated Parent Letter-Permanency
9. Incarcerated Parent Demographic (SF 56538)
10. Incarcerated Parent Information (SF 56539)
**RELATED INFORMATION**

**Noncustodial Parent**
A mother, father, or alleged father (biological or adoptive) who does not have legal or primary physical custody of the child.

**Engagement with the Incarcerated Parent**
The Incarcerated Parent Letter – Assessment, Incarcerated Parent Letter – Permanency, Incarcerated Parent Demographics (SF 56538), and Incarcerated Parent Information (SF 56539) have been developed for use as tools for enhancing contact with incarcerated parents and for gathering information. These forms do not replace appropriate engagement and regular contact with the parents.

**Protective Factors**
Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:

1. Nurturing and attachment;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports for the parents; and

See [https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/](https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/) for additional information.

**Functional Strengths**
Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer does not provide much to work with; however, identifying that he or she is able to participate in group activities, follow directions from a leader, and work toward a clear goal, are strengths that may be utilized to meet the family’s goals.

**Underlying Needs**
Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.
Elements of the Case Plan

1. Objectives:
   Objectives are statements of direction that are measurable. The objectives in a Case Plan (SF 2956) describe desired statements or outcomes. In the CFT process, identifying objectives is a powerful process that creates energy and direction leading to change. The objectives become the map or foundation for change. The team then identifies formal and informal supports to meet the stated objectives.

2. Strengths
   A child and family’s past and present experiences, assets, interests, resources and preferences provide strengths to meet needs. Strengths are more than value statements such as “she loves her child” (inventory). Strengths identified as resiliency, experiences, assets, interest, or qualification, are strengths that may be applied in building the action steps of a plan.

3. Needs
   A need may be a requirement essential to all human beings, such as the need for shelter, food, affiliation, or nurturance. A need is often a description of the underlying conditions that may be the source of the symptoms or the behavioral expressions of problems that a family may be encountering.

4. Activities
   Activities represent the agreement made with CFT members. Activities are the pathways to meet the needs and achieve objectives. Activities should be meaningful enough to motivate the person toward an action and an achievement. Activities should be reasonable enough for people to have confidence in accomplishing the defined task(s). Activities should be clear enough so members within and outside the team share a common understanding of what is to be achieved. Activities should define the “who, what, how, where, and when” of the planning process.
   a. Activities are behaviorally specific, provide clear direction, concrete, measurable, and observable,
   b. Activities are built around the strengths of the family and other CFT members,
   c. Activities are progressive, moving from the simple to the complex, and
   d. Activities include the person responsible and the target completion date for each activity.¹

Regional Permanency Team (RPT)
The Regional Permanency Team (RPT) is designed to ensure each child lives in a permanent, safe, sustainable, and supportive environment. Every region has an RPT to assist in achieving permanency for each child. The cases reviewed by the RPT are selected based on the child’s length of stay in care, time of involvement, and the severity of the child’s identified needs.

Change in Child or Parent’s Status
The Case Plan (SF 2956) should document changes regarding the parent’s income, employment status, and place of residence. 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. It is also critical that any changes to the child’s income or resources be documented, as these changes may also affect the child’s eligibility for federal funding. Hard copy documentation of these changes should be in the case file and the case management system must be updated as well.

¹ Paragraphs on Goals, Strengths, Needs and Activities are adapted from the Planning Curriculum, The Child Welfare Policy and Practice Group.
Deprivation
Deprivation information must be updated when certain changes to the parent’s employment and/or income occur. Examples of when to update deprivation information include, but are not limited to:
1. Change in parent’s employment status;
2. Change in parent’s part-time employment (number of hours employed); or
3. Change in parents living arrangements (e.g., parents have separated or reunited).

See separate policy, 15.6 Deprivation.

Domestic Violence and Cultural Considerations
When developing a Case Plan (SF 2956) with families experiencing domestic violence, the FCM may want to consider the following questions to ensure all recommended services are accessible and appropriate for the family:
1. Are there culturally sensitive resources, materials, and services for non-English speaking families?
2. Are there specialized services for self-identified Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ) youth who request services or are victimized by their caregivers and/or partners?
3. Are there specialized services available for heterosexual men who are victimized by their partners?
4. How will a non-offending parent’s immigration status affect his or her ability to obtain services recommended in the Case Plan (SF 2956)?
5. How does the family view American culture? How will this impact the family’s ability to seek help?
6. Are daycare and transportation services available so that the non-offending parent may attend domestic violence counseling or meet other service plan requirements?
7. Does the local domestic violence shelter have food and living accommodations appropriate for ethnic families, disabled individuals, or non-offending parents with older male children?
8. Is there transitional housing, affordable housing, or economic support for non-offending parents once they leave the domestic violence shelter?
9. Do non-offending parents who live in rural communities have accessible transportation to domestic violence advocacy programs and other support services?

---

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will initiate a Program of Informal Adjustment (IA) when:

1. A Child Abuse and/or Neglect (CA/N) allegation is substantiated;
2. Voluntary participation in family and/or rehabilitative services is the most appropriate course of action to protect the safety and well-being of the child;
3. The parent, guardian, or custodian consents to an IA; and
4. Juvenile court approval is requested and obtained.

EXCEPTION: An IA is deemed approved if the court does not approve or deny the IA or set a hearing within 10 days of filing. An IA is also deemed approved if the hearing is set within 10 days, but not held, and action is not taken to approve or deny the IA within 30 days of submission to the court. The beginning date of the IA is the date of court approval. If the court does not approve or deny the IA, the beginning date is 10 days after filing.

The duration of the IA will be no longer than six (6) months. An IA extension may be requested for no longer than three (3) months.

DCS will utilize the Progress Report on Program of Informal Adjustment (SF 54336) to:

1. Discharge the IA if the family has complied with the terms of the IA;
2. Extend the IA past the initial six (6) months (an IA may have one [1] three [3] month extension);
3. Dismiss the IA if:
   a. The family has not complied with the terms of the IA and DCS is not requesting an extension (see Practice Guidance); or
   b. DCS has obtained court approval to file a Child in Need of Services (CHINS) petition (see Practice Guidance for more information concerning the dismissal of an IA); or
4. Notify the court that DCS will be filing a subsequent report because:
   a. The family has not substantially complied with the terms of the IA, and the agency is reviewing the situation to determine appropriate action, or
   b. Services have not been successful to allow the child to remain at home, and a petition requesting court approval to file a CHINS has been filed.

Note: The Progress Report on Program of Informal Adjustment (SF 54336) must be submitted to the court no later than five (5) months after approval of the IA. If the court approves the extension, DCS will file a supplemental report to the court no later than eight (8) months after DCS implemented the IA.

DCS will file a petition for compliance if a parent, guardian, or custodian fails to comply with the services outlined in the IA agreement. See Related Information for further details.
DCS will consider filing a CHINS petition if the parent, guardian, or custodian does not comply with the terms of the IA or the best interests of the child requires additional services for which court intervention is needed.

DCS will ensure any new allegations of CA/N are reported to the DCS Child Abuse Hotline (Hotline). New allegations, observed by or reported directly to a DCS employee who is on the scene and immediately initiates an assessment (through face-to-face contact with all alleged victims), are reported to the Hotline within one (1) hour of leaving the scene (see Practice Guidance for more information).

When requesting an extension of the original IA agreement or filing a CHINS petition, DCS will redetermine whether the child continues to be at imminent risk for placement and that reasonable efforts are continuing to be made to safely maintain the child at home. See separate policy, 7.1 Child at Imminent Risk of Removal.

If the parent, guardian, or custodian has initiated an Administrative Appeal of the substantiation determination, consideration of the appeal will be delayed until after completion of the IA. See separate policies, 2.1 Notice of Assessment Outcome, 2.2 Administrative Review Process, and 2.5 Administrative Appeal Hearings.

Code References
IC 31-34-8-1 implementation of program of informal adjustment

PROCEDURE

The Family Case Manager (FCM) will:
1. Convene a Child and Family Team (CFT) Meeting or case conference to assist the family in identifying the goals to be met through the IA agreement. For additional information see 5.07 Child and Family Team Meetings;
2. Gather information necessary to complete the Child and Adolescent Needs and Strength (CANS) assessment. For additional information, see policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment;
3. Complete the initial CANS assessment within five (5) days of the CA/N assessment finding
4. Develop a Safety Plan and/or Plan of Safe Care (SF 56565) to ensure the child’s safety in all daily settings and seek supervisory approval of the Plan;

   Note: Regularly review the Safety Plan and/or Plan of Safe Care (SF 56565) and make necessary revisions to ensure the child’s safety. See Policies 4.42 Plan of Safe Care and 5.21 Safety Planning for additional information.

5. Complete the Program of Informal Adjustment, outlining the activities or actions to be completed by each person and the deadline for completion. All activities and actions should directly relate to the safety and well-being of the child;
6. Review the final document with the family to ensure that each person understands and agrees to his or her responsibilities;
7. Ensure the parent, guardian, or custodian and other participants named in the IA understand the consequences of noncompliance with the terms of the IA before requesting signatures;
8. Provide each person who is named in the IA with a copy of the signed agreement within 10 days;
9. Submit the Program of Informal Adjustment and Preliminary Inquiry to the DCS Staff Attorney;
10. Track the filing of the IA to determine whether it is approved. See Related Information for clarification regarding the denial of an IA;
11. Utilize the CFT to support the family in completing the terms of the IA agreement;
12. Review and discuss the Safety Assessment, Risk Assessment, Strengths and Needs Assessment, and CANS with the family;
13. Discuss with the family any potential barriers to obtaining and/or participating in services (e.g., transportation, childcare, and work schedules);
14. Monitor the family’s progress, and complete and submit to the court the Progress Report on Program of Informal Adjustment (SF 54336) no later than five (5) months after court approval of the IA. If the court approves an extension, file a supplemental report no later than eight (8) months after court approval of the IA.

**Note:** If the court does not approve or deny the IA, the approval date is 10 days after filing.

15. Request an extension from the court, or request approval to file a CHINS petition using the Progress Report on Program of Informal Adjustment (SF 54336) if the family is not making progress toward the terms of the IA; and

**Note:** A CHINS petition should only be filed if safety concerns arise because the parent, guardian, or custodian has not complied with the terms of the IA or the best interest of the child requires additional services for which court intervention is needed.

16. Use the Progress Report on Program of Informal Adjustment (SF 54336) to notify the court of DCS’ intent to let the IA expire at six (6) months if no further DCS involvement is required.

The DCS Staff Attorney will:

1. Prepare and file a Request for Approval of Program of Informal Adjustment utilizing the Preliminary Inquiry and Program of Informal Adjustment as attachments/exhibits, or discuss the legal insufficiency with the DCS Local Office Director (LOD) or designee;
2. Notify the FCM of the filing date of the Preliminary Inquiry and Program of Informal Adjustment; and
3. Prepare and file appropriate pleadings to request an extension or discharge in accordance with the Progress Report on Program of Informal Adjustment (SF 54336), or discuss any issues with the DCS LOD or designee.

**PRACTICE GUIDANCE**

The FCM and FCM Supervisor should consider the age of the child when contemplating the appropriateness of an IA. A child cannot be adjudicated a CHINS if age 18 or older.

**Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline**
When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated
upon face-to-face contact with all alleged child victims. See separate policy, 4.38 Assessment Initiation for additional information regarding initiation.

**Note:** If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the DCS Hotline immediately.

**All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case.** See separate policy, 4.36 Linking Child Abuse or Neglect (CA/N) Reports to Open Assessments for more information regarding the receipt of an additional 310 during an open assessment.

The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed 310 form, emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The 310 or equivalent information may be submitted via email to: DCSHotlineReports@dcs.in.gov, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.

**Petition for Compliance**
If the DCS local office determines the parent, guardian, or custodian has not substantially complied with the terms of the Program of Informal Adjustment, the DCS local office may file a petition for compliance with the court. The juvenile court may order the parent, guardian, or custodian of a child to participate in an IA approved by the court. A parent, guardian, or custodian who fails to participate in an IA ordered by the court may be found in contempt of court.

If a family is out of compliance with the terms of the IA, the local office may file a CHINS petition instead of the petition for compliance.

**Dismissing an IA**
The following scenarios are examples of situations when an IA may be dismissed when the family has not complied with/completed the terms of the IA and DCS is not requesting an extension:

1. The family has complied with but has not completed the terms of the IA, and the family is moving out of state;
2. DCS is involved due to truancy issues and probation becomes involved; and
3. During the course of the IA, custody changes and the child is no longer living in the home where the IA was initiated.

**FORMS AND TOOLS**

1. Program of Informal Adjustment – Available in the case management system in “Forms” on the DCS Intranet
2. Progress Report on Program of Informal Adjustment (SF 54336) – Available in the case management system in “Forms” on the DCS Intranet
3. Preliminary Inquiry – Available in the case management system in “Forms” on the DCS Intranet
4. Safety Assessment- Available in the case management system
5. Risk Assessment- Available in the case management system
6. Safety Plan (SF 53243)
7. Plan of Safe Care (SF 56565)
8. Preliminary Report of Alleged Child Abuse or Neglect (SF 114)

**RELATED INFORMATION**

**Denial of Informal Adjustments (IAs)**
If the court denies an IA, it must state its reasons for the denial, which may include:
1. Lack of probable cause to believe there is a CHINS; or
2. The court finds the coercive intervention of the court is required.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will provide family services to all children and families with an open case to address needs as identified. See Related Information for further details.

Exception: The family of a child in out-of-home care will not be offered services if the court rules that reasonable efforts to reunify the family are not required.

DCS will engage the Child and Family Team (CFT) in the development of the Family Service Plan and Case Plan (SF 2956) (see separate policies, 5.7 Child and Family Team Meetings and 5.8 Developing the Case Plan). The CFT will review the Safety Assessment, Risk Assessment, and Child and Adolescent Needs and Strengths (CANS) Assessment to assist in identifying the family’s needs and corresponding services (see separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment). DCS will make appropriate service referrals on behalf of the child and/or family within 10 business days of identifying a need for services. DCS will regularly communicate with all service providers throughout the life of the case to discuss the family’s progress and any concerns.

Note: An incarcerated parent may have access to and receive services and/or treatment while incarcerated. DCS will discuss and document any services and/or treatment available to the incarcerated parent, including visitation, in the case plan.

DCS will reassess the strengths and needs of the child and family throughout the life of the case and will adjust services, if necessary, to meet identified needs. DCS will continue to offer services to the child and/or family regardless of participation, until the court closes the Program of Informal Adjustment case, dismisses the Child in Need of Service (CHINS) case, or rules that reasonable efforts to reunify the family are not required. DCS will provide services to children and families regardless of their immigration status.

DCS will provide regular updates to the court regarding services referred for the family and the family’s participation and progress, including any violation of the dispositional order (see Policy 6.8 Three-Month Progress Report).

Note: A modification of the disposition decree is required prior to modifying services ordered in the dispositional decree.

All services for parents, including visitation, should cease when Termination of Parental Rights (TPR) is filed. The Family Case Manager (FCM) should continue to maintain regular contact with the child’s parent(s) until TPR is finalized (see separate policy 8.10 Minimum Contact).
**Note:** DCS will obtain a court order finding no continued reasonable efforts to reunify prior to terminating services.

**Code References**

1. **42 USC 671(a)(15)(B): State plan for foster care and adoption assistance**
2. **IC 31-34-21-5.5: Reasonable efforts to preserve and reunify families**
3. **IC 31-34-20-1 Entry of dispositional decree; placement in home or facility outside Indiana.**
4. **IC 31-34-15-4 Form; consents**

**PROCEDURE**

The FCM will:

1. Utilize the family’s **Risk and Safety Reassessment**, **CANS Assessment**, and the **Family Functional Assessment Field Guide** as tools to assist the FCM, family, and CFT to mutually determine family strengths and needs (see separate policies, **4.18 Initial Safety Assessment**, **4.23 Initial Risk Assessment**, **5.19 Child and Adolescent Needs and Strengths (CANS) Assessment**, **7.11 Safety and Risk Reassessments (In-home)**, and **8.44 Reunification Assessment (Out-of-Home)**;

2. Identify any challenges to the family’s basic survival (e.g., food, adequate housing, employment, transportation, and childcare), and if assistance is required:
   a. Refer the family to the **Division of Family Resources** and other services available in the community, and/or
   b. Request emergency funds when other resources are not immediately available by submitting the **Request for Additional Funding (SF 54870)** (see separate policy, **16.3 Assistance for a Family’s Basic Needs**);

3. Collaborate with the family and the CFT to identify needed services based on the family’s **functional strengths** and **underlying needs** (see separate policy, **5.7 Child and Family Team Meetings**);

4. Obtain releases to collaborate with any community service providers who are working with the parent and are not contracted with DCS;

5. Complete appropriate provider referral in KidTraks for the family within 10 business days of identifying the service needed. (see Related Information and Practice Guidance for more information regarding making a referral);

6. Document services, including visitation, in the **Case Plan (SF 2956)** (see separate policy, **5.8 Developing the Case Plan**);

7. Monitor the family’s progress by:
   a. Maintaining contact with service providers to assess the family’s level of participation in services, and
   b. Review the family’s progress at each face-to-face contact and during CFT meetings and/or case conferences. (see separate polices: **5.7 Child and Family Team Meetings**, **7.3 Minimum Contact**, **7.5 Meaningful Contacts**, **8.10 Minimum Contact**, and **8.43 Meaningful Contact**);

8. Update the court regularly regarding the family’s participation and progress including any violation of the dispositional order (see separate policy, **6.8 Three Month Progress Report**);

9. Reassess the child and family’s needs utilizing the **Risk and Safety Reassessments** and the **CANS Assessment** at least every 180 days;
Note: Risk and Safety Reassessments are completed when the Case Plan (SF 2956) is revised (see separate policy, 5.8 Developing the Case Plan). Risk Reassessments should be completed more often if new circumstances or information arise that would affect risk (see Related Information).

10. Discuss the family’s participation and progress regarding case goals and results of any new assessments with the CFT and FCM Supervisor and adjust services and/or service levels as necessary; and

Note: Referrals should be cancelled in KidTraks when services are no longer active.

11. Document in the case management system the family’s progress, reasons for service type or intensity changes, and if applicable, reasons why services were not offered or were stopped.

The FCM Supervisor will:
1. Ensure services are appropriate for the identified risk and needs of the child and/or family;
2. Ensure referrals for services are made within 10 business days of needs being identified; and
3. Review and approve services in KidTraks for the child and/or family and ongoing service adjustments as needed.

Adjusting and/or Discontinuing Services
The FCM will:
2. Notify the child’s parent, resource parent (if applicable), service provider(s) of the decision to adjust and/or discontinue one (1) or more services;

Note: DCS will request court approval prior to discontinuing any services ordered through the Dispositional Decree.

3. Work with the CFT to develop a plan for change in services and/or the gradual removal of the services as appropriate;
4. Follow up with service providers to evaluate the family’s response to the change and/or removal of services;
5. Modify the service withdrawal plan, if necessary;
6. Notify the service provider of the last allowable service date;
7. Cancel the referral in KidTraks; and

Note: Ensure information is documented in KidTraks to explain why the referral is being adjusted and/or terminated.

8. Continue to maintain regular contact with the family until case closure is complete.

The FCM Supervisor will:
1. Confirm service interventions are modified and/or discontinued as needed to address service provisions;
2. Ensure the FCM has notified the child, family, resource parents, and service providers of modification and/or discontinuation of services; and
3. Provide adequate and consistent supervision in order to ensure service level need is appropriate.
Communication with Service Providers
Communication between DCS and all service providers should occur on a regular basis throughout the life of the case. The FCM should have open dialogue with service providers about the family’s progress and compliance with services. This communication will also enable service providers to share any concerns they have with the FCM. All communication between the FCM and any service provider must be documented in the case management system (e.g., safety, progress, and general case direction).

Making a Referral
Prior to creating a service referral, identify the needs of the family to determine what services would be the most appropriate. Ensure all referrals include the following:

1. Accurate contact information for the family and FCM;

   Note: Ensure contact information is entered correctly in the case management system prior to creating a referral in KidTraks.

2. Information about the child’s placement, safety plan and/or plan of safe care, applicable court orders (e.g., no contact orders or individuals that should not be in the home), and others involved in the case (e.g., other household members, CASA/GAL, non-custodial parents, and education providers);
3. Identified worker safety issues (e.g., drug use, domestic violence, and weapons);
4. A short summary about the reason for DCS involvement, including any previous involvement and services offered;
5. Approved locations for services to take place, if applicable;
6. Information about participant availability;
7. The level and frequency of services;
8. Information about other service providers working with the family and the services they are providing; and
9. The family goals and provider expectations, as documented in the case plan, to assist the family in achieving safe, sustainable case closure.

   Note: If making a referral on behalf of another DCS employee, ensure the contact information for the assigned FCM is provided in the pertinent information section.

Additional information about service providers, available intervention services, service mapping, and making a referral can be found on SharePoint at [https://www.in.gov/dcs/3925.htm](https://www.in.gov/dcs/3925.htm).

Domestic Violence Services
FCMs are encouraged to recommend domestic violence services to any family in which domestic violence may be present. However, mandating or forcing a non-offending parent to participate in domestic violence services may be contrary to the concept of empowerment, and this may actually be perceived by the non-offending parent as mirroring the same coercive and threatening behaviors of the alleged domestic violence offender.

Risk Reassessment
Risk Reassessment is an assessment tool used by the FCM throughout the life of the case to determine the presence of risk factors that indicate the likelihood of future child maltreatment. The Risk Reassessment also assists FCMs in evaluating whether risk levels have increased, decreased, or remained the same since the completion of the initial Risk Assessment. In addition to the Risk Reassessment Tool, FCMs should reference the Family Functional...
Assessment (FFA) tool when working with self-identified Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth. Risk reassessment questions that may be helpful in determining the risk factors for LGBTQ youth are available in the FFA tool.

**Note:** Risk Reassessments are completed for the biological or family of origin unless TPR is finalized. If TPR is finalized, Risk Reassessments are not required.

### FORMS AND TOOLS

1. **Family Functional Assessment Field Guide** – Available on the Indiana Practice Model SharePoint
2. **Child and Adolescent Needs and Strengths (CANS) Assessment** – Available in KidTraks
3. **Out-of-Home Risk and Safety Assessment** – Available in the case management system
4. **In-Home Risk and Safety Reassessment** – Available in the case management system
5. **Program of Informal Adjustment** – Available in the case management system
6. **Case Plan (SF 2956)** – Available in the case management system
7. **Provider Referral** – Available in KidTraks
8. **Request for Additional Funding (SF 54870)**
9. **Service Mapping Tool** - Available in KidTraks

### RELATED INFORMATION

**Intervention Services**
Information on how to access available services, including comprehensive services through service mapping, how to create a referral, and contact information for Regional Service Coordinators, can be found at [https://www.in.gov/dcs/3925.htm](https://www.in.gov/dcs/3925.htm).

**Functional Strengths**
Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer does not provide much to work with; however, identifying that he or she is able to participate in group activities, follow directions from a leader, and work toward a clear goal, are strengths that may be utilized to meet the family’s goals.

**Underlying Needs**
Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will close a Child in Need of Services (CHINS) case when the child’s safety, permanency, and well-being are sustainable over time. See Related Information for further details.

DCS will recommend closure of a CHINS case if:
1. The terms of the Dispositional Order or permanency goals have been met;
2. The child turns 18 years of age and the coercive intervention of the court is no longer needed; or
3. At or before the time the child becomes 21 years of age, when the case has remained open for services needed after the child turned 18 with approval of the court.

DCS will collaborate with the Child and Family Team (CFT), to:
1. Determine the appropriateness of case closure;
2. Identify supports needed beyond case closure; and
3. Ensure availability or continuation of informal supports needed for successful reunification, adoption, or other permanent placement.

Code References
1. 31-34-21-7.6: Documents provided to individual leaving foster care
2. 42 USC 675 (5)(I)

PROCEDURE

The Family Case Manager (FCM) will:
1. Thoroughly review the Case Plan (SF 2956), family progress, child safety, and all assessment information;
2. Complete and review the results of a current In-Home Risk and Safety Reassessment or Out-of-Home Risk and Safety Reassessment less than 30 days prior to anticipated case closure;

Note: These assessments should be completed for the biological family only if Termination of Parental Rights (TPR) has not been finalized.

3. Obtain recommendations from service providers and other child and/or family supports;
4. Discuss the appropriateness of case closure with the FCM Supervisor;
5. Facilitate a CFT Meeting to determine the appropriateness of case closure and develop an aftercare plan. See Related Information for additional information;
6. Identify personal items the child has accumulated during placement in out-of-home care and ensure those items are returned to the child and/or permanent caregiver;

7. Ensure any applicable benefits (e.g., Medicaid, Social Security Income [SSI]) have been transferred to the caregiver;

8. Ensure the permanent caregiver (or child, if he or she is being emancipated) is provided with necessary documentation, including, but not limited to:
   a. A copy of the child’s Medical Passport (DCS Pamphlet 036)
   b. A copy of the child’s birth certificate (if available),
   c. Child’s insurance records,
   d. Child’s individual medical records, and
   e. Child’s driver’s license or state identification card, if applicable.

See separate policy 8.41 Transitioning from Out-of-Home Care for additional guidance.

Note: A youth age 16 and older at the time of case closure must be provided all documents listed on the Transition Plan for Successful Adulthood (SF 55166), including the Foster Care Verification (SF 56571).

9. Consider any aftercare needs of the child or family and develop a plan to make appropriate referrals. See Related Information for additional information;

10. Seek supervisory approval prior to discontinuing any services to the child or family;

11. Conduct a final visit with the child and family to provide closure to the FCM’s relationship with the family, reinforce their ability to keep the child safe, remind them of available resources, and discuss plans and resources to handle new situations;

12. Interview the child separately, if developmentally and age appropriate. If the child is 16 years of age or older;

13. Continue monitoring the case and meeting minimum contact requirements, until the CHINS case is dismissed by the court; and

14. Review and, if necessary, update the child’s placement, Case Plan (SF 2956), hearings, school status, income, and resources in the case management system prior to closure.

Note: The court may specify in the order who must receive notification of case closure and may send a copy of the order to the persons specified.

The FCM Supervisor will:
1. Consult with the FCM regarding case closure;
2. Support the FCM in providing closure between the child and/or family and DCS;
3. Review the aftercare plan and confirm DCS ability to close the case;
4. Review and confirm the court has returned legal custody of the child to the parent, if applicable;
5. Review and confirm case documentation is complete; and
6. Review and approve prior to closing the case in the case management system.

PRACTICE GUIDANCE

Indicators for Sustainable Safe Case Closure
The following are indicators, which may be relevant in assisting the FCM and CFT in making a decision to close a CHINS case:

DCS CW Manual/Chapter 5 Section 12: Closing a CHINS Case 2 of 5
1. The parent, guardian, or custodian have a good understanding of their child’s safety needs and have demonstrated their ability to provide for their child’s safety once the case is closed;
2. The parent, guardian or custodian have developed a plan and identified resources, formal, and informal supports to assist them in managing their child’s safety;
3. The FCM and CFT has observed positive changes in the parents protective capacities, behavior, and circumstances, as verified by progress reports from service providers and visitations with the child and family;
4. The FCM has received input from the CFT and service providers indicating that the family has made sustainable improvements that alleviate DCS involvement;
5. Identified safety concerns are no longer occurring or are consistently managed by the parent;
6. The Risk and Safety Reassessment indicates the child is “safe” and the Risk and Safety Reassessment indicates a low or moderate level of risk for abuse or neglect;
7. The family has achieved case goal outcomes; and
8. Family functioning has improved to a minimally acceptable level. This is evidenced by the ability of the person responsible for the child’s health, safety, and wellbeing and other family members to demonstrate a commitment to protect the child and the presence of effective protective behaviors within the family.

**Utilizing the CFT in the Case Closure Process**

When doing permanency planning with the CFT, consider and understand what specific changes must occur in order for the family to function successfully without external intervention or support.

1. Develop protective provisions that must be put into place to keep children in the home safe;
2. Specify behavioral patterns that must be acquired, and adequately and consistently demonstrated by the caregiver to preserve or reunify a family and to maintain family stability and daily functioning;
3. Develop recovery plans, relapse prevention plans, and Safety Plans and or Plans of Safe Care with response capacities that must be put in place and will work reliably. See Policies 4.42 Plan of Safe Care and/or 5.21 Safety Planning;
4. Identify or develop sustainable family supports (e.g., housing, health care, and adequate supervision) that will preserve and sustain the family following case closure;
5. Seek resolution of legal issues and court requirements (e.g., court orders, guardianship, and adoption) that must be achieved before case closure can occur; and
6. Review previously established measures for determining progress, outcomes, and satisfaction of case closure requirements. These elements define for the family, practitioners, and providers, “how we will know what’s working and when we’re done.”

**Indicators for Sustainable Safe Case Closure when Domestic Violence is Present**

In addition to the indicators above, the following factors should be considered when domestic violence has been identified as a risk factor during a case:

1. The child and non-offending parent feel safe in their home;
2. The alleged domestic violence offender has successfully completed treatment;
3. Both parents or caregivers understand the effects of domestic violence on their child;
4. No new reports of CA/N related to domestic violence have been filed within the past six (6) months;
5. The child is exhibiting fewer behavioral effects of violence than before intervention, are enrolled in counseling, or connected with other resources;
6. The non-offending parent and alleged domestic violence offender each have a Safety Plan (SF 51455) and/or Plan of Safe Care (SF 56565) in place that is being followed;
7. The non-offending parent has and exhibits the ability to protect child; and
8. The non-offending parent has knowledge of and access to relevant supports, resources, information, and safety options.

Additional alleged domestic violence offender factors include:
1. The alleged domestic violence offender is out of the home and has no contact with children; or
2. The alleged domestic violence offender is accepting responsibility for his or her behavior and not using physical violence or control tactics.
3. The alleged domestic violence offender is complying with parole or probation supervision and any court ordered intervention program; and
4. Other case issues (drug or alcohol abuse, etc.) are resolved or not affecting parenting ability.

See Policy 5.10 Family Services for additional information regarding services for families where domestic violence has been indicated.

Preparing the Family for Case Closure.
When a child is returned home, at first, the service level may be very high and contacts with the family are quite often. As the family stabilizes and DCS involvement is no longer indicated, it is essential to bring closure to the working relationship between the FCM and family. The FCM must separate from the family while continuing to support and encourage them to initiate their own self-help efforts. The determination to close a case is a joint decision with DCS, the CFT, and the family. The CFT discusses and reviews with the family all critical elements of DCS intervention, at which time the family is empowered to express their opinions and feelings, and encouraged to provide constructive feedback to the team. Based on CFT recommendations, the FCM submits the aftercare plan for the family to the supervisor for review and approval. The FCM will then meet with the family a final time to discuss the plan.

Closing the Case in the Case Management System
Ensure information and documentation is completed and entered into the case management system. See the Casebook Help site for more information regarding Closing/Ending Removal Episode and Closing an Involvement Type.

FORMS AND TOOLS
1. Case Plan (SF 2956) – Available in the case management system
2. In-Home Risk and Safety Reassessment – Available in case management system-Forms
3. Out of Home Risk and Safety Reassessment – Available in the case management system
4. Safety Plan (SF 53243) – Available in the case management system
5. Plan of Safe Care (SF 56565) – Available in the case management system
6. **Risk Reassessment** – Available in the case management system
7. **Family Functional Assessment (FFA) Field Guide** – Available on the Indiana Practice Model SharePoint
8. **Medical Passport (DCS Pamphlet 036)**
9. **Transition Plan for Successful Adulthood (SF 55166)**
10. **Foster Care Verification (SF 56571)**

**RELATED INFORMATION**

**Aftercare Plan**
Services may continue to be needed in order to further support the family during the transition to case closure and after case closure. Referrals to a community service agency and other community-based service agencies will be necessary well in advance of case closure in order to provide long-term sources of support and assistance. The parent, guardian, or custodian will be made aware of all services and supports available to them following case closure. If the parent, guardian or custodian indicate no desire for services, they will be informed that community services are available to them should they desire them at a later time.

**Risk Reassessment**
The Risk Reassessment is an assessment tool used by the FCM throughout the life of the case to determine the presence of risk factors that indicate the likelihood of future child maltreatment. The Risk Reassessment also assists FCMs in evaluating whether risk levels have increased, decreased, or remained the same since the completion of the initial Risk Assessment. In addition to the Risk Reassessment Tool, FCMs should reference the Family Functional Assessment (FFA) tool when working with self-identified Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth. Risk reassessment questions that may be helpful in determining the risk factors for LGBTQ youth are available in the FFA tool.

**Note:** Risk Reassessments are completed for the biological or family of origin unless TPR is finalized. If TPR is finalized, Risk Reassessments are not required.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure that when any case is transferred from one county to another, a child’s safety will be maintained. Decisions to transfer cases will be guided by principles of child safety, permanency, and well-being while focusing on meeting the needs of the family. In order to provide the most consistent service possible, cases for families moving less than 50 miles away from the DCS local office will not be transferred; rather, the original Family Case Manager (FCM) will continue to manage the case.

**Exception:** If the family moves less than 50 miles away from the DCS local office and the court decides to transfer the court case, the DCS case may also be transferred.

DCS will facilitate a Child and Family Team (CFT) Meeting or Case Conference any time a transfer request is received or DCS learns that a family has moved out of the jurisdiction of a DCS local office.

DCS will consider transferring a case when:
1. A family with an Informal Adjustment (IA) moves out of the jurisdiction of a DCS local office;
2. The family of an in-home Child in Need of Services (CHINS) moves out of the jurisdiction of a DCS local office; or
3. The family of an out-of-home CHINS moves out of the jurisdiction of a DCS local office.

DCS will not recommend that the court transfer a case if the safety and well-being of the child cannot be assured. All decisions regarding recommendations to accept or deny a request for case transfer must be approved by the DCS Local Office Director (LOD). DCS will not transfer any cases unless the court transfers its case as well. If the court does not accept the request to transfer, the original FCM will continue to manage the case.

**Code References**
1. IC 31-32-7-1: Venue of proceedings
2. IC 31-32-7-2: Change of Venue
3. IC 31-32-7-3: Assignment of case or supervision of child to county of child’s residence
4. IC 31-9-2-22.1 Concurrent planning

PROCEDURE

**In-Home CHINS or IA Case**
Upon receiving notification from a parent, guardian, or custodian that they are planning to move; receiving a request from the parent, guardian, or custodian to transfer a case; or learning that the family has moved out of the jurisdiction of the local court; the FCM will:
1. Confirm with the family the date of the planned move and the new address where the family will be residing or present address if they have already moved. If the family has already moved, inspect the condition of the new residence. See separate policy, 4.13 Assessing Home Conditions for additional guidance.

**Note:** If the family’s new residence is less than 50 miles away from the DCS local office, the case may not be transferred between local offices and the original FCM will be required to continue to provide case management unless the court transfers the case. Cases where a family is moving more than 50 miles away from the DCS local office may be transferred, if doing so would be in the best interests of the child and family.

2. Notify the DCS Staff Attorney and child’s Court Appointed Special Advocate (CASA) / Guardian ad Litem (GAL) (if applicable) of the request to transfer;
3. Thoroughly review the Case Plan family progress, all assessment information, and the most recent Risk Assessment and Safety Assessment;
4. Staff the case with his or her FCM Supervisor to determine if a transfer of the case is appropriate;
5. Convene a CFT Meeting or Case Conference (if applicable) to determine the appropriateness of a case transfer and develop a plan for a smooth transition; and
6. Work with the DCS Staff Attorney to submit a request to the court with jurisdiction to contact the court in the family’s new county of residence to determine if the case can be transferred by the agreement of the courts.

**Note:** The final decision to transfer jurisdiction of a case must be made by the agreement of the two juvenile court judges. The juvenile court of origin will facilitate all contact with the court in the family’s new county of residence.

The FCM Supervisor will:
1. Staff with FCM to determine if case transfer is appropriate for the family;
2. Work with the DCS LOD to contact the DCS LOD or designee in receiving county to determine if case transfer is in the best interest of the family. If case transfer is appropriate;

**Note:** The LOD will determine whether or not to request that the court with jurisdiction consider the transfer.

3. Seek approval from the DCS LOD prior to recommending to others that the case not be transferred. If case transfer is not appropriate, seek approval;
4. Assist DCS Staff Attorney and FCM in communicating with the court regarding the possible case transfer; and
5. Ensure continuity of DCS case management services.

**If the juvenile court approves the case transfer:**
The FCM in the original county of residence will:
1. Ensure that the case file in the case management system is current. See Related Information;
2. Complete and fax a Case Transfer Summary Form (SF 54340) to the DCS Local Office Director of the receiving county;
3. Confirm the family’s new residence address via phone or email with the new FCM within five (5) business days of court’s approval of the transfer; and
4. Attend the CFT or transfer meeting in the family’s new county of residence whenever possible to ensure a smooth transition of the case and required services.

The FCM Supervisor in the original county of residence will:
1. Transfer the case file in the case management system; and
2. Transfer the hard case file to the new county of residence within 10 business days of case transfer.

The FCM for the new county of residence will:
1. Confirm, in person, the family’s new residence within five (5) business days of the assignment of the new case number by the receiving court. Utilize the Face-To-Face Contact (SF 53557) when meeting with the parent, guardian, custodian, or child. See separate policy, 7.3 Minimum Contact for more information.
2. Inform the DCS Staff Attorney who may then request that the court appoint a new CASA/GAL (if applicable) for the child;
3. Notify the original FCM of the date, time, and location of the CFT or transfer meeting;
4. Coordinate the CFT or transfer meeting within 10 business days of the case transfer; and
5. Ensure that DCS continues to meet the identified needs of the family in the new county of residence.

If the juvenile court does not approve the transfer:
The FCM in the original county of residence will:
1. Work together with the FCM Supervisor, the child’s family, and CFT to continue to meet the family’s needs and assure that the family has access to needed interventions, supports, and services; and
2. Continue to provide case management even if the family has moved further than 50 miles away from the DCS local office.

Out-of-Home CHINS
Upon receiving notification from a parent, guardian, or custodian that they are planning to move; receiving a request from the parent, guardian, or custodian to transfer a case; or learning that a family has moved out of the jurisdiction of the local court; the FCM will:
1. Confirm with the parent(s) the date of the planned move and the new address where the parent(s) will be residing or present address if they have already moved. If the family has already moved, inspect the condition of the new residence. See separate policy, 4.13 Assessing Home Conditions for additional guidance.

Note: If the new residence is less than 50 miles away from the DCS local office, the case may not be transferred between local offices and the original FCM will be required to continue to provide case management unless the court transfers the case. Cases where a family is moving more than 50 miles away from the DCS local office may be transferred, if doing so would be in the best interest of the child and family.

2. Notify the DCS Staff Attorney and child’s CASA/GAL (if applicable) of the request to transfer;
3. Thoroughly review the Case Plan family progress, all assessment information, and the most recent Risk Assessment and Safety Assessment;
4. Staff the case with his or her Supervisor to determine if a transfer of the case is appropriate;
5. Convene a CFT Meeting or Case Conference to determine the appropriateness of a case transfer and develop a plan for a smooth transition; and

**Note**: If both parents or custodians are participating in services with DCS, but only one (1) is moving, the CFT should carefully consider whether it is in the best interest of the child(ren) to transfer the case. See Practice Guidance for more information.

6. Work with the DCS Staff Attorney to submit a request to the court to contact the court in the family’s new county of residence to determine if the case can be transferred by the agreement of the courts.

**Note**: The final decision to transfer jurisdiction of a case must be made by the agreement of the two (2) juvenile court judges. The juvenile court of origin will facilitate all contact with the court in the family’s new county of residence.

The FCM Supervisor will:
1. Staff with FCM to determine if case transfer is appropriate for the family;
2. Work with the DCS Local Office Director to contact the DCS LOD in receiving county to determine if case transfer is in the best interest of the family if case transfer is appropriate;

**Note**: DCS LOD will determine whether or not to request that the court with jurisdiction consider the transfer.

3. Seek approval from the DCS LOD prior to recommending to the court that the case not be transferred if case transfer is not appropriate; and
4. Assist the DCS Staff Attorney and FCM in communicating with the court regarding the possible case transfer.

**If the juvenile court approves the case transfer:**

The FCM in the original county of residence will:
1. Ensure that the case file in the case management system is current. See Related Information;
2. Complete and fax a **Case Transfer Summary Form (SF 54340)** to the DCS LOD of the receiving county;
3. Confirm via phone or email with the new FCM the family’s new residence within five (5) business days of the family’s move or the court’s approval of the transfer; and
4. Attend the CFT or transfer meeting in the family’s new county of residence whenever possible to ensure a smooth transition of the case and required services.

The FCM Supervisor in the original county of residence will:
1. Transfer the case in case management system; and
2. Transfer the hard case file to the new county of residence within 10 business days of the case transfer.

The FCM in the new county of residence will:
1. Confirm, in person, the parent(s), guardian, or custodian(s)’ new residence within five (5) business days of the transfer. Utilize the **Face-To-Face Contact (SF 53557)** when meeting with parent, guardian, custodian or child. See separate policy, **8.10 Minimum Contact** for more information.
2. Inform the DCS Staff Attorney who may then request the court appoint a new CASA/GAL (if applicable) for the child;
3. Notify the original FCM of the parent(s), guardian, or custodian(s)’ new residence and date, time, and location of the CFT or transfer meeting;
4. Coordinate the CFT or transfer meeting within 10 business days of the case transfer; and
5. Ensure that DCS continues to meet the identified needs of the family in the new county of residence.

If the juvenile court does not approve the transfer:
The FCM in the original county of residence will:
1. Work together with the FCM Supervisor, the child’s family, and CFT to continue to meet the family’s needs and assure that the family has access to needed interventions, supports, and services; and
2. Continue to provide case management even if the family has moved further than 50 miles away from the DCS local office.

PRACTICE GUIDANCE

Cases Appropriate for Transfer
When determining whether a family is appropriate for a case transfer the FCM and FCM Supervisor should consider:
1. Level of service need of the family. See separate policy, 4.26 Determining Service Levels and Transitioning to Ongoing Services for more information.
2. The opinion of the CFT about the transfer;

   Note: There may be cases where a family is moving more than 50 miles away from the DCS local office, and the CFT feels it is more appropriate for the FCM in the original county of residence to continue providing supervision.

3. The compliance level of the family throughout the life of the case;
4. The amount of time remaining in the case, if an IA (if there are 1-2 months remaining, consider if transfer would be a disservice to the family); and
5. Whether the family will have access to the same or comparable interventions, supports, services, and resources after moving.

Preparing a Family for Case Transfer
In any case transfer, ensuring a child’s safety is given the highest priority. The best way to ensure this safety is to maintain consistent services for the family. Through the transfer meeting, the family will begin developing a relationship with their new FCM and will begin to identify informal supports in their new community. Immediately after transferring a case, a family may need a higher level of support from the FCM because they will be adjusting to his/her new surroundings and may not have access to the same services, formal and informal support system(s) as before.

Concerns when Considering a Case Transfer
It is not intended that a case will be transferred multiple times during a family’s involvement with DCS. Case transfer requests should only be considered when a family’s move will ultimately facilitate permanency. DCS staff should carefully consider the potential positive and negative effects of transferring a case before making a decision regarding the transfer.
Special Circumstances in Out-of-Home CHINS Case Transfers
In some instances, both parents may be engaged with DCS, and only one may be moving. The CFT will play a crucial role in determining whether to make a recommendation to the court to consider transferring the case to another county. For example, the children were removed from their custodial parent. The noncustodial parent becomes engaged with DCS after the removal. Now, the custodial parent is planning on moving more than 50 miles away. The CFT should consider the involvement of both parents throughout the life of the case and determine which parent is most likely to receive custody of the child(ren) when the CHINS case is closed.

When an out-of-home CHINS case is transferred, the placement of the child is not expected to be disrupted unless all parties agree that it would be in the best interest of the child and the placement change will facilitate permanency. When making a decision about changing a child’s placement, the CFT should take into account the child’s permanency goal(s), as well as, the level of parental involvement with DCS prior to the transfer, and the child’s opinion (if age appropriate). The county in which the parent resides will have jurisdiction over the case and the new FCM will be responsible for ensuring that minimum contacts with the child and parent, guardian, or custodian occur. The FCM will also be responsible for assuring that the visitation plan continues to be implemented. See separate policy, 8.10 Minimum Contact for additional information.

FORMS AND TOOLS

1. Case Transfer Summary Form (SF54340)
2. Face-To-Face Contact (SF 53557)
3. Risk Assessment – Available in the case management system
4. Safety Assessment – Available in the case management system
5. Preliminary Report of Alleged Child Abuse or Neglect (SF 114) – Available in the case management system
6. Case Plan (SF 2956) – Available in the case management system
7. Assessment of Alleged Child Abuse and Neglect (SF 113) – Available in the case management system
8. Affidavit of Diligent Inquiry (SF 54778) – Available in the case management system

RELATED INFORMATION

Underlying Needs
Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.
Transfer Meetings
A CFT Meeting should be used to accomplish a transfer meeting, and both the original and new FCMs must be present. If the original FCM is no longer employed by DCS, a Supervisor should attend the transfer meeting in their place. The purpose of the transfer meeting is to provide all parties with as much information as possible about the status of the case, and partner with the family in the process to ensure a smooth transfer of services.

The original FCM must participate in the CFT or transfer meeting held immediately after the family moves. If attending the meeting in person is not possible, the FCM may participate via phone. It is essential that both FCMs work together to ensure that the family’s service plan remains intact and child safety is being assured throughout the case transfer process.

Examples of information that should be shared and discussed at the transfer meeting include but are not limited to:
1. The family’s identified strengths and underlying needs;
2. Needs that may arrive in the near future, especially with the family’s move;
3. What efforts have been taken to meet those needs;
4. Clarify expectations about what happens next;
5. The name and contact information of the new FCM and FCM Supervisor;
6. The family’s new address and contact information;
7. Formal and informal supports for the family that will be utilized after moving (this may include supports that were present prior to moving);
8. Information about membership in the CFT (membership may or may not remain the same after relocating); and
9. Visitation arrangements (specifically if the child’s placement has changed).

IA Extensions
Each IA may be granted one three (3) month extension. If this extension is granted prior to case transfer an additional extension may not be granted after case transfer. If an FCM decides to request an extension from the court, the petition must be filed in the county which has jurisdiction over the case. An IA may not be extended as a direct result of the family’s move or request to transfer.

Filing a CHINS Petition After Transferring an IA
If a family has moved, the IA was transferred, and a CHINS petition needs to be filed, the FCM in the new county of residence should file the petition in the county which has jurisdiction over the case (the county in which the family currently resides). A CHINS petition should only be filed if safety concerns arise because the parent, guardian or custodian has not complied with the terms of the IA or the best interests of the child requires additional services for which court intervention is needed.

If a CHINS petition needs to be filed and a family has moved or the IA was not transferred, staff from the original county of residence and new county of residence will need to communicate to ensure that there is no break in services for the family. Each family situation will need to be carefully evaluated by the FCM and Supervisor to determine which county should file the CHINS petition.

---

1 If still employed by DCS.
If new allegations of abuse or neglect arise and a family has moved and the IA was not transferred, a Preliminary Report of Alleged Child Abuse or Neglect (SF 114) should be filed in the family’s new county of residence. The original county should close their IA and the new county should file the CHINS petition if appropriate. Two (2) cases should not be open in two (2) different counties at the same time.

Case File
Prior to transferring the hard case file or the case management system, the FCM is responsible for ensuring that all information is current and accurate. The county where the family originally resided is not required to keep a copy of the case file. The data entry must be complete for each of the following:

1. Hearings;
2. Placement;
3. Services;
4. Visitation Plan;
5. Assessment of Alleged Child Abuse and Neglect (SF 113);
6. Case Plan;
7. Demographic information;
8. Contacts;
9. School information and other related education information (e.g. Individualized Education Plan);
10. Medicaid number;
11. Health Information (e.g. medical and dental health issues, current treatment);
12. Indiana Support Enforcement Tracking System (ISETS) interface;
13. Affidavit of Diligent Inquiry (SF 54778);
14. Court Reports;
15. Notices;
16. Mental Health Screen; and
17. Immunization records.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 5: General Case Management          Effective Date: September 1, 2018
Section 14: End of Life Care                      Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will notify the juvenile court when a physician or hospital determines a child under the jurisdiction of the Court is at imminent risk of death or has a chronic disease that will result in the child’s death in the near future and the physician is recommending a Do Not Resuscitate (DNR) order or other end-of-life care.

DCS staff, resource parents, and Guardian ad Litems (GAL)/Court Appointed Special Advocates (CASA) do not have the legal authority to make a final decision about whether a hospital should remove life support or issue a DNR Order for a child under the care and placement of DCS. The final decision must be made by the juvenile court based on the recommendations of a qualified physician and the decisions of the child's parents.

Situations involving the removal of life support, issuance of DNR Orders, or organ donation of children under the care and placement of DCS require thoughtful, sensitive, and thorough communication among all persons involved including the child’s parents or individuals authorized by statute to make such decisions, parent(s)’ attorney(s) (if applicable), DCS staff, medical personnel, hospital ethics committee, and the court. DCS staff members are not permitted to share personal opinions or give recommendations to families, medical personnel, and/or attorneys in situations regarding the removal of life support or the issuance of a DNR Order and shall rely on the expertise of the medical care providers and the decisions of the child’s parents or other individuals authorized by statute to make such decisions.

The child’s legal parents are to be involved in the decision-making process regarding the removal of life support, the issuance of a DNR Order, or organ donation regardless of the status of the case. The child’s parents will be excluded from the decision-making process only when a Court finds and orders that neither parent is physically and/or emotionally available to make the necessary informed decision when needed and proceeding without the parents’ consent is in the best interests of the child.

The decision to donate the organs of a deceased child in the care and placement of DCS should be made by the child’s parents. If Termination of Parental Rights (TPR) has occurred, the individuals authorized to make the decision are identified in IC 29-2-16.1-8. See Related Information for a listing of these individuals.

Note: If an older youth has an advanced directive, it should be reviewed and discussed during decision making.

Code References
1. IC 29-2-16.1-8 Revised Uniform Anatomical Gift Act
2. IC 29-2-16.1-1(8) Definition of Donor
3. IC 29-2-16.1-1(12) Definition of Guardian
When a recommendation is made for the removal of life support or issuance of a DNR Order for a child under the care and placement of DCS by a child’s attending physician the Family Case Manager (FCM) will:

1. Immediately notify the FCM Supervisor and DCS Local Office Director (LOD) of the physician’s request to remove life support or issue a DNR Order;
2. Obtain a written statement from the child’s attending physician recommending the removal of life support or the issuance of a DNR Order and the supporting documentation for this recommendation. The statement must include:
   a. A brief medical history for the child,
   b. The child’s current condition and diagnosis,
   c. The supporting documentation for the recommendation, and
   d. Compliance with the hospital’s ethics protocol, if applicable.
3. Notify the child’s parent(s), DCS Staff Attorney, resource parent(s), and child’s CASA/GAL (if appointed) of the physician’s recommendation to remove life support or issue a DNR Order;
   
   **Note:** The child’s parent(s) must be notified regarding the medical recommendation unless they cannot be located.

4. If the parents’ of the child cannot be located, document efforts made to locate the parent in the case management system. See separate policy, 5.6 Locating Absent Parents for guidance. If possible and appropriate, notify a grandparent, other relative, or other adult who exhibited special care and concern for the child;
5. Discuss the physician’s recommendation with DCS Staff Attorney and work with the attorney to prepare and submit a written report to the court outlining the child’s medical situation within one (1) business day of receiving the physician’s written statement. This report must include the recommendation from the child’s attending physician.
   
   **Note:** If TPR has not occurred, the FCM must include the parent(s) opinions and recommendations when preparing the report to submit to the court, unless the parents cannot be located.

6. Make available to the court any information about the child including but not limited to: child’s medical history, advanced directive, family and resource parent information, recommendation of the attending physician, parent(s)’ recommendation (if known), and any additional information requested by the court. Specifically note whether or not the child expressed an opinion about his or her desire to enter into a DNR Order or the removal of life support and when, where, and how the child made his or her wishes known;
7. Consult with the DCS Staff Attorney to request that the juvenile court hold a hearing to make a determination regarding the appropriate medical treatment for the child;
8. Confirm whether the child has a CASA/GAL. If not, collaborate with the DCS Staff Attorney to request that the court appoint a CASA/GAL for the child immediately; and
9. Notify and inform all interested persons, including the child’s CASA/GAL, regarding the recommendation from the physician, and discuss any provisions needed for assistance and support to the child’s family (both biological and resource).

When a recommendation is made for the removal of life support or issuance of a DNR Order for a child under the care and placement of DCS by a child’s attending physician the FCM Supervisor will:

1. Ensure that timely notification of all required persons occurs; and
2. Attend all relevant court hearings and meetings with the FCM.

When a recommendation is made for the removal of life support or issuance of a DNR Order for a child under the care and placement of DCS whose parental rights have been terminated, DCS must request that the juvenile court hold a hearing to make a determination regarding the appropriate medical treatment for the child, and follow the above listed procedures. DCS may not consent to, or make recommendations regarding the appropriateness of the removal of life support.

Organ Donation
If a family member or a representative of an Independent Organ Procurement Agency (IOPA) contacts DCS regarding potential organ donation, the FCM will:

1. If TPR has not occurred, notify and be available to the child’s parent(s) during the decision making process; or
2. If TPR has occurred for both parents, notify other individuals authorized to make a decision about organ donation as identified by IC 29-2-16.1-8. See Related Information; or
3. If TPR has occurred for both parents and no other authorized individual is able to make a decision, collaborate with FCM Supervisor, DCS LOD, RM, DCS Staff Attorney, and DCS Central Office general counsel to determine if organ donation is appropriate. This team must consider the following factors prior to making a decision:
   a. Statement on the child’s driver’s license (if any),
   b. Possible need for an autopsy of the child,
   c. Concerns of any involved extended family,
   d. Previous statements by the child regarding organ donation (if any), and
   e. Cultural and/or religious preferences of the family regarding organ donation.

PRACTICE GUIDANCE

Children Not in the Care or Supervision of DCS
If a child has not been detained or is not currently in the custody of DCS and the removal of life support or the issuance of a DNR Order is recommended by the child’s physician, DCS may be available as an extended support system for the family. DCS staff members will not provide guidance or advice to family in this situation. The ultimate decision in this situation lies with the parent, guardian, or custodian of the child.

Child’s Wishes Regarding Removal of Life Support, DNR, and/or Organ Donation
Previous statements or opinions of a child regarding the removal of life support, issuance of a DNR Order, or organ donation should be considered in all situations. Although this opinion may not necessarily be followed it is important for all members of the team (including the court) to be aware of previous statements made by the child regarding any of end of life care issues.
**Brain Death Situations**

According to [IC 1-1-4-3](#), an individual who has sustained “irreversible cessation of all functions of the entire brain, including the brain stem is dead.” If an individual meets this definition for brain death, he or she may be declared dead by a physician per the hospital’s brain death protocol. This declaration of death by a physician is a medical determination which does not need to be perfected by a court order. When an individual is declared dead per this protocol, the medical team will determine the appropriateness of disconnecting any and all medical equipment connected to the individual. However, a court order must be obtained if the parent, guardian, or CASA/GAL objects; the hospital seeks DCS consent or input; or the physician or hospital is unwilling or unable to make a declaration of death.

**FORMS AND TOOLS**

Older Youth Initiatives

**RELATED INFORMATION**

**Advanced Directives:**

“Advance directive” is a term that refers to your spoken and written instructions about your future medical care and treatment. By stating your health care choices in an advance directive, you help your family and physician understand your wishes about your medical care. Indiana law pays special attention to advance directives.

Advance directives are normally one or more documents that list your health care instructions. An advance directive may name a person of your choice to make health care choices for you when you cannot make the choices for yourself. If you want, you may use an advance directive to prevent certain people from making health care decisions on your behalf. For more information go to the [Indiana State Department of Health](#) or [Older Youth Initiatives](#) websites.

**Do Not Resuscitate (DNR) Order**

A medical order to provide no resuscitation to individuals for whom resuscitation is judged to be of no medical benefit. This specifically refers to Cardiopulmonary Resuscitation (CPR). There are circumstances when CPR might seem to lack benefit for a child whose quality of life is so poor that no meaningful survival is expected even if CPR were successful in restoring circulatory stability. A DNR Order may also be used to withhold life-sustaining treatment (to refrain from using life support to artificially prolong a child’s life).

**Removal of Life Support**

The removal of all medical procedures or interventions that serve only to prolong the process of dying or maintain the individual in a condition of persistent unconsciousness. This does not include the administration of medication or performance of medical treatments deemed necessary to alleviate pain or provide for the normal consumption of food and water.

**Organ Donation**

The decision to make an anatomical gift of a deceased individual’s body or parts of the body. This gift may be made for the purpose of transplantation, therapy, research, or education.

DCS staff shall never sign consent forms for organ donation on behalf of a child’s family member who has made a decision to donate the child’s organs. DCS may only make a decision regarding organ donation for a child under the care and placement of DCS if TPR has occurred,
the priority order of persons authorized to donate the child’s organs has been followed, and a
court order has named DCS as the child’s guardian as defined in IC 29-2-16.1-1(12). DCS does not meet the definition of guardian under IC 29-2-16.1-1(12). Instead under these circumstances the court will need to appoint a legal guardian. The definition also does not include a GAL.

Persons Authorized to Donate a Deceased Individual’s Organs
According to IC 29-2-16.1-8 the priority of persons authorized to make an anatomical gift of a
decedent’s body or parts are as follows:
  1. An agent of the decedent at the time of death who could have made an anatomical gift
     under section 3(2) of this chapter immediately before the decedent’s death;
  2. The spouse of the decedent;
  3. Adult children of the decedent;
  4. Parents of the decedent;
  5. Adult siblings of the decedent;
  6. Adult grandchildren of the decedent;
  7. Grandparents of the decedent;
  8. An adult who exhibited special care and concern for the decedent;
  9. A person acting as the guardian of the decedent at the time of death; and
 10. Any other person having the authority to dispose of the decedent’s body.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) is committed to ensuring all children in DCS care achieve permanency in a timely manner. DCS will evaluate each case to determine the appropriateness of Concurrent Planning and make a recommendation to the court. The use of Concurrent Planning may be the most effective way to ensure children in out-of-home and in-home care achieve timely permanency.

Concurrent planning requires the identification of two (2) permanency plan goals and simultaneous reasonable efforts toward both goals with all participants. Permanency plan goals include the following:

1. Reunification (Return to or continuation of existing custodial care within the home of the child’s parents, guardian, or custodian or placement of the child with the child’s noncustodial parent);
2. Placement of the child for adoption;
3. Placement of the child with a fit and willing relative who is able and willing to act as the child’s permanent custodian and carry out the responsibilities required by the permanency plan;
4. Appointment of a legal guardian; and
5. Supervised independent living arrangement or foster care, for a child with a permanency plan of Another Planned, Permanent Living Arrangement (APPLA). However, a child less than 16 years of age may not have APPLA as the child’s permanency plan.

Note: DCS must document compelling reasons why it is in the best interest of the youth to have APPLA as a permanency plan and why alternative permanency plans such as Reunification, Adoption, Legal Guardianship, or Placement with a Fit and Willing Relative are not in the best interest of the child.

DCS will ensure the parent, guardian, or custodian and members of the Child and Family Team (CFT) are informed about Concurrent Planning and collaborate with the parent, guardian, or custodian and the CFT to develop two (2) permanency plan goals when appropriate. The CFT will address the “what could go wrong” with the identified permanency plans and will discuss any changes in the permanency plans at each CFT meeting. See separate policy, 5.7 Child and Family Team Meeting for additional information.

DCS will develop a Case Plan (SF 2956) with two (2) permanency plan goals at the onset of the case for a child in out-of-home or in-home care that meets at least one (1) of the following mandatory Concurrent Planning Indicators:

1. Either parent has a history of Termination of Parental Rights (TPR);
2. The parent, guardian, or custodian has been diagnosed with a mental illness or substance abuse problem that renders him or her unable to provide for or protect the child and, upon assessment, indicates:
   a. A history of treatment without response, or
   b. The parent, guardian, or custodian in treatment has a pattern of noncompliance with medication or treatment intervention.

3. The parent, guardian, or custodian has asked to relinquish the child on more than one (1) occasion following initial intervention; or
4. The minor parent is under the age of 16, without a support system, and placement of the child and parent together has previously failed due to the behavior of the minor parent.

   **Note:** A proposed change to the permanency plan goal of reunification should be considered and recommended to the court, if little or no progress is made at six (6) months post disposition.

**DCS may** develop a Case Plan (SF 2956) with two (2) permanency plan goals for a child in out-of-home or in-home care that meets at least one (1) of the following indicators:

1. There has been a single, severe incident of Child Abuse and/or Neglect (CA/N), such as a near fatality of the child or a sibling or a fatality of a sibling;
2. The family has a history of repeated, failed attempts to correct the conditions which resulted in child maltreatment;
3. Child or siblings have been in out-of-home care on at least one (1) other occasion for a period of six (6) months or more or have had two (2) or more prior placements with DCS involvement;
4. There has been an ongoing pattern of documented domestic violence lasting at least one (1) year in the household; or
5. The parent, guardian, or custodian has a developmental disability or emotional impairment, which upon assessment, indicates that the parent may be unable to provide for, protect, or nurture the child; and the parent, guardian, or custodian does not have relatives or social supports able or willing to assist in parenting.

   **Note:** If any of the above indicators are present, the case should be staffed with the supervisor and/or the Regional Permanency Team to determine the appropriateness of Concurrent Planning.

**DCS may consider** Concurrent Planning for other children in DCS care when appropriate.

**Code References**

1. IC 31-34-15-4 Form; consents
2. IC 31-34-21-5.6 Exceptions to requirement to make reasonable efforts to preserve and reunify families
3. IC 31-9-2-22.1 Concurrent Planning

**PROCEDURE**

The FCM will:

1. Engage the family during the Child Protective Services (CPS) assessment to determine how the family’s strengths and needs impact the safety, permanency, and well-being of the child;
2. Utilize the Family Functional Assessment (FFA) Field Guide to assist in identification of the family’s functional strengths and underlying needs;

3. Determine whether any of the mandatory or potential Concurrent Planning Indicators are present within five (5) business days of removal or opening a case;
   a. Continue with regular case procedure if there are no indicators present, or
   b. Follow the Concurrent Planning procedures outlined below if one (1) or more mandatory indicators are present, or
   c. Staff the case with the FCM Supervisor if one (1) or more potential indicators are present to determine the appropriateness of Concurrent Planning for the child and family, and
   d. Conduct a CFT Meeting or Case Plan Conference no later than 30 calendar days following removal or the decision to create two (2) permanency plan goals. See separate policies, 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan for more information.

   **Note:** If a CFT Meeting is not convened, a Case Conference must be held. See separate policy, 5.08 Developing the Case Plan for additional clarification.

4. Ensure all parties to the case are informed about Concurrent Planning. See Practice Guidance for more information regarding full disclosure.

5. Explain the process of Concurrent Planning to all CFT members and address the following:
   a. The detrimental effects on out-of-home placement and the child’s need to obtain permanency as quickly as possible,
   b. Parental rights and responsibilities and outcomes that may occur as a result of parental action or inaction with respect to the Case Plan (SF 2956),
   c. Services and supports available to the family, including the role of the CFT. See separate policies, 5.7 Child and Family Team Meetings and 5.10 Family Services for additional information.

   **Note:** Services available to an incarcerated parent should be considered as part of the Case Plan (SF 2956).

   d. Permanency plan options and the time limits to achieve permanency.

6. Identify the following at the CFT Meeting:
   a. Two (2) Permanency Plan goals for each child’s Case Plan (SF 2956). See separate policies, 6.10 Permanency Plan and 5.7 Child and Family Team Meetings for more information;
      i. One (1) permanency plan goal will be for reunification through services with measurable outcomes and timeframes, and
      ii. The other permanency plan goal, if Concurrent Planning, will be adoption, placement with a fit and willing relative, appointment of a legal guardian, or APPLA, if the child is age 16 or older.
   b. Services necessary to obtain desired outcomes;
   c. Defined outcome measures; and
   d. Develop the Visitation Plan for children in out-of-home care, with parent and child visitation occurring a minimum of one (1) time per week. See separate policy, 8.12 Developing the Visitation for more information.
Note: Ensure the child is afforded visitation opportunities with the incarcerated parent (if applicable), unless visitation with the parent is not in the best interest of the child. See separate policy, 8.13 Implementing the Visitation Plan for additional guidance.

7. Utilize the ‘Concurrent Planning’ dropdown menu in the case management system to code the case as Concurrent Planning;
8. Make referrals for services to work toward the outcomes for both permanency plans within 10 business days of identifying a need for services. See separate policy, 5.10 Family Services for additional clarification;
9. Complete the Case Plan (SF 2956) in the case management system, obtain supervisory approval, and secure all signatures within 45 calendar days of removal;
10. Complete a comprehensive search for absent parents and all adult relatives of the child. See separate policy, 5.6 Locating Absent Parents;

Note: Continue diligent efforts to identify and locate all adult relatives of a child until the child has been placed out-of-home for at least 12 months.

11. Create a Family Network Diagram by utilizing GenoPro to identify extended family members and support the search for potential relative resources. See 5.B Tool: Family Network Diagram Guide for more information;
12. Facilitate a CFT Meeting to discuss continuing the plan of reunification as the identified permanency plan goal if little or no progress has been made at six (6) months following disposition and make a recommendation to the court; and
13. The case should be unmarked as a ‘Concurrent Planning’ case in the case management system and return to regular case planning procedures if the goal of reunification is unsuccessful and the other identified permanency plan is pursued as the only permanency plan approved by the court.

The FCM Supervisor will:
1. Staff the case with the assigned FCM and make recommendations as needed;

   Note: The FCM Supervisor should refer to Regional Permanency Team if additional discussion is necessary.

2. Approve ‘Concurrent Planning’ in the case management system;
3. Review and approve the child’s placement needs as recommended by the FCM and CFT if necessary;
4. Approve the Case Plan (SF 2956) in the case management system once completed; and
5. Assist the FCM in transitioning back to regular case planning procedures and ensure the FCM unmarks the case as a ‘Concurrent Planning’ case in the case management system if the goal of reunification is unsuccessful and the other identified permanency plan is pursued as the only permanency plan.

The DCS Staff Attorney will:
1. Consult with FCM and FCM Supervisor; and
2. Review the two (2) permanency plan goals prior to submitting to the court.
PRACTICE GUIDANCE

Concurrent Planning offers parents the opportunity to make critical decisions on behalf of the child and in the child’s best interests. Although the other identified permanency plan will be implemented if reunification cannot be achieved, it should not be presented as a punishment.

Full Disclosure
DCS will ensure all parties to the case (i.e., CASA/GAL; child; parent, guardian, or custodian; and their attorneys) are informed about Concurrent Planning. Information may also be shared with all approved participants of the CFT. This process includes sharing of information, establishing expectations, clarifying roles, and addressing barriers.

Note: In order to share confidential information with relatives, service providers, extended family members, foster parents, and any other non-party participants, parental consent or a court order is necessary.

Key items to address during a full disclosure discussion include:
1. Rights of the parent, guardian, or custodian;
2. Responsibilities of:
   a. DCS,
   b. Parent, guardian, or custodian,
   c. Resource parent, and/or
   d. Relative placement.
3. The effect of out-of-home placement on a child. When children remain in foster care for long periods of time, they may experience multiple moves, often making them unable to form normal attachments. Children need permanent families as quickly as possible for their emotional well-being; and
4. The options a parent, guardian, or custodian may choose, which may include:
   a. Actively working with DCS,
   b. Withdrawing, avoiding, missing, or only sporadically participating in the case, making it difficult to effectively implement a service plan,
   c. Acting in a resistant manner toward all services, or
   d. Choosing Voluntary TPR.

Visitation and Concurrent Planning
Frequent visitation is a foundation of Concurrent Planning. Utilizing frequent visitation between the parent, guardian, or custodian and the child may:
1. Decrease anxiety for the child during out-of-home care;
2. Secure relationships and maintain bonds between the parent and child;
3. Motivate the parent, guardian, or custodian to work toward Case Plan (SF 2956) outcomes;
4. Decrease the amount of time children remain in out-of-home care;
5. Offer opportunities for the parent, guardian, or custodian to engage in learning and growing; and
6. Provide an opportunity to evaluate the parent and child relationship.

Note: See separate policies 8.12 Developing the Visitation Plan and 8.13 Implementing the Visitation Plan for additional guidance.
Changing from the Primary Plan to the other Permanency Plan
The CFT should discuss when it is appropriate for the permanency plan to transition from the plan of reunification to the other identified permanency plan and make recommendations to the court. If the other identified permanency plan is pursued as the only permanency plan, with court approval, the case will return to regular case procedures and will no longer be considered a ‘Concurrent Planning’ case.

FORMS AND TOOLS

2. 5.B Tool: Family Network Diagram Instruction Guide
3. Visitation Plan – Available in the case management system
4. Case Plan (SF 2956) – Available in the case management system

RELATED INFORMATION

Functional Strengths
Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer does not provide much to work with; however, identifying that he or she is able to participate in group activities, follow directions from a leader, and work toward a clear goal, are strengths that may be utilized to meet the family’s goals.

Underlying Needs
Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

Benefits of Concurrent Planning
The Adoption and Safe Families Act (ASFA) of 1997 encourages states to engage in Concurrent Planning. This same Act requires states to file termination of parental rights at 15 of 22 months that the child is in out-of-home placement. It also specifies that reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts to reunite the family, which is the primary goal of Concurrent Planning. Other possible benefits of Concurrent Planning include:
1. Achieving permanency earlier for children, either within or outside of the birth family;
2. Maintaining family relationships;
3. Reduction in the number of placements;
4. Reducing the length of time in care; and
5. Increase in voluntary TPR.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) utilizes a comprehensive Child and Adolescent Needs and Strengths (CANS) Assessment to document and communicate the strengths and needs of the child and to assist in determining the appropriate level of behavioral health services for the child. The CANS will be the basis for planning individualized services for children based on their identified strengths and needs. The CANS will also play a critical role in informed decision making regarding the category of placement recommended for a child when a decision to place has been made.

KidTraks
The CANS Assessment will be completed by DCS staff in KidTraks. When completed, the CANS will produce a behavioral health recommendation. If a child will be placed out of home, DCS will indicate its decision to remove/place the child within the CANS Assessment to generate the CANS placement recommendation.

KidTraks includes two (2) versions of the comprehensive CANS Assessment; Birth to 5 and 5 to 17. DCS will use the Birth to 5 Assessment or the 5 to 17 year old Assessment as indicated based on the age of the child and developmental level as follows:

1. The version that will best address the child's developmental needs should be used for children who are age five (5). If the child is in school (kindergarten through grade 12), use the CANS 5 to 17 Assessment.
2. Youth age 17 ½ or older who do not have a Caregiver, should be rated on their ability to fulfill the following caregiver functions/items: Supervision, Knowledge, Organization, and Residential Stability in the CANS Caregiver Strengths and Needs Domain. Mark remaining items not applicable (N/A) (they are reflected in other items). If the youth has family or an unpaid caregiver, rate their ability to fulfill the caregiver functions.
3. Use the CANS 5 to 17 Assessment for youth who are age 18 or older.

Initial CANS Assessment
DCS will complete the appropriate initial CANS Assessment for each child in the home when:

1. A substantiated Child Abuse or Neglect (CA/N) Assessment will be closed without opening a case;
2. A program of Informal Adjustment (IA) has been initiated;
3. An In-Home Child in Need of Services (CHINS) has been initiated;
4. The child is placed in out-of-home care during a CA/N Assessment; and/or
5. The child is adjudicated a CHINS and placed by DCS in out-of-home care during a Mental Health or Developmental Disability Family Evaluation.
**Note:** A CANS Assessment must be completed prior to making a service referral unless emergency services are necessary.

When completing a CANS Assessment on a child and his or her family, information should be gathered from readily available sources, which may include the child, family, Court Appointed Special Advocate (CASA)/Guardian Ad Litem (GAL), resource parent, service providers, school, and other members of the Child and Family Team (CFT).

**CANS Reassessment**
DCS will continue to complete a CANS a minimum of every 180 days and at case junctures (i.e., any time there is a new awareness of significant information regarding the child or family’s strengths or needs, which may impact the Case Plan and/or the Safety Plan/Plan of Safe Care during the life of the IA or CHINS case. A CANS Assessment must be completed at case closure unless one has been completed in the past 30 days.

**CANS Recommendations**

**CANS Behavioral Health Recommendations**
When the CANS Assessment is completed in KidTraks, the behavioral health decision model will run and produce one (1) of the following recommendations:

- 0 No Treatment Recommended;
- 1 Outpatient;
- 2 Outpatient with Limited Case Management;
- 3 Supportive Community Services;
- 4 Intensive Community Based Services: High Fidelity Wraparound;
- 5 Intensive Home and Community Based Services; or
- 6 High Intensity Services.

**CANS Placement Recommendations**
DCS will utilize the CANS placement recommendation to assist the CFT in determining the appropriate category of placement to support a child’s individual needs. When it is indicated on the CANS tool that DCS or the court decided to remove/place the child, the CANS placement decision model will run and produce one (1) of the following recommendations:

- Level 1- Foster Care;
- Level 2- Foster Care with Services (Moderate Foster Care);
- Level 3- Treatment Foster Care;
- Level 4- Group Home/Treatment Group Home (Youth age 15 and older)
- Level 5- Treatment Foster Care Plus (Children age 12 and under)
- Level 6- Group Home/Treatment Group Home (Youth age 12 to 14);
- Level 7- Residential Treatment Center

**Code Reference**
N/A

**PROCEDURE**

**Substantiated and Closed CA/N Assessments**
For all substantiated CA/N Assessments that are closed without opening a case, the FCM will:

1. Gather the information necessary to complete the CANS Assessment;
2. Complete the initial CANS Assessment within five (5) days of the CA/N Assessment finding; and
3. Provide the child’s parent, guardian, or custodian with information regarding community services and make referrals as appropriate for the CANS Behavioral Health Recommendation.

IAs and In-Home CHINS
For all IAs and In-Home CHINS Assessments, the FCM will:
1. Gather the information necessary to complete the CANS Assessment;
2. Complete the initial CANS Assessment within five (5) days of the CA/N Assessment finding; and
3. Complete “additional steps” below.

Placement Out-of-Home during the CA/N Assessment and Out-of-Home CHINS
For all children placed out-of-home during the CA/N Assessment, the FCM will:
1. Gather the information necessary to complete the CANS;
2. Complete the initial CANS Assessment:
   a. Prior to placement, or
   b. Within five (5) days of removal or opening the case if there was an "emergency" removal, and
3. Complete “additional steps” below.

Case Juncutures
For all children or families who are involved in a case juncture, the FCM will:
1. Complete the CANS Assessment within five (5) days of the beginning of the event, unless a placement change is necessary which would require a CANS Assessment prior to placement; and
2. Complete “additional steps” below.

Additional Steps for CANS Assessments
In addition to the steps listed above, the FCM must:
1. Review and discuss the appropriateness of the CANS recommendations with the parent, guardian, or custodian during the CFT prep meeting;
2. Distribute copies of the CANS Assessment to the CFT members and encourage discussion of the ratings and recommendations with the CFT in an effort to ensure accurate ratings on each CANS item. If the CFT members significantly disagree on any of the item ratings, behavioral health recommendations, or placement recommendations, those disagreements may be further addressed in the CFT meeting or other team meeting in order to build consensus among team members;

Note: If the resource parent is not a part of the CFT, the FCM will ensure the resource parent receives a copy of the CANS and has the opportunity to discuss any questions or concerns.

3. Complete a CANS Reassessment if it is determined by the CFT that any individual item on the CANS was rated inaccurately;
4. Seek the Local Office Director (LOD) or his or her designee’s approval prior to placing if it is determined that the child should be placed at a category higher or
lower than the CANS recommendation. Document the reasons for and approval of the placement level change in the case management system;

5. Document all behavioral health recommendations and decisions in the Case Plan. For all IAs, document the behavioral health recommendations and decisions in the Progress Report on Program of Informal Adjustment

**Note:** Identified needs rated as 2 and 3, as well as, the identified strengths rated 0 and 1 should be incorporated into the Informal Adjustment (IA) or the CHINS case plan and should be tied to outcomes and activities.

6. Print a hard copy of the CANS Assessment and recommendation and place in the child's file;

7. Complete a CANS Assessment at least every 180 days, at case junctures, when updating the Case Plan, and/or when developing an IA;

**Note:** An ICPR must be completed in KidTraks if the child’s category of supervision increases or when two (2) consecutive CANS Assessments completed six (6) months apart show the need for a lower category of supervision and DCS concurs with the change. See separate policy, 8.50 Determining and Reviewing Categories of Supervision for further guidance.

8. Evaluate the family services and update services based on the CANS results and needs of the family;

9. Modify the Case Plan or IA based on the progress and changing needs of the youth and family. This is not applicable when CA/N has been substantiated and the Assessment has been closed: and

10. Complete a CANS Assessment no more than 30 days prior to case closure.

The FCM Supervisor will:

1. Discuss any questions or concerns the FCM may have regarding the CANS Assessment ratings and/or recommendations; and

2. Monitor the quality of the FCM's CANS Assessments on an ongoing basis.

**Note:** The CANS certification includes the Birth to age 5 Assessment and the 5 to 17 year old Assessment.

The LOD or his or her designee will:

1. Discuss any questions or concerns the FCM Supervisor and FCM may have regarding placement at a higher or lower category of care than the CANS recommendation and any recommendations for placement in residential facilities;

2. Make a final decision regarding requests to place a child in a higher or lower category of care than the CANS recommends and any requests to place a child in a residential facility; and

3. Inform the FCM Supervisor and the FCM of his or her decision.

PRACTICE GUIDANCE

DCS will complete the appropriate CANS Assessment prior to the development of the IA or Case Plan. DCS will engage the (CFT) to review the family’s Initial Safety Assessment and the Initial Family Risk Assessment to assist in identifying the strengths and needs of the child and family. The CANS ratings and recommendations will be used...
as guidance to determine the appropriate level of services. See separate policies, 5.10 Family Services and 4.26 Determining Service Levels and Transitioning to Ongoing Services for more information.

**Note**: All needs items rated a 2 or 3 on the CANS should be addressed in the IA or Case Plan (SF 2956). Strengths rated a 0 or 1 on the CANS are also useful. Best practice is for the second comprehensive CANS to be completed prior to the development of the Case Plan or IA as additional information may become available throughout the assessment.

### Placement Decision-Making

1. The FCM will search for an appropriate relative placement if out-of-home placement is needed, and the FCM will utilize the CANS behavioral health and placement recommendations to determine if any additional services are needed to support the relative placement.

2. The FCM will search for an appropriate licensed foster care home (DCS or Licensed Child Placing Agency (LCPA) if an appropriate relative placement is not identified. The FCM will utilize the CANS behavioral health and placement recommendations to identify any additional services needed to support the licensed foster home placement.

3. The FCM will review the CANS ratings to determine the needs of the child if the placement recommendation is Group Home or Residential Facility. The FCM should determine if the child should be placed in a residential setting or be maintained in a lower category of supervision, such as a relative placement or licensed foster home with services. The FCM will then search for an appropriate placement setting to meet the identified needs of the child.

**Note**: Any placement of a child in a placement type other than the CANS placement recommendation will require the DCS LOD or their designee’s approval.

4. Placement in a residential facility will require approval from the Residential Placement Committee (RPC). DCS will not place a child into a residential care facility prior to receiving court approval of the DCS recommendation. See separate policy, 8.4 Emergency Shelter and Urgent Residential Placement Review and Approval for additional information.

### FORMS AND TOOLS

1. Case Plan – Available in the case management system
2. Safety Plan – Available in case management system
3. Plan of Safe Care – Available in case management system
4. Program of Informal Adjustment (IA) – Available in the case management system
5. Initial Safety Assessment - Available in the case management system
6. Initial Family Risk Assessment - Available in the case management system
7. CANS Friendly Interview Guide
8. CANS MyShare
9. Praed Foundation
10. DCS Praed Foundation KidTraks DARMHA User Guide

DCS CW Manual/Chapter 5 Section 19: Child and Adolescent Needs and Strengths (CANS)  Page 5 of 7 Assessment
11. Progress Report on Program of Informal Adjustment
12. For information on KidTraks see DCS – KidTraks Financials.

**RELATED INFORMATION**

**CANS Certification**
All FCMs, FCM Supervisors, LODs, and Division Managers (DM) must be certified, in both the Birth to 5 Assessment and the 5 to 17 year old Assessment, using the web-based training available through the Praed Foundation. Reliability rating of .70 or higher is required for certification. Periodic re-certification is required based on reliability ratings as follows:

- >.80 valid for two (2) years
- .75 to .80 valid for one (1) year
- .70 to <.75 valid for six (6) months

All FCM Supervisors must attend CANS SuperUser classroom training in order to become certified as a CANS SuperUser/Implementation Coach. A CANS SuperUser/Implementation Coach receives additional training on how to train and mentor CANS users and is required to achieve a reliability rating of .75 or higher on the CANS. FCM Supervisors must attend a CANS SuperUser Booster training annually from the previous date they attended to maintain CANS SuperUser/Implementation Coach status. Recertification must be completed through the Praed Foundation.

Once FCM Supervisors are certified as CANS Super Users/Implementation Coaches, they are responsible for assisting FCMs in their local office in maintaining CANS Certification in both the Birth to 5 Assessment and the 5 to 17 year old Assessment. Any questions regarding CANS may be addressed to the CANS mailbox DCS.CANS@dcs.in.gov.

**Case Junctures**
A case juncture is defined as a new awareness of significant information regarding the child or family’s strengths or needs, which may impact the Case Plan, Safety Plan and/or Plan of Safe Care. Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement
2. Formal or informal supports
3. Family involvement
4. Visitation
5. Behavior
6. Diagnosis (mental or physical)
7. Sobriety
8. Skills acquisition; or
9. Education

The CANS Friendly Interview Guide may be referenced for suggested questions when conducting the CANS Assessment. CANS users may want to review the guide for tips and/or ideas about asking sensitive questions in a manner that is respectful to youth and parents. However, best practice is to engage the family and child in telling their story and guiding the conversation to cover relevant issues. The interview guide is not a
required strategy for collecting information to complete the CANS. Rather, the interview guide is intended for use as an aide or supplement to the CANS.

Additional documents are available on the CANS MyShare page to assist in accurately rating each CANS measure such as the CANS Manuals, Score sheets, and Glossary.

CANS Placement Recommendations (Levels)
Level 1- Foster Care is the minimum placement level recommended on the CANS for all children identified as removed/placed by DCS. The child’s needs may be met in a family and community setting with access to school, friends, and community-based resources. The child may have a history of mild behavioral, or emotional needs that require a low level of service, such as outpatient therapy.

Level 2- Foster Care with Services (Moderate Foster Care) indicates the child has a moderate developmental, behavioral, or emotional need. In addition to foster care in the community, the child, family, and resource family may be supported with treatment and support services to address and manage identified needs.

Level 3- Treatment Foster Care indicates the child has a severe medical, developmental, behavioral, or emotional need or a high-risk behavior that is moderate to severe. In addition to foster care in the community, the child, family, and foster family are supported with treatment and support services to address and manage identified needs.

Note: A child may also have a combination of any of the above needs.

Level 4- Group Home (15 and older) indicates the child has a moderate developmental, physical, or medical need and/or moderately exhibits sexual aggression or delinquency that may require placement in a specialty program provided in a Group Home setting if a suitable resource home is unable to meet this level of service and supervision intensity.

Level 5- Treatment Foster Care Plus (child age 12 and younger) indicates the child has moderate developmental, emotional, behavioral, medical, or physical needs and/or exhibit moderate sexual aggression or delinquency that may require increased intensity of supervision and level of services.

Level 6- Group Home/Treatment Group Home (for youth ages 12 to 14) indicates the child has a moderate or severe emotional/behavioral or developmental need; and a physical/medical need and/or exhibits sexual aggression or delinquency that may require placement in a specialty program provided in a Group Home setting if a suitable resource home is unable to meet this level of service and supervision intensity.

Level 7- Residential Treatment Center indicates the child; usually age 12 or older, has a severe developmental, emotional/behavioral, physical, or medical need and/or exhibits severe sexual aggression or delinquency that may require placement in a specialty program provided in a Residential setting if a suitable resource home is unable to meet this level of service and supervision.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will consider drug screening and results as only one (1) component in the identification of safety threats, strengths, protective capacities and needs of a family. DCS will develop a therapeutic treatment approach with the family to continually address substance use as it relates to child maltreatment throughout a permanency case.

Decisions about permanency case management should be approached in a comprehensive manner allowing for all factors to be considered in addition to drug screen results.

DCS will not make decisions regarding the disposition or permanency of a case based solely on drug screen results. DCS will not cancel, withhold or restrict visitation based exclusively on drug screen results unless there are immediate safety risks or unless otherwise ordered by the court.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Request written reports from substance use disorder service providers regarding the parent, guardian, or custodian’s participation in, and compliance with, substance abuse treatment program;

2. Obtain information on any prescription medications taken by the parent, guardian, or custodian and request verification of these prescriptions if there is any indication or allegation of substance use and or abuse;

   Note: The FCM should inquire about prescription medications each time a drug screen is given to ensure accurate documentation of the parent, guardian, or custodian’s current prescriptions.

3. Complete the DCS Drug Use Information Form, when appropriate. This form should only be utilized after a baseline of screens have been completed with a client;

4. Consider all relevant factors when a drug screen is needed or indicated prior to requesting the parent, guardian, or custodian submit to a drug screen or submitting a referral for a drug screen;

   Note: In situations where it is not clear if a drug screen should be administered immediately or referred at a later date, the FCM should staff the case with a FCM supervisor or DCS Local Office Director (LOD).
5. Inform the parent, guardian or custodian of the purpose of the drug screen and how the results will be used to address family's progress in treatment or address the family's need for assessments for services. See separate policy, 5.10 Family Services for additional information;

6. Provide parent, guardian, or custodian an opportunity to voluntarily submit to drug screening. Ensure the consent for the drug screen is signed, on the drug screen chain of custody form, prior to performing the screen; and

7. Administer an oral swab or refer for drug screens, if the chain of custody form has been signed or the screen has been ordered by the court, when concerns of child maltreatment, child safety, risks, or substance use appears to exist.

   **Note:** Oral swabs or drug screens may also be used to track parent, guardian, or custodian progress in maintaining sobriety and complying with the dispositional orders of the court.

8. Document drug screen result(s) in the case management system, case file, and court reports.

**PRACTICE GUIDANCE**

**Parental Disclosure of Drug Use**
Any admissions by parents, guardian, or custodian that is a party to the case may be admissible as evidence in court proceedings. Best practice would include documenting discussions with parents, guardians, or custodians regarding drug use including such admissions and any specific reasons why such a discussion was necessary.

**Verifying Prescriptions (Pill Counts)**
As part of verifying prescriptions, FCMs may conduct a “pill count” in cases involving substance use or abuse related to child abuse or neglect. If conducting a pill count, FCMs should have the parent, guardian, or custodian count the pills in front of the FCM and ensure the pills match the description on the prescription bottle. **FCMs should never directly touch a client’s medication.**

**Deciding to Drug Screen in Permanency Case Management**
During a home visit, the FCM should gather information regarding the need to drug screen a parent, guardian or custodian. It may also be beneficial to talk with service providers that are involved with the family to determine if there are any noticeable concerning behaviors related to substance use.

   **Note:** Observations from various sources can show a picture of how a person is functioning on a day to day basis and provide justification for continuing to administer court ordered drug screens.

Factors that should be considered in deciding to administer or refer for a drug screen if authorized by consent or court order or when evaluating drug screen results in permanency case management include, but are not limited to:

1. **Parent, guardian, or custodian substantiated DCS history and/or criminal history pertaining to possession of substance or substance use;**
2. The presence of protective factors to mitigate potential safety concerns (nurturing, attachment, knowledge of parenting skills, knowledge of youth development, family functioning, family resilience, social connections, and concrete supports for parents);
3. The parent, guardian or custodians level of compliance and progress in substance use treatment;
4. Reports from a service provider, Law Enforcement Agency (LEA), or other collateral contact that the parent, guardian, or custodian has used or is suspected to have used substances;
5. Parent, guardian or custodian behavior indicating use such as extreme lethargy, hyperactivity, slurred speech, poor balance, inability to focus and, visible needle track marks, etc.);
6. One or more children living in the home discloses detailed knowledge or first-hand observations of parent’s, guardian’s, or custodian’s drug use or impaired behavior;
7. The presence of drug paraphernalia (syringes, pipes, charred spoons, foils, alcohol bottles, etc.) found in the home;
8. The condition of the home (odors commonly associated with drugs or alcohol);
9. The presence of additional allegations;
10. Factors that support or eliminate that substance use directly endangers child safety;
11. Input from the Child, Family Team (CFT); and
12. Any other pertinent information obtained by DCS throughout the permanency case.

Note: If a situation arises and the FCM is unsure as to if it warrants a drug screen, the situation should be staffed with an FCM Supervisor. The Local Office Staff Attorney should be consulted if the parents refuse to consent to the drug screen and there is no court order authorizing drug screens.

Instant Drug Screens and the Confirmation Process
Instant drug screen results are considered only presumptive positive until going through a confirmation process. The lab based mouth swabs, through the current provider, automatically go through a confirmation process when sent in to the lab if the screen is presumptive positive. Drug screens completed by outside providers and medical facilities may or may not be confirmed screens. FCMs should inquire about the validity of such screens prior to using the screen to inform an assessment decision.

Utilizing the Drug Use Information Form
Drug screens utilized in the permanency case management phase may be performed by the FCM or a service provider. The DCS Drug Use Information Form gives the parent, guardian or custodian the opportunity to be open and honest about substance abuse or use. This form should only be utilized after a baseline of screens have been completed with a client. It can be used as an engagement tool when discussing drug use with the parent, guardian or custodian. In some situations, the parent, guardian, or custodian may openly admit to drug use and acknowledges the need for additional treatment. This form would allow the parent, guardian or custodian to disclose the substance(s) used and document if he or she is current seeking or participating in treatment.

Utilizing Random Screens
DCS should not duplicate drug screens by administering an oral swab, when the parent, guardian or custodian is actively involved in services performing the number of random screens ordered by the court. DCS should request written reports from service providers regarding compliance with treatment programs including any admissions by parents, guardians, or custodians regarding their drug use.
**Frequency of Drug Screening**

There is no set standard of drug screening frequency that will apply to every situation. The FCM, in conjunction with the supervisor, treatment providers, and Child and Family Team (CFT), should consider the following factors in deciding how frequently to drug screen a parent, guardian, or custodian:

1. The type of drug use and how long it can be detected;
2. The parent’s, guardian’s, or custodian’s clinical diagnosis, including the severity of use, historical patterns of use, and changes in affect or physical appearance;
3. The participation of the parent, guardian, or custodian in substance abuse treatment and other recovery-support activities and overall level of compliance with the case plan;
4. The denial or minimization of substance use or its consequences by the parent, guardian, or custodian; and
5. The parent’s, guardian’s, or custodian’s relapse-prevention plan, including the development and utilization of coping skills and whether the parent, guardian, or custodian has made changes in the people, places, and things associated with substance use.
6. The amount of time the parent, guardian, or custodian has remained stable and free of substance use. If a parent, guardian, or custodian has recently relapsed after a period of sobriety, frequency of screening should likely increase.

The table below contains suggested frequency of random drug screening based on the amount of time the client has been free of substance use and engaged in treatment.

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Suggested Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 30 days</td>
<td>Twice Weekly</td>
</tr>
<tr>
<td>31 - 60 days</td>
<td>Weekly</td>
</tr>
<tr>
<td>61 - 120 days</td>
<td>Twice Monthly</td>
</tr>
<tr>
<td>120+ days</td>
<td>Monthly (until behavior indicates no further use)</td>
</tr>
</tbody>
</table>


**Note:** If a parent, guardian, or custodian is regularly screening positive or regularly admitting to substance use, it may be appropriate for screening to occur less frequently than twice each week due to continued substance use being clearly established.

**Positive Drug Screen Results**

Positive drug screen results may indicate a one-time lapse or signal a return to chronic use. Positive drug screen results should be viewed as an indicator that the substance abuse treatment plan needs to be adjusted. FCMs should engage the parent, guardian, or custodian in the following steps after receiving positive drug screen results:

1. Discuss the results in a timely manner (preferably within 1-2 business days of receiving positive results) and give the parent, guardian, or custodian the opportunity to explain the results;
2. Obtain an assessment by a substance abuse professional if the parent, guardian, or custodian is not receiving substance abuse treatment services;
3. Consult with the substance abuse treatment provider if services are already in place. This consultation should include a review of the relapse prevention plan and
4. Consider modifying the current frequency of drug screening.

**Medication-Assisted Treatment (MAT)**

The use of medication-assisted treatment (MAT), in conjunction with psychosocial support and treatment, is considered best practice for the treatment of opioid use disorders. Clients should not be discouraged from using MAT as part of a substance abuse treatment plan. If a parent, guardian, or custodian indicates the use of MAT (such as the use of Methadone, Buprenorphine, or Naltrexone), the FCM will collect the following information and documentation:

1. A statement from the parent, guardian, or custodian regarding any current or prior history of substance abuse that has led to the current use of MAT;
2. A statement from the parent, guardian, or custodian, regarding the details of the MAT program (including the name of the physician or agency prescribing the medication and the name of the provider of any associated therapy or substance abuse treatment services) and any other associated therapy or substance abuse treatment; and
3. A Release of Information to obtain verification of the parent, guardian, or custodian's participation in MAT and other associated therapy or substance abuse treatment.

**Note:** If a Release of Information is signed, the FCM should share any positive drug screen results, as well as any other information pertinent to treatment, with the MAT provider so that the provider may make the most appropriate decisions regarding the treatment of the parent, guardian, or custodian.

**FORMS AND TOOLS**

**DCS Drug Use Information Form**

Oral Swab available in the Local Office

Referral for Drug Screening available in KidTraks

**RELATED INFORMATION**

**Protective Factors**

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:

1. Nurturing and attachment;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports for the parents; and

See [https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/](https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/) for additional information.
Types of Drug Screens

Oral (Saliva): Research indicates oral screen can most precisely indicate recent drug use, as substances appear in saliva only minutes after use. However, the detection window for oral (saliva) screens is narrow, as some substances remain in the saliva from hours to a few days.

Urine: Urine is the most accurate screening to assist in determining on-going drug use by clients. Urine has a longer detection window for substances and randomizing the screening dates and times increases the likelihood of substances being detected. As a caution, a urine screen will not detect some substances for several hours past use.

Hair Follicle: Hair follicle drug screens should be requested very rarely and only in specific circumstances. These screens may be used on children to detect exposure to methamphetamines or if an oral/urine screen is uncollectable. The use of hair follicle testing should be limited to investigation of past usage or exposure to substances and in assisting in the determination of services to be provided to the client. The decision to utilize hair follicle screening should be approved by the Local Office Director (LOD)/Division Manager (DM) or designee or the hair follicle screen is court ordered.

Drug Screening Detection Windows

The timeframe for drug screening is critical in detecting drug use. The amount of time a particular drug remains in the body depends on several factors such as the frequency of use, how much of the drug was taken as well as the metabolism of the individual. Levels that are under the cutoff are considered negative.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Saliva (Forensic Fluids)</th>
<th>Saliva (Redwood)</th>
<th>Urine (Redwood)</th>
<th>Hair Follicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Not listed</td>
<td>Not listed</td>
<td>1 hour after absorption</td>
<td>Not on panel</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>Up to 2 days</td>
<td>Up to 48 hours</td>
<td>24 to 96 hours</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>Up to 1 day (short acting)</td>
<td>Up to 48 hours</td>
<td>3 days to 3 weeks (varies</td>
<td>Not on panel</td>
</tr>
<tr>
<td></td>
<td>Up to 2-3 weeks (long acting)</td>
<td></td>
<td>significantly by substance)</td>
<td></td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>Up to 5 days (longer if prolonged use)</td>
<td>Up to 48 hours</td>
<td>1 to 7 days (varies significantly by substance)</td>
<td>Not on panel</td>
</tr>
<tr>
<td>Cannabinoids (light or acute use)</td>
<td>Up to 3 days</td>
<td>Up to 24 hours</td>
<td>1 to 3 days</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td>Cannabinoids (habitual use)</td>
<td>Up to 3 days</td>
<td>Up to 24 hours</td>
<td>3 to 5 days (Use 4 times/week)</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10 to 21+ Days (daily use)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10 to 30+ days (5+ joints/day)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 to 5 days (oral ingestion)</td>
<td></td>
</tr>
<tr>
<td>Drug Type</td>
<td>Single Use Duration</td>
<td>Chronic Use Duration</td>
<td>Chronic Use Duration Notes</td>
<td>Panel Status</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Synthetic Cannabinoids (single use)</td>
<td>Up to 3 days</td>
<td>Up to 48 hours</td>
<td>36 to 27 hours</td>
<td>Not on Panel</td>
</tr>
<tr>
<td>Synthetic Cannabinoids (chronic use)</td>
<td>Up to 3 days</td>
<td>Up to 48 hours</td>
<td>Up to 6 weeks</td>
<td>Not on Panel</td>
</tr>
<tr>
<td>Cocaine</td>
<td>Up to 4 days</td>
<td>Up to 48 hours</td>
<td>24 to 96 hours</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td>Opioids (inclusive but not limited to Tramadol, Oxycodone, and Fentanyl)</td>
<td>Up to 3 days</td>
<td>Up to 48 hours</td>
<td>24 to 72 hours</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td>Heroin</td>
<td>Up to 3 days</td>
<td>Up to 48 hours</td>
<td>24 hours</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>Up to 2 days</td>
<td>Up to 48 hours</td>
<td>24 to 96 hours</td>
<td>7 to 90 days</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Up to 3 days</td>
<td>Up to 48 hours</td>
<td>Up to 72 hours (low dose) Up to 6 days (high dose) Up to 10-14 days (extended therapeutic administration)</td>
<td>Not on panel</td>
</tr>
<tr>
<td>Methadone</td>
<td>Up to 4 days</td>
<td>Up to 48 hours</td>
<td>72 hours</td>
<td>Not on panel</td>
</tr>
</tbody>
</table>

*Chart adapted from multiple sources*
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will collaborate with the child’s family, the Child and Family Team (CFT), and other caregivers to develop a Safety Plan (SF 53243) when a child’s safety is dependent on defined actions. Child safety will be reassessed regularly and the Safety Plan (SF 53243) and/or Plan of Safe Care (SF 56565) (if applicable) will be reviewed and modified as needed throughout DCS involvement. See Practice Guidance and separate policy, 4.42 Plan of Safe Care for additional information. Review will occur at minimum:

1. At each Case Juncture;
2. Upon any new allegation of Child Abuse or Neglect (CA/N);
3. During each Child and Family Team (CFT) Meeting and Case Plan Conference (see separate policies, 5.7 Child and Family Team Meetings and 5.8 Developing the Case Plan);
4. Following the completion of each Safety and Risk Assessment (e.g., In-Home Risk and Safety Reassessment and Out-of-Home Risk and Safety Reassessment). See separate policies, 7.11 In-Home Risk and Safety Reassessments and 8.44 Out-of-Home Risk and Safety Assessment for more information; and
5. In conjunction with each court hearing and any new court orders.

When domestic violence is present or suspected, DCS will create a Safety Plan (SF 53243) which addresses the safety of the child and all family members (see Practice Guidance for assistance). The purpose of this plan is to:

1. Achieve immediate safety for the child and non-offending parent;
2. Begin planning for long-term safety for the child and the non-offending parent;
3. Provide safety options for the non-offending parent and the child; and
4. Address behaviors demonstrated by the alleged domestic violence offender that pose a risk to the child’s safety.

Note: The Safety Plan (SF 53243) for the non-offending parent and child should not be shared with the alleged domestic violence offender. DCS should work with the alleged domestic violence offender to develop a separate Safety Plan (SF 53243).

Code References
1. IC 35-37-6-1: "Confidential Communication" defined
2. IC 34-6-2-34.5 Domestic or Family Violence

PROCEDURE

The Family Case Manager (FCM) will:

1. Collaborate with the family, CFT, and other caregivers to develop a Safety Plan (SF 53243). Efforts to ensure the child’s safety in all settings must be considered (e.g., school, extracurricular activities, out-of-home placement, in-home placement, safe sleep
environments, and parental/relative visitation) and the plan should describe in detail how, when, and by whom each intervention will be implemented;

2. Discuss in detail with the family and other caregivers the implementation of any of the interventions below that were chosen as part of the safety response:
   a. The family and/or caregiver uses extended family resources, neighbors, or other individuals in the community to ensure the child’s safety,
   b. The family and/or caregiver receives services through community providers, and/or
   c. The family and/or caregiver is referred for services through a contracted DCS service provider. See separate policies, 5.10 Family Services and 8.15 Services for the Resource Family for additional information;

   **Note:** DCS Service Providers will not be included on a Safety Plan (SF 53243) created when DCS involvement will not continue (i.e., case closure), unless there is a plan for the service to continue without DCS involvement.

3. Specify how the FCM will monitor and support the family and/or caregiver’s compliance with the plan until the completion of the assessment and identify the consequences if an intervention is not followed;

4. Have the parent, guardian, or custodian sign the Safety Plan (SF 53243) and provide them with a copy;

5. Review the Safety Plan (SF 53243) and/or the Plan of Safe Care (SF 56565) (if applicable) with the FCM Supervisor and obtain approval of the plan during regular clinical supervision. The plan must be reviewed at minimum:
   a. At each Case Juncture;
   b. Upon any new allegation of Child Abuse or Neglect (CA/N);
   c. During each Child and Family Team Meeting and Case Plan Conference (see separate policies, 5.7 Child and Family Team Meetings and 5.8 Developing the Case Plan);

   **Note:** Efforts to ensure the child’s safety must also be documented in the Case Plan (SF2956).

   d. Following the completion of each Safety and Risk Assessment (e.g., In-Home Risk and Safety Reassessment and Out-of-Home Risk and Safety Reassessment). See separate policies 7.11 In-Home Risk and Safety Reassessments and 8.44 Out-of-Home Risk and Safety Assessment for more information; and
   e. In conjunction with each court hearing and any new court orders.

   **Note:** When updates to the Safety Plan (SF 53243) are identified during review, the FCM must engage the family and CFT to create an updated plan and obtain supervisory approval of the new plan.

6. Provide a copy of the approved Safety Plan (SF 53243) to all listed responsible parties and the court;

7. Upload the Safety Plan (SF 53243) to the Management Gateway for Indiana’s Kids (MaGiK) case file;

8. Re-assess the child’s safety and risk regularly and prior to closing the case (see separate policies, 7.11 In-Home Risk and Safety Reassessment and 8.44 Out-of-Home Risk and Safety Assessment; and

9. Ensure the Safety Plan (SF 53243) and/or the Plan of Safe Care (SF 56565) (if applicable) are discussed with the new FCM if the case is transferred.
The FCM Supervisor will:

1. Review case details, Safety and Risk Assessments, the Safety Plan (SF 53243), and the Plan of Safe Care (SF 56565) (if applicable) regularly during clinical supervision;
2. Ensure each identified safety concern is addressed in the Safety Plan (SF 53243) and/or Plan of Safe Care (SF 56565);
3. Guide the FCM in engaging the family, CFT, and other caregivers to create or update the Safety Plan (SF 53243) and/or Plan of Safe Care (SF 56565) (if applicable) as needed;
4. Sign the approved Safety Plan (SF 53243) and/or the Plan of Safe Care (SF 56565) following each review;
5. Ensure the Safety Plan (SF 53243) is uploaded to MaGIK and provided to the family and listed responsible parties; and
6. Ensure the Safety Plan (SF 53243) and/or the Plan of Safe Care (SF 56565) (if applicable) are discussed with the new FCM if the case is transferred.

PRACTICE GUIDANCE

Parental Involvement in Development
Involvement of the family in the development of a Safety Plan (SF 53243) is imperative. The greater the family’s participation in this process, the more ownership they will have in a successful outcome. When developing the plan with the family, the FCM should speak in such a way as to develop a common understanding that the safety of the child is contingent on their ability and willingness to follow the terms of the plan.

[NEW] Safe Sleep
FCMs will talk to parents, guardians and caregivers about safe sleep for infants and will document the discussion in MaGIK. Refer to the below information for safe sleep guidelines:

1. Always place babies alone, on their backs, and in a crib (The ABC’s) to sleep. The back sleep position is the safest\(^1\). Keep other caregivers informed of these safe sleep guidelines.
2. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised). These types of cribs are not permitted for children under DCS care and supervision. See the following link for a picture of the new crib: [http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/](http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/);
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on couches, care seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of the baby’s sleep area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleep area. A sleep sack is appropriate to keep the baby warm;
5. Keep baby’s sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep on an surface with adults or other children. They may sleep in the same room as the caregiver;
6. Consider using a clean dry pacifier when placing the infant down to sleep, but do not force the baby to take it.

---

\(^1\) Riley Children’s Health: [https://www.rileychildrens.org/health-info/sleep-safety](https://www.rileychildrens.org/health-info/sleep-safety)
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;
8. Reduce the chance that flat spots will develop on the baby’s head by providing “tummy time” when the baby is awake and someone is watching. Also, change the direction that the baby lies in the crib to avoid excessive time in car seats, carriers, bouncers, and swings. These items should be place/used on appropriate surfaces and should not be utilized in place of a crib; and
9. There should be no smoking around the baby as babies who are around cigarette smoke have a higher risk of sleep-related deaths.²

Additional information regarding safe sleep is available on the following websites:
1. The American Academy of Pediatrics;
2. Healthy Children.org;
3. The National Institute of Health;
4. Riley Children’s Health; and
5. The DCS Website.

**Plan of Safe Care**

A Plan of Safe Care (SF 56565) must be completed for each infant under the age of one (1) year who is identified as being born affected by or exposed in utero to substance use (the drugs may be legal or illegal), experiencing symptoms of withdrawal, diagnosed with Neonatal Abstinence Syndrome (NAS), and/or diagnosed with Fetal Alcohol Spectrum Disorder (FASD). The plan must address the mental and physical health and substance use treatment needs of the infant, affected parents, household members, and the infant’s caregivers. A Plan of Safe Care (SF 56565) must be completed regardless of the decision to substantiate or unsubstantiate the assessment. A separate Safety Plan (SF 53243) must be completed when the Plan of Safe Care (SF56565) does not address all safety concerns for each child included in the case. See separate policies, 4.42 Plan of Safe Care and 4.22 Making an Assessment Finding for further guidance.

**Consider Protective Factors When Ensuring Safety**

Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. When completing a Safety Plan (SF 53243), consider the following protective factors as part of an evaluation of the family’s ability to ensure the safety of the child:

1. Nurturing and attachment to the child;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports; and
6. Social and emotional competence of the child.

See [https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/](https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/) for additional information.

---
² Riley Children’s Health: [https://www.rileychildrens.org/health-info/sleep-safety](https://www.rileychildrens.org/health-info/sleep-safety)
Safety Planning when Domestic Violence is Present or Suspected

DCS will partner with the non-offending parent and child to create a Safety Plan (SF53243) in all cases where domestic violence has been identified. If the non-offending parent has met with a domestic violence service provider to create a domestic violence Safety/Survival Plan, the Safety Plan (SF53243) may be revised to incorporate the Safety/Survival Plan that was created.

Note: DCS will not create a Safety/Survival Plan with the non-offending parent and child. Domestic violence Safety/Survival Plans may best be created by referring the non-offending parent to a domestic violence program in the community.

This Safety Plan (SF53243) should address the following:

1. Safety for the non-offending parent and child until he or she can meet with a domestic violence advocate;
2. Referrals to domestic violence programs;
3. Financial assistance;
4. Other community services available; and
5. What will happen after the FCM leaves and/or DCS is no longer involved.

The plan should include strategies to reduce the risk of physical violence and harm by the alleged domestic violence offender and enhance the protection of the child and non-offending parent. The Safety Plan (SF53243) for individuals living with domestic violence will vary depending on whether the non-offending parent is separated from the alleged domestic violence offender, thinking about leaving, returning to, or remaining in the relationship. Specific planning may include:

1. Engaging the non-offending parent in a discussion about the options available to keep him or her and the child safe, including what has been tried before;
2. Exploring the benefits and disadvantages of specific options, and creating individualized solutions for each family;
3. Utilizing the criminal justice and civil court systems to hold the alleged domestic violence offender accountable; and
4. Writing down a list of phone numbers of neighbors, friends, family, and community service providers that the non-offending parent can contact for safety, resources, and services. This requires FCMs to stay current about resources, contacts, and legal options.

Including Children in the Planning Process

The child should be engaged in safety planning; however, they are not responsible for their own safety and should not be responsible for implementing the Safety Plan (SF53243). If the child is unable to identify who they would call or where they would go in an emergency, work with them to develop a basic plan for safety.

Examples include, but are not limited to:

1. Find a safe adult and ask for help whenever they experience violence. This may involve calling supportive family members, friends, or community agencies for help;
2. Escape from the house if an assault is imminent or in progress and where to meet an identified safe adult. If they cannot escape, discuss where they can go to be safe in the house;
3. Avoid being in the middle of the domestic violence;
4. Find a place to go in an emergency and the steps to take to find safety; and
5. Call the police or 911 when the violence begins.
FORMS AND TOOLS

1. Safety Plan (SF 53243)
2. Plan of Safe Care (SF 56565)
3. Case Plan (SF 2956) – Available in MaGIK
4. In-Home Risk and Safety Reassessment – Available in MaGIK
5. Out-of-Home Risk and Safety Reassessment – Available in MaGIK forms

RELATED INFORMATION

Case Juncture
A case juncture is defined as a new awareness of significant information regarding the child or family’s strengths or needs, which may impact the Case Plan (SF 2956) and/or Safety Plan (SF 53243). Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:
1. Placement;
2. Formal or informal supports;
3. Family involvement;
4. Visitation;
5. Behavior;
6. Diagnosis (mental or physical);
7. Sobriety;
8. Skills acquisition; or
9. Education.

Extended Family Support
Extended family members are often the most resourceful and most effective as resources for support and their interventions are least disruptive for the child involved. Family support services may consist of childcare, transportation, home management assistance and teaching of skills, and financial assistance for housing, food, or clothing on a short term basis.

Referring the Family to Community Services
Community services are an appropriate intervention if they help the family control or mitigate the identified safety factors. Examples include, but are not limited to, routine or emergency medical or mental health care (outpatient), alcohol or substance abuse services, in-home health care, day care, respite care, child-oriented activities (e.g., Brownies and Boy Scouts), home management and/or life skills, parenting skills, individual or family crisis counseling, financial services, housing services, transportation services, and food and clothing assistance.

Clinical Supervision
Clinical supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision is on the practice that directly impacts outcomes for families.

Domestic Violence Advocates and Confidentiality
According to IC 35-37-6-1 communications between victims of domestic violence and victim advocates are confidential, even if certain third parties are present when information is
exchanged. Victim advocates cannot give testimony without victim consent in Child in Need of Services (CHINS) proceedings.
Domestic Violence and Child and Family Team (CFT) Meeting Considerations

DCS will carefully assess the appropriateness of holding a CFT Meeting with both the non-offending parent and alleged domestic violence offender present. Reasons why holding a joint meeting would not be appropriate include, but are not limited to:

1. The non-offending parent does not want a meeting because he or she feels that they or the children would be in danger or because he or she feels intimidated and therefore unable to represent what they feel is in the child’s best interest;

2. The non-offending parent has secured a “no contact order” and the meeting would be a violation of the order;

Note: DCS may request that the court lift the “no contact order” for the time of the meeting if holding a joint CFT Meeting is in the best interest of the family.

3. The FCM believes the non-offending parent or the child could be in danger if the meeting took place;

4. The family of the non-offending parent or the alleged domestic violence offender either denies or enables the abuse;

5. The FCM believes the parent alleged to be the victim of domestic violence or the child could be placed in danger if the meeting took place; or

6. The alleged domestic violence offender denies that domestic violence is an issue or that domestic violence has not occurred when evidence states otherwise (i.e. police reports, visible bruises, etc.).

Note: It may initially be inappropriate to have the parent alleged to the victim of domestic violence and alleged domestic violence offender attend the same CFT Meeting. Prior to each meeting DCS should evaluate the option of having the parent alleged to be the victim of domestic violence and alleged domestic violence offender attend the same CFT Meeting. Other options may be considered, such as a conference call with the alleged domestic violence offender. If there is a court order in place, permission can be sought from the court for the alleged domestic violence offender to be on the phone for a CFT Meeting.

Questions to determine if a CFT Meeting should be held with both the non-offending parent and alleged domestic violence offender present:

1. Is the non-offending parent afraid of the alleged domestic violence offender?

2. Is the alleged domestic violence offender threatening to harm the non-offending parent, the children, or himself?

3. Are the severity and frequency of the violent incidents escalating?

1 Adapted from the Indiana Department of Child Services (DCS) Creating Solutions and Planning for Change training curriculum

DCS CW Manual/Chapter 5  5.A – Domestic Violence and CFT Meeting Considerations
4. Have the children been used to threaten the non-offending parent or keep the alleged domestic violence offender from inflicting further violence? How?
5. Does either parent have access to weapons?
6. Have weapons been involved in prior assaults?
7. Has the criminal justice system been involved? If so, are there pending charges or is there a probation or parole officer assigned to the case?
8. If the alleged domestic violence offender has participated in some type of education or treatment program, how has he responded to that intervention?
9. What has been the extent of the non-offending parent’s injuries? Have there been injuries requiring hospitalizations?
10. Is either parent chemically dependent?
11. Is there a history of mental illness?
12. How safe does the non-offending parent feel having the alleged domestic violence offender physically present during the meeting?

Prior to deciding to hold a CFT Meeting, the Family Case Manager (FCM) should answer:
1. Are there orders prohibiting contact (protective order, restraining order, no contact order)?
2. Do they live together?
3. Is domestic violence a topic that has been addressed publicly with him, the police, a judge, the FCM, or other family members? If yes, how did the alleged domestic violence offender react?
4. What are her goals for having him present? Goals for not having him present?
5. What is the biggest fear if he does participate?
6. What is the hope if he is there?
7. Is he involved in any services? For how long?
8. Are there any current stressors in his life that might make him more violent?

If it is not appropriate for the alleged domestic violence offender to be present at a CFT Meeting with the non-offending parent, consider for him to still be involved in the process. Options include, but are not limited to:
1. Videotape responses to the questions being asked in the meeting, and inform the participants of his desires and/or wishes;
2. Allow him to participate in some or all of the meeting via telephone;
3. A criminal justice representative, a domestic violence perpetrator specialist, and/or a substance abuse counselor may attend the CFT Meeting as his representative;
4. Write a letter containing responses to the questions being asked in the meeting to be read by a representative; and/or
5. Holding two (2) separate meetings.

If the non-offending parent and alleged domestic violence offender will be attending the same CFT Meeting:
To prepare the non-offending parent for the CFT Meeting:
1. Are there any specific topics to avoid during the meeting?
2. Are there safety concerns about anyone else who might attending the meeting?
3. Does she want to discuss the domestic violence in the meeting?
4. How safe does she feel discussing the domestic violence with him present? Without him present?
5. If the children will be present, does she want to discuss the violence?

For the purposes of this tool, the alleged perpetrator will be referred to as ‘him’ or ‘he’ and the non-offending parent will be referred to as ‘she’ or ‘her.’
6. What if the child or other parties bring it up?
7. What has she already discussed with the children regarding the violence?
8. How have the children been impacted by the violence?
9. What will the impact be on the children if the violence is discussed in the meeting without the alleged domestic violence offender present? With him present?
10. How will he react if his violence is brought up?
11. What has happened in the past when his violence has been discussed? Afterward?
12. Are there community or family members he will know at the meeting? How will others feel about that?
13. Does the non-offending parent want someone who is an expert in dealing with domestic violence present at the meeting? Someone she is working with? How will he react to that?
14. Does the non-offending parent feel that she can safely speak out about her wishes and concerns if they are different from those of the alleged domestic violence offender?
15. How will the facilitator know if she begins to feel afraid during the meeting? Can they plan to signal each other if she begins to feel afraid?
16. Of all the people she wants to invite to the CFT Meeting, whom has she discussed the domestic violence? What have their reactions been? Have they been supportive?
17. What does she think the reaction at the CFT Meeting will be to the disclosure of the violence? Will they support her need to be safe and his need to be nonviolent?
18. What does the non-offending parent fear could go wrong at the meeting? What would be the consequences?
19. To avoid surprises, what else does the facilitator need to know about her and her family? If, for example, an aunt is invited, what might she tell the group that might be a surprise?

To prepare the alleged domestic violence offender for the CFT Meeting:
1. Are there any specific topics to avoid during the meeting?
2. Would it be helpful if a service provider could attend the meeting?
3. If the non-offending parent wants to discuss the domestic violence, during the meeting, how will he handle that?
4. Are there community or family members that he wants at the meeting? How does he think she will react to that? Will these other people support her need to be safe and his need to be nonviolent?
5. Have any of the people attending the meeting seen his behavior escalate when disagreements arose in the past? Will this be a fear or concern of others at the meeting? How can those issues be addressed?
6. How can the alleged domestic violence offender let the facilitator know if he needs a break during the meeting because of the topics being discussed?
7. If it has been agreed that he domestic violence will not be discussed, how will he respond if another party brings it up during the meeting?
8. What has happened in the past when the violence has been discussed?
9. What has he discussed with the children regarding his violence?
10. How have the children been affected by his violence?
11. What might the impact on the children be if the violence is discussed in their presence during the meeting?
12. How can he convey to the non-offending parent that she can safely speak out her wishes and concerns if they are different from his?
13. What does he fear could go wrong with the meeting? What might the consequences be of that?
14. To avoid surprises what else does the facilitator need to know about him and his family?
To prepare team members for the CFT Meeting:
1. What might go wrong if both the alleged domestic violence offender and the non-offending parent are present in the meeting?
2. Ask questions about their safety so that they can fully participate in the meeting.

Considerations for involving children in the CFT Meeting:
1. Are they developmentally capable of participating?
2. Will they benefit from the meeting?
3. Will the meeting cause further trauma to the child?
4. Can they help achieve the desired outcomes for the meeting?
5. Consider how the children’s presence may inhibit honest conversation by the adults.
6. Consider how the children will feel about discussing the violence in front of the alleged domestic violence offender, if they are present.
7. Consider how the children are likely aware of the violence.
8. Consider how the children may want to be heard about how the violence has impacted them and they may be concerned for everyone’s safety.

Note: An option may be to have children participate in only parts of the meeting.

During the CFT Meeting:
1. The facilitator has the difficult task of finding a balance between what family members want to talk about and ensuring that issues impacting family safety are adequately addressed;
2. Be observant of the verbal and non-verbal interactions between team members; and
3. Be observant of signals established ahead of time with the non-offending parent and/or alleged domestic violence offender that conflict is escalating or there is a threat during the meeting.

If conflict escalates during the meeting:
1. Implement the predetermined safety plan.
2. Consider safety first, you may need to stop the meeting immediately and call the police.
3. Call a break to allow de-escalation.
4. Have the person who is getting angry or escalating the conflict leave the meeting with someone who can help them manage their emotions or stop the meeting.
5. Empathize with the fear or pain the key players are expressing; do not confront the abuse directly; remind them that the meeting participants are there to provide them with support and resources.
6. Without discounting harm the past violence has caused, focus on solutions for the future.
7. If you perceive that tensions are escalating to the point of danger, check with the non-offending parent using the prearranged signal.
8. Often the meeting does not necessarily need to be stopped, however, you will need to use your skills or the skills of others on the team to manage the emotions and de-escalate the conflict.
9. It may be necessary to call a break to allow for everyone to calm down. During the break, take the opportunity to assess with the non-offending parent and alleged domestic violence offender, separately, to determine whether or not the meeting can safely continue.
10. It may be beneficial to have prescheduled breaks during each meeting to allow an opportunity for the facilitator to check-in with both parents individually to see if they are feeling safe enough to continue the meeting.
Continue the meeting if:
1. The non-offending parent says she wants to continue and she feels safe doing so.
2. The facilitator believes that reconvening will not jeopardize anyone’s safety.
3. It appears that the alleged domestic violence offender is constructively managing his emotions.
4. The facilitator and non-offending parent believe continuation of the meeting will be productive and the safety of her and the child will not be compromised.

After the CFT Meeting:
The FCM and FCM Supervisor should be aware that when the alleged domestic violence offender feels that his authority or control over the non-offending parent has been threatened, the violence may escalate. The may be caused by any domestic violence intervention, including a CFT Meeting. It is crucial that follow-up occur with the non-offending parent as soon as possible after holding a CFT Meeting. This will allow the FCM to assess any impact the CFT Meeting may have had on the non-offending parent and child.

The FCM should contact the non-offending parent within 24 hours after the CFT Meeting and ask questions such as:
1. Have you been afraid of the alleged domestic violence offender since the CFT Meeting?
2. Has he been or threatened to be violent since the CFT Meeting?
3. What was the impact of the disclosure on you, on him, and on the child?
4. Did you discuss the CFT Meeting with him?
Family Network Diagram
Instruction Guide

The Family Network Diagram (FND) is a pictorial representation of a family’s connections to their extended family, persons, and/or systems in their environment. The FND is a combination of two different tools, the Genogram and the Ecomap. The Genogram will occupy the top ½ of the page and the Ecomap will represent the lower ½ of the page. The FND is very helpful in understanding the family connections because it can visually illustrate three separate dimensions for each family connection (Genogram) and environmental domain (Ecomap):

1. The **Strength** of the connection (weak; tenuous/uncertain; strong);
2. The **Impact** of the connection (none, draining resources or energy, providing resources or energy); and
3. The **Quality** of the connection (stressful; not stressful).

The first step is to create a Genogram, which is a graphic representation of a family tree that displays the interaction of individuals within a family. The Genogram should go back at least three (3) generations. This methodology goes beyond a traditional family tree by allowing the user to:

1. Analyze emotional and social relationships within a family group;
2. Identify repetitive patterns of behavior; and
3. Recognize hereditary tendencies.

**Genogram Symbols**
Here are some of the basic components of a Genogram:

1. Males are represented by a square; and
2. Females are represented by a circle.
In a standard Genogram, there are three (3) different types of children:
1. Biological/natural child,
2. Adopted child, and
3. Foster Child.

A triangle is used to represent a pregnancy, a miscarriage, or an abortion. In the case of a miscarriage, there is a diagonal cross drawn on top of the triangle to indicate death. Abortions have a similar display to miscarriages, only they have an additional horizontal line. A still birth is displayed by the gender symbol; the diagonal cross remains the same size, but the gender symbol is twice as small.

![Genogram Symbols for Children's Links and Pregnancy Terminations](image)

In the case of multiple births such as twins, triplets, quadruplets, quintuplets, or more, the child links are joined together. In the example below, the mother gave birth to fraternal twin brothers, identical twin sisters, and triplets, one of whom died at birth.

![Children and Birth Symbols](image)

The illustration above depicts the main family unit. The husband is always on the left and the wife on the right. Extending upward on the page would be the parents and siblings of the husband and wife and then further upward with grandparents and aunts/uncles. Significant relationships with extended family should be depicted with a separate line. Information such as
date of birth, date of death, and cause of death and significant life events can also be recorded next to the person to aid in understanding family dynamics. Issues such as substance abuse, domestic violence, mental health, criminal, and abuse and neglect can be indicated with a flag and initials of the issue, such as DV for domestic violence.

The quality and nature of each family relationship can be depicted using the lines shown in the table below between the individuals in the diagram:
Some helpful questions to aid in the gathering of information with the family and development of the Genogram portion of the FND include:

1. Who lives in your home?
2. Are there any other children not living in the home?
3. Do all the children have the same fathers?
4. If not, how helpful are the other fathers with the children?
5. If previously divorced, how much contact if any is there with the previous spouse’s family/extended family?
6. Are there extended family members that live close to you?
7. How do friends and extended family members feel about your decision to foster/adopt?
8. To whom do you go for advice?
9. Have a lot of people tried to give you their opinion about your decision to foster/adopt?
10. To whom would your child (children) listen to for advice?
11. In the past, to whom would you go for advice?
12. Who helps you out when you have challenges?
13. Have you experienced any recent losses (deaths, moves, divorces, fights, cutoffs, etc.) within the extended family, non-blood kin, or friendship network?
14. How do family and extended family interact?
15. How many people have stayed with you (even overnight) in the last year?
16. Who visits your home on a regular basis?
17. Do a lot of people turn to you for help? Who are they?
18. Who gets along with whom?
19. Who fights with whom?
20. Who would you say has the last word on things in your family?
21. Have any new people come into your life or your family in the past year from changes such as a marriage, new boyfriend or girlfriend, a new church or religion, an extended family member or other person who has moved in?
Ecomap

The Ecomap portion of the FND is a representation of the family in relation to the environment. The different domains of the social environment are shown by circles arranged in a semi-circular fashion around the circle of the main family unit. The nature of the relationship of the family, or individuals within the family, to each environmental domain is indicated by the type of line joining the family or individual to it. Included are all significant involvements that family members have (e.g., work, school, recreation, social groups, friends, church, health treatment, etc.).

The Ecomap is:
1. A very useful tool that is interactive and involves all household members; and
2. To be used with applicants as a way of engaging and teaming with all household members to reinforce the notion that fostering involves everyone in the family.

Developing the Ecomap:
1. Assuming the Genogram portion of the FND is complete, draw a circle around the family household unit.
2. The various environmental systems are then identified by discussion with the family and depicted with individual circles outside the family household unit circle. Families can be given the questions as an aid for a smoother process.
3. Using the same line legend as was done for the Genogram portion, draw appropriate lines to indicate:
   a. Those family members involved with the system. If all members are involved, the line would extend from the family household unit circle.
   b. The nature of the relationship. The flow of energy or involvement can be indicated by arrows either going towards or away from family members, or in both directions.
4. It may be useful to start with one of the adults and ask them in what activity they spend the largest amount of time/energy such as work. Then draw in the other individual activities (e.g., clubs, sports, friends, training, church, etc.) leaving the ‘whole of the family’ activities until last.
5. Continue until all significant systems have been mapped. For each individual family or household member, use a new color so they can be clearly recognized. It is also helpful to include or make note of who transports each child to school/extra curricular activities.
6. Use a new color to depict ‘whole of the family’ activities that are done together. Examples would be picnics, sports, BBQs, TV viewing, visiting relatives and friends.
7. If it is helpful, for very involved individuals, separate network diagrams can be made on additional sheets.

Some helpful questions to aid in the gathering of information with the family and development of the Ecomap portion of the FND include:

Neighborhood
1. How well do you know your neighbors?
2. What neighborhood activities do you attend?
3. Do your children play with other neighborhood children?
4. How long have you lived there?
5. What do you get from your neighborhood?
Community Services
  1. With which community organizations or agencies are you involved (e.g., Medical, Mental Health, Substance Abuse, Domestic Violence, Child Welfare, Political, Legal, Court, etc.)?
  2. How long have you been involved? What frequency?
  3. With whom do you have a relationship? Who gives you support?
  4. What services work best for you?
  5. How do you feel about your involvement?

Social Groups
  1. With which social groups are you involved (e.g., Church, Civic, YMCA, Bowling League, etc.)?
  2. How long have you been involved? What frequency?
  3. With whom do you have a relationship? Who gives you support?
  4. What services work best for you?
  5. How do you feel about your involvement?

Education
  1. Who in your family goes to school?
  2. How long? What is their status? What is their goal?
  3. How do they feel about it?
  4. With whom do you have a relationship? Who gives you support?

Significant Personal Relationships
  1. With whom do you have significant personal relationships (e.g., extended family members, friends, etc.)?
  2. How long has your relationship lasted?
  3. What do you do together?
  4. How do you feel about this relationship?
  5. What do you get from it?

Employment
  1. Who in your family works?
  2. How long? What is their status?
  3. How do they feel about it?
  4. With whom do they have a relationship? Who gives them support?

Interpretation of the Family Network Diagram

The following questions will aid in assessing the strengths and needs of the family with information from the Family Network Diagram.

  1. What is the family structure?
  2. Which members of the family network have been involved in the adoption/foster care preparation process?
  3. Who will need to be prepared for the adoption/foster care process?
  4. Which extended family members are a source of support and encouragement for the family?
  5. Which extended family members are sources of conflict for the family?
  6. What resources are available to this family to support the care of a foster or adoptive child? Special needs child?
7. What resources are lacking that would need to be in place to support the care of a special needs child?
8. Has the family demonstrated strengths in dealing with larger external systems?
9. What is the nature of the boundaries around this family?
10. What are current and future needs of this family?
STATEMENTS OF PURPOSE

When a child is removed from the home of the parent, guardian, or custodian, a combined Detention/Initial Hearing will be held no later than 48 hours after the removal, excluding Saturdays, Sundays, and certain legal holidays, to determine if the Indiana Department of Child Services (DCS) has continued authority to detain the child. The combined Detention/Initial Hearing will take place after a removal when there was no prior court approval. The Detention/Initial hearing will always be combined unless DCS requests a Detention Hearing to obtain a court order prior to taking custody of a child.

If the combined Detention/Initial Hearing is not held within 48 hours after the removal, DCS will return the child to his or her parent, guardian, or custodian.

**Exception:** If a child is taken into custody as a safe haven or abandoned infant, DCS will ensure that a Detention/Initial Hearing is held no later than the next business day after the child is taken into custody. See separate policy, 4.34 Safe Haven & Abandoned Infants.

DCS will hold an Initial Hearing within 10 business days after filing a Child In Need of Services (CHINS) petition when an In-Home CHINS is being pursued.

If the court chooses to schedule an additional Initial Hearing on a CHINS Petition, this hearing must be held within 30 calendar days of the date of the combined Detention/Initial Hearing or Initial Hearing. The court may issue an order granting an extension for documented extraordinary circumstances.

DCS will ensure that notice of the time, place, and purpose of the Detention/Initial Hearing is given to the following:

1. The child;

   **Note:** If there has been a Guardian Ad Litem (GAL)/Court Appointed Special Advocate (CASA)/attorney for the child, the child can be served “(child’s name) by (name of GAL/CASA/attorney).” If no one has been appointed to represent the child, the custodial parent will be served. If there is no custodial parent, the foster parent will be served. In any event, if the child is 14 years of age or over, the child will be directly served with notice.

2. The child’s parent (including noncustodial, absent, and alleged), guardian, or custodian, if the person can be located. See separate policies, 5.4 Noncustodial Parents and 5.6 Locating Absent Parents.
**Note:** The Family Case Manager (FCM) must be prepared to submit an Affidavit of Diligent Inquiry (SF 54778) or advise the court regarding the efforts to complete the ADI at the time of the Detention/Initial Hearing if a parent (including noncustodial and absent), guardian, or custodian are unable to be located.

3. The child’s CASA or GAL, if assigned;
4. The foster parent with whom the child has been placed; and
5. Any other person necessary for the proceedings.

**Note:** If a person receiving notice is a custodian of the child and is not a party to the case, DCS will give that person notice and a copy of the petition.

A person who is required to be notified will be given an opportunity to be heard and make recommendations to the court. If the child is too young, or for any other reason, unable to effectively communicate with the court, there should be sufficient information provided to the court by the DCS local office attorney detailing any special circumstance (e.g., physical or mental challenges) that may inhibit the child’s ability to communicate with the court.

If the child’s attendance at the hearings would neither benefit the child nor contribute to the proceedings, DCS will file a request for a court order to exclude the child from the proceedings.

DCS will ensure a summons is issued by the clerk of the court for subsequent hearings. For the Initial Hearing only, a copy of the CHINS petition must accompany each summons. DCS will personally deliver a copy of the petition and notice of the Detention/Initial Hearing to children alleged to be CHINS who have sufficient mental capacity to read and understand the contents of the document.

When a child is removed from his or her home, DCS will ensure that the following required federal language is included in the court order from the Detention/Initial Hearing:

1. It is in the child’s best interest to be removed from the home and that remaining in the home environment would be contrary to the health and welfare of the child;
2. Reasonable efforts were made or were not required to prevent or eliminate the removal; and
3. DCS has responsibility for the placement and care of the child.

**Note:** DCS staff attorneys should refer to the Juvenile Bench Book forms for guidance on ensuring the required federal language is included in the court order [http://www.in.gov/judiciary/center/2383.htm](http://www.in.gov/judiciary/center/2383.htm).

DCS will request separate hearings for parents if there are safety concerns.

**Code References**

1. [IC 31-34-2.5 Emergency Custody of Certain Abandoned Children](http://www.in.gov/code/title31/chapter34/article2.5)
2. [IC 31-34-5 Chapter 5. Detention Hearing](http://www.in.gov/code/title31/chapter34/article5)
3. [IC 31-34-6 Chapter 6. Detention of Alleged Child in Need of Services](http://www.in.gov/code/title31/chapter34/article6)
4. [IC 31-34-7-1 Preliminary inquiry](http://www.in.gov/code/title31/chapter34/article7.1)
5. [IC 31-34-10-2(h-k): Initial hearing; service of copy of petition and summons; schedule of initial hearing; notice; petition alleging a child is a child in need of services; additional initial hearings](http://www.in.gov/code/title31/chapter34/article10.2(h-k))
6. [IC 31-34-10-2: Initial hearing; service of copy of petition and summons](http://www.in.gov/code/title31/chapter34/article10.2)
7. [IC 31-34-10-6 Admission or Denial of Allegations of a Petition](http://www.in.gov/code/title31/chapter34/article10.6)
8. IC 31-34-10-9 Dispositional Hearing; factfinding hearing; consent
9. IC 31-34-2 Chapter 2. Taking a Child in Need of Services Into Custody

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Ensure the following forms are completed (if applicable):
   a. Taking Custody of a Child Without a Verbal Consent or Written Court Order: Description of Circumstances (SF 49584), if the child was removed without a court order,
   b. Assessment of Alleged Child Abuse or Neglect (SF 113), if the assessment was completed,
   c. Preliminary Inquiry and
d. Any other required forms or notices.

3. Obtain the date, time, and location of the Detention/Initial Hearing from the DCS Staff Attorney;
4. Request separate hearings be held for the parents if safety concerns exist;
5. Assist the parent, guardian or custodian and child (if appropriate) in understanding the allegations in the petition before the Detention/Initial Hearing;
6. Ask the parent, guardian, or custodian to sign the Summons and the Advisement of Rights. If they refuse to sign, notify the DCS Staff Attorney;
   
   **Note:** These documents are not required to be signed before proceeding with the Detention/Initial Hearing.

7. Attend the scheduled Detention/Initial Hearing;
   
   **Note:** The parent, guardian, or custodian will be given the opportunity to admit or deny the allegations of the petition at the combined Detention/Initial Hearing. See Tool 6.B: Statutory Definition of CHINS.

   a. If the party admits to the allegations, the court will proceed to Agreed Entry (if appropriate), or issue a court order adjudicating the child a CHINS; then, the Dispositional Hearing will be set. See separate policy, 6.7 Dispositional Hearing, or
   b. If the party denies the allegations, the court will set the matter for a Fact-Finding hearing and the FCM is required to attend the Fact-Finding Hearing. See separate policy, 6.3 Fact-Finding Hearing.
   
   **Note:** An Agreed Entry should not indicate an agreement that a child needs services without a factual basis.

8. Enter court hearing data in the Management Gateway for Indiana’s Kids (MaGIK) and document whether Best Interest/Contrary to the Welfare, Reasonable Efforts to prevent placement, and Placement and Care responsibility were included in the detention order.

The FCM Supervisor will:

1. Determine if it is appropriate for the child to be detained;
2. Ensure the CHINS petition is filed in a timely manner;
3. Assist the FCM, whenever necessary, to ensure that all Detention/Initial Hearing guidelines have been met. See separate policy, 6.4 Providing Notice; and
4. Assist the FCM in consulting with DCS Staff Attorney if the request to hold separate hearings is denied for the parents when appropriate.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. Preliminary Report of Alleged Child Abuse or Neglect (SF 114) – Available in MaGIK
2. Assessment of Alleged Child Abuse or Neglect (SF 113) – Available in MaGIK
3. Taking Custody of a Child Without a Verbal Consent or Written Court Order: Description of Circumstances (SF49584)
4. Preliminary Inquiry
5. Affidavit of Diligent Inquiry (SF54778)
6. 6B Tool - Statutory Definition of CHINS
7. 6A Tool - Legal Process Overview

**RELATED INFORMATION**

**CHINS Petition**
A written document alleging that the child is a child in need of services, and requesting the court to adjudicate the child as such. See Code References for further information.

**Summons**
A document notifying a person of the filing of a lawsuit against the person. In CHINS cases, a summons is served upon the parent, guardian, or custodian of the child alleged to be a CHINS.

**Preliminary Inquiry**
A written report, prepared by a FCM, including the child’s background, current status, and school performance. The report relates facts and circumstances establishing reason to believe the child is a CHINS.

**Detention**
An action taken by DCS that:
1. Restricts a parent’s access to their child;
2. Removes a child from his or her parent, guardian or custodian; or
3. Alters the composition of a household of a child that exceeds five (5) days.

**Initial Hearing**
A court hearing where the parent, guardian or custodian is advised of their rights, presented with the allegations in the CHINS petition and given the opportunity to admit or deny the allegations. The hearing is required within 10 days of filing a CHINS petition unless the child is detained and a Detention/Initial hearing is held within 48 hours of removal.

**Combined Detention/Initial Hearing**
A court hearing required within 48 hours of removal. This hearing represents the first of several steps in the adjudication and disposition of a CHINS case. The purpose of the combined Detention/Initial Hearing is for the court to determine whether DCS has probable cause to detain the child and to determine if the parent, guardian, or custodian admits or denies allegations set forth in the CHINS petition, and, if required, whether the child admits or denies the allegations.

**Note:** If the court chooses to schedule an additional initial hearing on a CHINS petition, this hearing must be held within 30 calendar days of the date of the Detention/Initial Hearing. The court may issue an order granting an extension for documented extraordinary circumstances.

**Reasonable Efforts**
The exercise of ordinary diligence and care by DCS to utilize all family preservation services available to:
1. Enable the child to live at home safely;
2. Effect the safe reunification of the child and family when it has been necessary to remove a child from the home to ensure immediate safety; or
3. Make and finalize the second Permanency Plan, if concurrent planning, in a timely manner when reunification is not appropriate or possible.

**Interpreter at Court**
If a sign or other foreign language interpreter is needed, then the FCM should communicate with the court so that appropriate arrangements for an interpreter can be made. It is not always possible for an interpreter to be present for the Detention/Initial Hearing, since the hearing must be held within 48 hours of removal. If this occurs, ask the court to set it for a continued Initial Hearing so an interpreter can be present. DCS also has the option of petitioning for the use of telephonic testimony.

**Agreed Entry**
An agreement by the child’s parents, based on factual information that a child(ren) is a CHINS.

**Required Court Order Language**
During the first hearing when the child is removed from the home, required court order findings Best Interest/Contrary to the Welfare, Reasonable Efforts to prevent placement, and Placement and Care responsibility – are issued. If, however, the court failed to issue Reasonable Efforts or Placement and Care findings during the first hearing, it must be issued at the time of the Initial CHINS Hearing in order to meet required state and federal statutes for Title IV-E. DCS staff attorneys should refer to the Juvenile Bench Book forms for guidance on ensuring the required federal language is included in the court order. For further information about court order language please see [http://www.in.gov/judiciary/center/2383.htm](http://www.in.gov/judiciary/center/2383.htm).
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will initiate a Child in Need of Services (CHINS) petition when there is sufficient reason(s) to believe that a child is a victim of abuse and neglect or the child has a CHINS condition such as experiencing physical or emotional maltreatment, neglect, or other conditions, such as abandonment.

The situation must meet one or more of the CHINS definitions as set forth in the Indiana Code (IC) under IC 31-34-1 through IC 31-34-1-11, and DCS must show that coercive intervention of the court is necessary to protect the child. See Tool 6.B: Statutory Definition of CHINS for further details.

DCS will ensure that a CHINS fact-finding hearing takes place when either parent or another named party has evidence regarding the condition of the child who is alleged to be a Child in Need of Services and who desires to contest the facts alleged in the DCS CHINS petition.

DCS will protect the confidentiality of information shared during court proceedings and the safety of a parent who is alleged to be a victim of domestic violence. This may include, but is not limited to:

1. Presenting addresses and contact information for the parent who is an alleged victim of domestic violence in a sidebar;
2. Requesting that confidential information regarding the parent who is an alleged victim of domestic violence not be read aloud in the court room;
3. Requesting that security escort the parent who is an alleged victim of domestic violence and/or alleged domestic violence offender in and out of the court room and to their vehicle, if necessary; and/or
4. Requesting that service providers redact their service reports prior to providing a copy to the alleged domestic violence offender.

Code References
1. IC 31-34-1: Circumstances Under Which a Child Is a Child in Need of Services
2. IC 31-34-9: Filing of Petition Alleging That Child Is Child In Need of Services

PROCEDURE

The Family Case Manager (FCM) will:

1. Ensure that the Management Gateway for Indiana’s Kids (MaGIK) Assessment Matrix supports the filing of a CHINS. See separate policy, 4.18 Initial Safety Assessment;
2. Conduct a diligent search (see Forms and Tools, Affidavit of Diligent Inquiry (SF 54778) if either of a child's parents are unable to be located. See separate policy, 5.6 Locating Absent Parents;
3. Ensure that the CHINS petition includes a request for the court to make findings of Best Interests/Contrary to the Welfare, Reasonable Efforts to prevent placement, and Placement and Care responsibility to DCS if the recommendation is that the child continue to remain out-of-home, or be removed from the home and placed in out-of-home care;

**Note:** The FCM must be prepared to submit an Affidavit of Diligent Inquiry (SF 54778) or an update as to the progress toward completion of the ADI to the court at the time of the Detention/Initial Hearing. See Separate Policy 5.6 Locating Absent Parents.

4. Ensure the following forms are completed:
   - Taking Custody of a Child without Verbal Consent or Written Court Order: Description of Circumstances (SF 49584), if the child was removed without a court order,
   - Preliminary Report of Alleged Child Abuse or Neglect (SF 114),
   - Assessment of Alleged Child Abuse or Neglect (SF 113), if the assessment is completed,
   - Preliminary Inquiry, and
   - Any other forms or notices in MaGIK that are required.

**Note:** In cases where domestic violence has been identified, the FCM will ensure that proper redaction of a-e below occurs. All redactions should be completed in conjunction with the DCS Staff Attorney.

5. Work with the DCS Staff Attorney to complete and file all documents necessary for court proceedings. See separate policy, 6.4 Providing Notice.
6. Request separate hearings be held for a parent who is an alleged victim of domestic violence and alleged domestic violence offender, when appropriate; and
7. Staff with Supervisor to determine next steps if request for separate hearings is denied.

The FCM Supervisor will:
   1. Assist the FCM, whenever necessary, to complete the required CHINS documents;
   2. Ensure the CHINS petition is filed in a timely manner; and
   3. Assist the FCM if the request to hold separate hearings is denied for the non-offending parent and alleged domestic violence offender, when appropriate.

### PRACTICE GUIDANCE

N/A

### FORMS AND TOOLS

1. Taking Custody of a Child without Verbal Consent or Written Court Order: Description of Circumstances (SF 49584)
2. Preliminary Inquiry
3. Preliminary Report of Alleged Child Abuse or Neglect (SF 114) – Available in MaGIK
4. Assessment of Alleged Child Abuse or Neglect (SF 113) – Available in MaGIK
5. Tool 6.B – Statutory Definition of CHINS
6. Affidavit of Diligent Inquiry (SF 54778)

RELATED INFORMATION

Child in Need of Services (CHINS)
This policy applies to any child, regardless of whether the child remains in his or her home
(referred to as an “in-home CHINS”) or is placed in out-of-home placement (referred to as an
“out-of-home CHINS”).

Coercive Intervention
The inability or unwillingness of the parent, guardian, or custodian to provide needed
supervision, safety, protection, and/or services for a child without a court order.

Rebuttable Presumption
An assumption made by a court, one that is taken to be true unless someone comes forward to
contest it and prove otherwise.

Affidavit of Diligent Inquiry (ADI)
A sworn statement that the individual made reasonable efforts to locate someone.

Standard of Evidence
1. Preponderance of the evidence: Having the greater weight of the evidence; the
superiority in weight of the evidence is more convincing (even if minimally) than the
evidence presented by the other party, i.e., more than 50% of the evidence; the CHINS
standard is “preponderance of the evidence.”

2. Clear and Convincing Evidence: as a standard of proof requires the existence of a fact
“to be highly probable.” This is the standard of proof used in termination of parental
rights cases.

3. Sidebar: a conversation held outside the hearing of the other persons present in the
court. It usually includes the attorney for the parties, the judge, and the court reporter
(who makes sure the conversation is recorded and becomes part of the case record).
STATEMENTS OF PURPOSE

The Fact-Finding hearing is the setting in which DCS must prove that the child has a condition as set forth in the Indiana Code (IC) under IC 31-34-1-1 through IC 31-34-1-11; DCS must show that the situation meets one or more of the Child In Need of Services (CHINS) definitions as set forth in the Indiana Code under IC 31-34-1-1 through IC 31-34-1-11, and DCS must show that coercive intervention of the court is necessary to protect the child. See Tool 6.B: Statutory Definition of CHINS for further details.

DCS will ensure that a CHINS fact-finding hearing takes place when either parent or another named party has evidence regarding the condition of the child who is alleged to be a Child in Need of Services and who desires to contest the facts alleged in the DCS CHINS petition.

DCS will provide notice of any Fact-Finding Hearing to all parties to the case and the resource parent or other caretaker with whom the child has been placed for temporary care. See separate policy, 6.4 Providing Notice.

DCS will request separate hearings for the parents if there are safety concerns, when appropriate.

DCS will protect the confidentiality of information shared during court proceedings and the safety of the non-offending parent. This may include, but is not limited to:
1. Presenting addresses and contact information for the parent who is an alleged victim of domestic violence in a sidebar;
2. Requesting that confidential information regarding the parent who is an alleged victim of domestic violence not be read aloud in the court room;
3. Requesting that security escort the parent who is an alleged victim of domestic violence and/or alleged domestic violence offender in and out of the court room and to their vehicle, if necessary; and/or
4. Requesting that service providers redact their service reports prior to providing a copy to the alleged domestic violence offender.

Code References
1. IC 31-34-1-1 Inability, refusal, or neglect of parent, guardian, or custodian to supply child with necessary food, clothing, shelter, medical care, education, or supervision
2. IC 31-34-5-1: Time for hearing; notice
3. IC 31-34-10-6: Admission or Denial of Allegations of a Petition
4. IC 31-34-10-9: Dispositional Hearing, Factfinding Hearing: consent
5. IC 31-34-11-1: Factfinding Hearing on Child in Need of Services (CHINS)
PROCEDURE

The FCM will:

1. Obtain the date, time, and location of the Fact-Finding Hearing from the DCS Staff Attorney;

   **Note:** The Fact-Finding Hearing will be held within 60 calendar days from the date the CHINS petition was filed. A pretrial conference may be ordered by the court, and under some limited circumstances an additional 60 calendar days is allowed. See Related Information for further details.

2. Request separate hearings be held for the non-offending parent and alleged domestic violence offender, when appropriate.

3. Attend the scheduled hearing:

   **Note:** If the court determines that the child is a CHINS, they will proceed to the appropriate hearing. If the court determines that the child is not a CHINS, the case will be dismissed.

4. Enter court hearing data in the Management Gateway for Indiana’s Kids (MaGIK). If Reasonable Efforts to prevent placement or Placement and Care responsibility findings are issued for the first time at this hearing, assure that this is entered in MaGIK.

The Supervisor will:

1. Assist the FCM, whenever necessary, to ensure that all Fact-Finding Hearing requirements have been met. See separate policy, 6.4 Providing Notice.

2. Assist the DCS Staff Attorney with hearing preparation, including ensuring that the FCM is prepared to provide testimony during the Fact-Finding Hearing.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Preliminary Inquiry – Available in MaGIK
2. Assessment of Alleged Child Abuse or Neglect (SF 113) – Available in MaGIK
3. Tool 6.B: Statutory Definition of CHINS
4. Affidavit of Diligent Inquiry (SF 54778)

RELATED INFORMATION

Fact-Finding Hearing Requirements
The juvenile court will complete a Fact-Finding Hearing not more than 60 calendar days after a petition alleging that a CHINS is filed. The juvenile court may extend the time to complete a
Fact-Finding Hearing for an additional 60 calendar days if all parties in the action consent to the additional time.

If the Fact-Finding Hearing is not held immediately after the Detention and Initial Hearing, the department will provide notice of any Fact-Finding Hearing to each party and resource parent or other caretaker with whom the child has been placed for temporary care, unless the court provided written notice at a previous hearing. The court will provide a person who is required to be notified an opportunity to be heard at the Fact-Finding Hearing.

As mentioned in 6.2 Filing a CHINS Petition, the Detention/Initial Hearing should have federally required findings included in the order for IV-E eligibility determination. The court order language includes Best Interest/Contrary to the Welfare, Reasonable Efforts, and Placement and Care for criteria purposes. The Detention/Initial Hearing also allows the FCM to gather pertinent information for the IV-E eligibility criteria that may have been previously missed or not available.
STATEMENTS OF PURPOSE

In a manner consistent with the Indiana Trial Rules, the Indiana Department of Child Services (DCS) will give written notice of lawsuit, Child In Need of Services (CHINS) hearings, Termination of Parental Rights (TPR) hearings, by mail or personal service to the following:

1. The child;
   
   **Note:** If the child’s attendance at the hearings would neither benefit the child nor contribute to the proceedings, DCS will file a request for a court order to exclude the child from the proceedings. To remove the obligation of DCS to provide notice to the child, the order must specifically address the issue.

2. Each parent, guardian, or custodian and Attorney of record;
3. Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL); and
4. Resource parent(s) or long-term resource parent.

   **Note:** In Case Reviews and Permanency Hearings, notice must be sent to any fit and willing relative or person who the department knows has had a significant relationship with the child. If required consent to adoption has been received or Termination of Parental Rights (TPR) filed, notice must also be sent to prospective adoptive parent(s).

Providing proper notice that permits CHINS and TPR cases to proceed is the responsibility of the DCS Staff Attorney, who is to provide such legal notice pursuant to the Indiana Trial Rules. In addition, notice of particular hearings must be provided 10 calendar days prior to the hearing for the following:

1. Periodic Case Review Hearings;
2. Permanency Hearings; and
3. Termination proceedings.

DCS will use one (1) of the following methods for serving notice of a hearing:

1. **Mail** – Notice may be given by mail, if the notice is deposited in the mail at least ten (10) calendar days prior to the scheduled hearing;

   **Note:** Notice to incarcerated parties must be sent, in care of the superintendent of the facility:
   a. CHINS Petition,
   b. Advisement of Rights, and
   c. Notice of all hearings.
2. Verbal – Verbal notice may be given, if the scheduled court hearing is less than 48 hours after the time the hearing is set by the court, excluding Saturdays, Sundays, and certain legal holidays. DCS requires verbal notice\(^1\) (i.e., date, time, location, and purpose of the proceeding) to the person who is required to be notified. The person providing verbal notice must verify by affidavit, testimony, or other communication to the court at the hearing that verbal notice was given as required.

**Note:** Notice by DCS is not required if verbal notice of the date, time, location, and purpose of the proceeding is given by the court at an earlier hearing or proceeding at which the individual to be notified is present.

DCS will provide notice of a planned placement change to affected parties when the child has been in the same placement for at least 12 months. The affected parties have a right to file an objection to the placement change within 15 days.

**Note:** The child’s placement may not be changed prior to the court’s order, unless safety cannot be ensured.

### Code References
1. IC 31-32-1-4: Notice of Court Proceedings
2. IC 31-32-1-4(f): Juvenile Court Procedures
3. IC 31-34-5-1: Time for Hearing; notice
4. IC 31-34-10-2: Initial hearing; service of copy of petition and summons
5. IC 31-34-11-1: Hearing requirements; extension of time; notice; opportunity to be heard
6. IC 31-34-19-1.3: Notice of disposition of hearing; duties of court
7. IC 31-34-21-4: Notice of case review; testimony in periodic case review
8. IC 31-34-21-4.6: Long Term Foster Parent
9. IC 31-34-22-2: Providing copies of reports and factual summaries of reports
10. IC 31-35-2-6.5: Notice of Hearing (Termination Cases)
11. IC 31-34-23-3 Notice and hearing requirements; temporary order for emergency change in child’s residence

### PROCEDURE

The FCM will:
1. Provide verbal notice of hearings to all appropriate parties in a timely manner; and
2. Notify the DCS Staff Attorney when a placement change is planned and ensure the attorney is aware that the child has been in the current placement for at least 12 months.

The DCS Staff Attorney will:
1. Obtain contact information for all parties, from the FCM;
2. Ensure that the appropriate parties have been notified of each hearing via mail or verbally; and
3. Provide notice of placement change to the affected parties when the child has been in their current placement for at least 12 months.

### PRACTICE GUIDANCE

\(^1\) The notice cannot be left on voice mail or with other persons not a party to the proceeding.
Right to be Heard
Resource parents who are required to be notified, also have the right to be heard in all court proceedings pertaining to a child in their care.

Long-Term Resource Parent
A resource parent who has provided care and supervision for a child for at least:
1. The 12 most recent months;
2. 15 months of the most recent 22 months; or
3. Six (6) months, if the child is less than twelve months of age.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will file a Petition for Parental Participation (PPP) for any child that a court adjudicates as a Child in Need of Services (CHINS) case. DCS will ensure the parent, guardian, or custodian receives a copy of the Parental Participation Decree (PPD).

Code References
1. IC 31-32-13: Issuance of Orders
2. IC 31-32-14: Contempt of Court
3. IC 31-34-16: Petition for Parental Participation
4. IC 31-34-20-3: Order for participation by parent, guardian, or custodian in program of care, treatment, or rehabilitation for child

PROCEDURE

The Family Case Manager (FCM) will:
1. Assist the DCS Staff Attorney with writing the PPP, which must allege the following:
   a. The respondent is the child's parent\(^1\), guardian, or custodian,
   b. The child has been adjudicated a CHINS, and
   c. The parent, guardian, or custodian is required to do one or more of the following:
      1) Obtain assistance in fulfilling obligations as parent, guardian, or custodian,
      2) Provide specified care, treatment, or supervision for the child,
      3) Work with a person providing care, treatment, or rehabilitation for the child, or
      4) Refrain from direct or indirect contact with the child.
      5) Maintain regular contact with DCS about changes in address, telephone number, or employment status.
2. Verify the PPP by signing the following statement: I hereby affirm under penalties for perjury that the foregoing representations are true;
3. Ensure the petition is prepared before or at the same time the Predispositional Report (PDR) is filed with the court; and
4. Provide a copy of the Parental Participation Decree (PPD) to the parent, guardian, or custodian, and place a copy in the case file.

\(^1\) This may include an alleged parent for purposes of IC 31-34-1, IC 31-34-8, IC 31-34-16, IC 31-34-19, IC 31-34-20.
Note: If the parent, guardian, or custodian fails to participate in court ordered services, document the reason(s) to support a Motion for Rule to Show Cause why the parent should not be held in contempt with the DCS Staff Attorney by affidavit. See Related Information for further details.

The FCM Supervisor will work with the FCM to ensure that the text of the PPP is appropriate for the court case.

1. The PPP should relate to the needs of the child and family. In the event that the child is removed from the care of the parents, the PPP should require activities that, if taken, would improve the parents’ ability to alleviate the condition(s) that led to the removal of the child.

2. In the event the parent, guardian, or custodian fails to comply with the PPD, the DCS Staff Attorney shall file a Motion for Rule to Show Cause with the court unless the Local Office Director gives specific instruction to the DCS Staff Attorney not to do so.

### PRACTICE GUIDANCE

N/A

### FORMS AND TOOLS

Predispositional Report (PDR) – available in MaGIK

### RELATED INFORMATION

**Rule to Show Cause**
The Verified Motion for Rule to Show Cause is a motion to the court that documents a parent, guardian, or custodian’s failure to participate in court-ordered programs or services. The DCS Staff Attorney can file a motion for Rule to Show Cause. The court will review the motion and supporting affidavat. If the court issues a Rule to Show Cause, the court will set a hearing and may find the parent, guardian, or custodian to be “in contempt of court” for not participating or enter an additional order for modification or enforcement of the PPD.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 6: Court  
Effective Date: July 1, 2019

Section 6: Predispositional Report (PDR)  
Version: 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will prepare a Predispositional Report (PDR) at least 10 calendar days prior to the Dispositional Hearing for any child that a court adjudicates a Child in Need of Services (CHINS).

DCS will confer with appropriate individuals who have expertise in professional areas related to the child’s needs when preparing the PDR. DCS will ensure the PDR contains the following:

1. Statement of the needs of the child for care, treatment, rehabilitation, or placement;
2. A description of the due diligence efforts made to identify all adult relatives of the child, including ongoing efforts for a child in an out-of-home placement throughout the life of the case;
3. Recommendation for the care, treatment, rehabilitation, or placement of the child;
4. Financial Report on the parent(s) and child. See separate policy, 2.20 Establishment of Child Support Orders and Child Support Obligation Worksheet;
5. Nature and extent of appropriate participation by parent, guardian, or custodian, including recommended services and visitation (including alternate forms of contact). See separate policies, 5.10 Family Services and 8.12 Developing the Visitation Plan for additional information;
6. Legal Settlement Information (i.e., city and state of current residence of custodial parent or other caretaker when applicable);
7. Information about Child and Family Team (CFT) Meetings or Case Plan Conferences held and their outcomes, including any information about a second Permanency Plan for the child, if concurrent planning. See separate policy, 5.15 Concurrent Planning; and
8. Information gathered from the resource parent during preparation of the report and any recommendations of the resource parent.

The following individuals may prepare an alternative report for consideration by the court:

1. The child, based upon age and developmental level; and
2. The child’s:
   a. Parent, guardian, or custodian,
   b. Resource parent, and
   c. Court Appointed Special Advocate (CASA)/ Guardian ad Litem (GAL).

Code References
1. IC 31-34-18: Predispositional Report
2. IC 31-34-20-5: Determination and Reporting of legal settlement of child

PROCEDURE
The Family Case Manager (FCM) will:

1. Confer with the resource parents and other appropriate individuals who have expertise in professional areas related to the child’s needs including but not limited to:
   a. DCS,
   b. The child’s school,

   **Note:** If the child is eligible for special education services or placement, consultation with the school is mandatory.

   c. Probation Department,
   d. A community mental health center,
   e. A community developmental disabilities centers,
   f. CFT, and/or
   g. Other persons as the court may direct.

2. Prepare the **PDR** using the form provided in the legal forms database (QUEST). The form is also available in the Management Gateway for Indiana’s Kids (MaGIK). Ensure the **PDR** contains all required information as listed in **Statements of Purpose**;

3. Seek Supervisor review and approval of the **PDR**;

4. Sign and submit the **PDR**; Coordinate with the DCS Staff Attorney to file the **PDR** in a timely manner, according to the county’s court procedure;

5. Provide a copy of the **PDR**, 10 calendar days prior to the Dispositional Hearing, to:
   a. Each attorney, GAL, or CASA representing the child,
   b. The attorney representing each child’s parent, guardian, or custodian, and
   c. Resource parent (not statutory but listed on the **PDR**).

   **Note:** The court may determine on the record that the **PDR** contains information that should not be released to the child or the child’s parent, guardian, or custodian. In that event, the court may provide a factual summary of the report to that individual.

6. Input and document information of household members and their relationships to one another, including income sources and amounts, and financial resources. Gathering and reporting information in MaGIK at the time of the child’s removal from the home will ensure greater accuracy when determining the child’s eligibility for federal funding to cover the costs of out-of-home care.

7. Attach a **Case Plan (SF 2956)** to the **PDR** if it has been completed and was not previously submitted to the court.

The FCM Supervisor will approve and sign the **PDR**.

The DCS Staff Attorney will file the **PDR in accordance with the county’s court procedure**.

**PRACTICE GUIDANCE**

The court may incorporate the DCS **PDR** into its dispositional order.

**FORMS AND TOOLS**

1. **Predispositional Report (PDR)** – Available in MaGIK
2. Child Support Obligation Worksheet
3. Case Plan (SF 2956) – Available in MaGIK

**RELATED INFORMATION**

The PDR should include specific detail regarding the persons living in the household of the removed child. Details that should be included:

1. The relationship of these persons to the removed child;
2. Each parent’s place of residence;
3. Sources and amounts of income and resources for each household member in the month the child was removed; and
4. Any diagnosed physical or mental illness of one or both of the parents

**Note:** These details will be used in determining a child’s eligibility for Title IV-E Foster Care and/or Title IV-A Emergency Assistance.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will attend and participate in a Dispositional Hearing for every child adjudicated as a Child in Need of Services (CHINS).

**Note:** The juvenile court will complete a Dispositional Hearing not more than 30 days after the date the court finds that a child is a CHINS, to consider the following:
1. Alternatives for the care, treatment, rehabilitation, or placement of the child;
2. The necessity, nature, and extent of the participation by a parent, guardian, or custodian in the program of care, treatment, or rehabilitation for the child;
3. The financial responsibility of the parent or guardian of the estate for services provided for the parent or guardian or the child; and
4. Legal settlement of the child for school attendance, if the child has been removed from the home.

When a child is removed from his or her home, DCS will ensure that the following required federal language is included in the court order from the first hearing that authorizes the removal of the child:
1. It is in the best interest of the child to be removed from the home environment and remaining in the home would be contrary to the health and welfare of the child;
2. Reasonable efforts have been made to prevent or eliminate the need for removal or the child OR reasonable efforts to prevent removal of the child were not required because of the emergency nature of the situation; and
3. DCS is given responsibility for the “placement and care” of the child.

See separate policies, 6.4 Providing Notice and 6.6 Predispositional Report

**Code References**

IC 31-34-19: Dispositional Hearing

**PROCEDURE**

Prior to the Dispositional Hearing, the Family Case Manager (FCM) will:
1. Follow all procedures contained in separate policy 6.6 Predispositional Report; and
2. Follow all procedures related to providing notice contained in a separate policy 6.4 Providing Notice.

If the child is first removed and placed in out of home care at the time of the Dispositional Hearing, the FCM should enter court hearing data in the Management Gateway for Indiana’s Kids (MaGiK) to ensure that the issuance of court order language regarding Reasonable Efforts and Placement and Care responsibility, which is necessary for determining the child’s eligibility for federal funding to cover the costs of out-of-home care is reflected.
The Supervisor will assist the FCM in preparation for the Dispositional Hearing and ensure that the court order findings are appropriately documented in MaGIK.

### PRACTICE GUIDANCE

N/A

### FORMS AND TOOLS

- **Predispositional Report (PDR)** – Available in MaGIK

### RELATED INFORMATION

**Dispositional Hearing**
The purpose of the Dispositional Hearing is for the court to enter a Dispositional Decree in the case and consider the alternatives for the plan of care, treatment, rehabilitation, and placement of the child which best address the specific case and the child’s needs.

**The Dispositional Hearing’s Findings and Conclusions**
The court will accompany the court's Dispositional Decree with written findings and conclusions upon the record concerning the following:

1. The needs of the child for care, treatment, rehabilitation, or placement;
2. The need for participation by the parent, guardian, or custodian in the plan of care for the child;
3. Reasonable Efforts have been made, if the child is a CHINS, to:
   a. Prevent or eliminate the need for removal of the child, or
   b. Prevent removal of the child were not required because of the emergency nature of the situation.
4. Family services that were offered and provided to:
   a. A CHINS, or
   b. The child's parent, guardian, or custodian.
5. The court's reasons for the plan of care, treatment, rehabilitation, or placement of the child as ordered or approved by the court; and
6. DCS is given responsibility for placement and care of the child.

---

**Note:** The juvenile court may incorporate a finding or conclusion from a Predispositional Report as a written finding or conclusion upon the record in the court's Dispositional Decree under IC 31-34-19-10(b).

The FCM must update hearing information in MaGIK when the court issues findings regarding Reasonable Efforts to Finalize the Permanency Plan and Placement and Care responsibility for a child that is already placed in out-of-home care. These findings are necessary for determining the child’s ongoing eligibility for federal funding.

**Effective January 1, 2009**
Prior to the Dispositional Decree, if a CHINS Court disagrees with the placement, service(s), or program(s) offered, implemented or not offered by DCS, the Court is required to give the option recommended by the court to DCS for consideration. DCS will be given three (3) days from...
when DCS receives the court’s order to consider the option recommended by the court and provide a report to the court. The report will let the court know what decision has been made as to the recommended placement, program or service and why. If the court continues to disagree, an Order may result. DCS must follow the order of the court but will have an opportunity to appeal the decision, if applicable.

After the Dispositional Decree, if a CHINS court disagrees with the placement, service(s) or program(s) offered, implemented or not offered by DCS, the court is required to give the option recommended by the court to DCS for consideration. DCS will have seven (7) days from the date it receives the order to reconsider the option and provide a supplemental Predispositional Report (PDR) to the court. The supplemental PDR will let the court know what decision has been made as to the recommended placement, program or service and why. If the court continues to disagree, an order may result. DCS must follow the order of the court but will have an opportunity to appeal the decision, if applicable.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 6: Court Involvement

Effective Date: July 1, 2019

Section 8: Three Month Progress Report

Version: 6

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will prepare and submit to the court a Progress Report for every child with an open Child In Need of Services (CHINS) case under the care and supervision of DCS, as follows:

1. Every three (3) months after the Dispositional Decree; and
2. At any time after the date of an original Dispositional Decree, the court may order DCS to file a Progress Report on the progress made in implementing the decree.

Note: If modification of the Disposition Decree is recommended, DCS will prepare a Modification Report containing the information required and submit it to the DCS Staff Attorney so a formal court hearing may be requested.

The Progress Report will include information regarding progress made toward achieving permanency; youth voice; visitation with the parent, guardian or custodian and siblings; status of parent, guardian or custodian’s progress in meeting parenting tasks consistently; and the diligent efforts of DCS to identify and locate all adult relatives of the child throughout the life of the case. If DCS receives information indicating a parent, guardian, or custodian may have violated a Dispositional Decree, including positive results of a drug or alcohol screen, the information will be included in the Progress Report. DCS will consult with the resource parent(s) and include the information gathered and resource parent recommendations in the Progress Report. See Related Information for further details.

DCS will submit a Progress Report to the court at least 10 days prior to a Periodic Case Review Hearing.

DCS will make a copy of the Progress Report available to the following and provide proof of service at the case review:

1. The child/youth, based upon age and developmental level;
   
   Note: All youth age 14 and older, have the right to participate in court and should receive a copy of the Progress Report.

2. The child’s parent, guardian, or custodian;
   
   Note: The court may also provide a factual summary of the Progress Report to the child’s parent, guardian, custodian, or resource parent.

3. An attorney who has entered an appearance on behalf of the child’s parent, guardian, or custodian;
4. Resource parent(s);
5. Prospective adoptive parent named in a petition for adoption of the child if:
a. Each consent to adoption of the child has been signed and received by the DCS local office,
b. The court having jurisdiction in the adoption case has determined that consent to adoption is not required from a parent, guardian, or custodian, or
c. A petition has been filed to terminate the parent-child relationship between the child and any parent who has not signed a written consent to adoption.

6. Any other suitable relative or person who has a significant or caretaking relationship with the child;
7. Court Appointed Special Advocate (CASA) and/or Guardian ad Litem (GAL); and
8. Long-term Resource Parent, if applicable. See Related Information for further details.

**Exception:** If the court determines, on the record, that the Progress Report contains information that should not be released to any person who is otherwise entitled to receive a Progress Report, the court is not required to make the Progress Report available to that person. The court may provide the individual with a redacted copy of the report. However, the court will provide a copy of the Progress Report to the following:
   1. Each attorney or CASA/GAL representing the child; and
   2. Each attorney representing the child's parent, guardian, or custodian.

**Code References**

1. **IC 31-34-20-7 Provision of information by department of child services**
2. **IC 31-34-21-1: Progress reports; procedure for modification of decree**
3. **IC 31-34-21-4: Notice of case review; testimony in periodic case review**
4. **IC 31-34-21-4.6: “Long term foster parent”**
5. **IC 31-34-22: Reports Required for Reviewing Dispositional Decrees**

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Consult with the parent, guardian, custodian, resource parent, and any other professionals who have expertise related to the child and family’s needs;
2. Prepare the Progress Report (see Practice Guidance for additional information);
3. Attach any additional reports to the Progress Report, including positive results of a drug or alcohol screen, indicating a parent, guardian, or custodian may have violated the Dispositional Decree;

**Note:** A summary of all significant changes that may have been addressed during a Child and Family Team (CFT) meeting is sufficient as opposed to attaching the entire CFT Notes document for the court. Youth age 14 and older should have a Youth Report to the Court completed and submitted to the court by the youth if the youth is unable to attend the court hearing.

4. Obtain supervisory approval and signature;
5. Sign the Progress Report;
6. Coordinate the filing of the Progress Report with the court;
7. Make a properly redacted copy of the Progress Report available to all appropriate parties and persons; and
8. Update the child’s and/or family’s information in the Management Gateway for Indiana’s Kids (MaGIK) as needed when changes occur regarding income and resources, parent’s place of residence, and household membership.

The FCM Supervisor will:
1. Review and make any recommendations regarding the Progress Report; and
2. Approve and sign the Progress Report.

**PRACTICE GUIDANCE**

**Report Content**
The Progress Report should address the following elements. The court will consider these elements when making its determinations, including but not limited to:

1. **Services** -
   a. Documentation of services offered and/or provided to the child or the parent, guardian, or custodian, the dates of the services, and the outcome,

   **Note:** Documentation of appropriate community services and treatment (including services available to an incarcerated parent through the facility) should also be included.

   b. Health and educational information, and
   c. Any additional services required for the child or the child’s parent, guardian, or custodian and the nature of those services.

2. **Visits** -
   a. The extent to which the parent, guardian, or custodian (including noncustodial and incarcerated parents) has visited the child, including the reasons for infrequent visitation, if applicable,

   **Note:** The report should include any alternative forms of contact included in the Visitation Plan. See separate policies, 8.12 Developing the Visitation Plan and 8.13 Implementing the Visitation Plan for additional information.

   b. If siblings are separated, the extent to which sibling visits are occurring, including reasons for infrequent visitation, if applicable.

3. **Compliance and Cooperation** -
   a. The extent to which the parent, guardian, or custodian has cooperated with, participated in, and benefited from DCS Court Ordered services with DCS or the Probation Department, and

   b. Whether DCS, the child/youth, and the parent, guardian, or custodian has complied with the Dispositional Decree, including any court ordered services outlined in the Case Plan (SF 2956) (to be attached when necessary).

4. **Child’s Placement** - (if the child is placed in out-of-home care)
   a. Whether the child is in the least restrictive, most family-like setting,
   b. Whether the child is placed close to the home of the child’s parent, guardian, or custodian,
   c. Whether siblings are placed together,
d. Whether the child is placed in proximity to the school in which they were enrolled in at the time of removal,
e. An explanation as to why, if these conditions are not met, including efforts being made to find a more appropriate placement if applicable.

**Note:** On-going diligent efforts to identify all adult relatives of the child must be included.

5. **Outcomes** -
   a. The extent to which the causes for the child’s out-of-home placement or supervision have been alleviated,
   b. The extent to which the parent, guardian, or custodian has enhanced his or her ability to fulfill parental obligations including if there are any limitations due to mental or physical disabilities as well as changes in employment status,
   c. Parent(s) current living arrangement,
   d. The extent to which a child’s education and health is improved,
   e. Age appropriate programs and/or extracurricular activities the child/youth is involved,
   f. Completed **Youth Report to the Court** form for youth age 14 and older who are unable to attend a court hearing,
   g. Diligent search including search for Another Planned Permanent Living Arrangement (APPLA) for youth age 16 and older, and documentation to support why other permanency plan options are not in the best interest of the child/youth, and
   h. A summary of all CFT Meeting notes including significant changes that occurred between court hearings.

6. **Consultations** –
   a. List all professionals consulted, their relationship to the child, and recommendations,
   b. Identify all persons who are part of the CFT, their relationship to the child, each meeting coordinated with them, and recommendations, and
   c. Gather and include pertinent information and recommendations from the resource parent(s).

7. **Recommended Plan of Care** -
   a. Treatment,
   b. Rehabilitation,
   c. Permanency Plan, and
   d. Placement for the child.

---

**FORMS AND TOOLS**

1. **Progress Report** - Available in MaGIK
2. **Modification Report** - Available in MaGIK
3. **Case Plan (SF 2956)** - Available in MaGIK
4. **Youth Report to the Court** - Available in MaGIK

---

**RELATED INFORMATION**
**Redaction**
The process of removing or concealing confidential or sensitive information from a document prior to release of the document. Redacted documents should be thoroughly reviewed by a DCS attorney prior to disclosure.

**Long-term Resource Parent**
A resource parent who has provided care and supervision for a child for at least:
1. The 12 most recent months;
2. 15 months of the most recent twenty-two (22) months;
3. Six (6) months, if the child is less than twelve months of age.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will participate in a Periodic Case Review Hearing:
1. Six (6) months after the date of the child’s removal from the child’s parent, guardian, or custodian or after the date of the Dispositional Decree, whichever comes first; and
2. Every six (6) months thereafter; or
3. More often if ordered by the court.

Note: Additional Periodic Case Review Hearings are encouraged and may be held upon order of the Court.

DCS will provide notice of a Periodic Case Review Hearing at least 10 calendar days before the hearing to the following:
1. The child;
2. The child’s parent, guardian, or custodian;
3. An attorney who has entered an appearance on behalf of the child’s parent, guardian, or custodian;
4. Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL);
5. Resource parent\(^1\) or long-term resource parent. See Related Information for further details; and
6. Witnesses for the hearing.

DCS will prepare a Progress Report for the Periodic Case Review Hearing. For additional information regarding the report, see separate policy, 6.8 Three Month Progress Report.

The permanency plan for the child and the child’s views on his or her permanency in the Progress Report prepared for the Periodic Case Review Hearing.

Code References
1. IC 31-34-21-2: Periodic case review
2. IC 31-34-21-3: Progress report required before case review
3. IC 31-34-21-4: Notice of case review; testimony in periodic case review
4. IC 31-34-21-4.6: Long-term Foster Parent
5. IC 31-34-21-5: Determination; findings
6. IC 31-34-21-7: Permanency Hearing
7. 42 USC 675 Section 475 (5)(B)

PROCEDURE

\(^1\) For purposes of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver.
The Family Case Manager (FCM) will:
1. Convene a Child and Family Team (CFT) meeting to review the permanency plan and develop a Case Plan (SF 2956). See Practice Guidance;
2. Provide the Progress Report to the court. See separate policy, 6.8 Three Month Progress Report;
3. Ensure required parties are notified of the periodic review hearing and receive the Progress Report at least 10 calendar days prior to the hearing. See separate policy, 6.4 Providing Notice;
4. Attend and participate in the Periodic Case Review Hearing for a child:
   a. Six (6) months after the date of the child’s removal from the child’s parent, guardian, or custodian or after the date of the Dispositional Decree, whichever comes first; and
   b. Every six (6) months thereafter; or
   c. More often if ordered by the court.
5. Enter court hearing data in the Management Gateway for Indiana’s Kids (MaGIK) including the court’s findings related to Reasonable Efforts toward the Permanency Plan.

The FCM Supervisor will:
1. Review and approve the Case Plan (SF 2956) and the Progress Report;
2. Assist the FCM in preparation for the Periodic Case Review Hearing; and
3. Ensure all required data and court findings were entered into MaGIK.

**PRACTICE GUIDANCE**

**Factors to Discuss During the CFT meeting to prepare for the Periodic Case Review Hearing**

1. Determine the child's future status (e.g., whether the child is to return to his or her parent, guardian, or custodian, continue in out-of-home care, be placed for adoption, with an appointed legal guardian, with a fit and willing relative, or under another planned permanent living arrangement).
2. Determine whether it is in the child’s best interest for the juvenile court to retain jurisdiction;
3. Determine whether an existing Permanency Plan will be modified, taking into account the recommendations of individuals who have a significant relationship with the child. See separate policies, 6.10 Permanency Plan, and 5.8 Developing a Case Plan;
4. Evaluate whether continuation of the decree with or without modification has a reasonable chance of success;
5. Identify procedural safeguards used by DCS to protect parental rights;
6. Determine whether DCS has made Reasonable Efforts to finalize the Permanency Plan that is in effect;
7. Determine whether responsibility for Placement and Care of the child should remain with DCS; and
8. Identify objectives of the Dispositional Decree that have not been met.

Note: Include all court ordered services and recommended treatment plans and the extent to which they are completed. Additionally, include all relationship opportunities between a parent and the child, including a noncustodial and/or incarcerated parent.
**Child’s Voice in Permanency Planning**

The CFT should have a meaningful and informed discussion with the child regarding his or her views on leaving the current home and how he or she feels about reunification, adoption, guardianship, another planned permanent living arrangement, or placement with a fit and willing relative. The child’s views should be taken into consideration when reviewing and revising the permanency plan.

**FORMS AND TOOLS**

1. **Notice of Periodic Case Review (SF 48997)** – Available in MaGIK
2. **Progress Report** - Available in MaGIK
3. **Case Plan (SF 2956)** – Available in MaGIK

**RELATED INFORMATION**

**Reasonable Efforts to Preserve and Reunify Families**

In determining the extent to which reasonable efforts to reunify or preserve a family are appropriate, the child’s health and safety are of paramount concern.

DCS will make Reasonable Efforts to preserve and reunify families as follows:

1. Efforts to prevent or eliminate the need for removing the child from the child's home if the child has not been removed from his or her home; and
2. Efforts to make it possible for the child to return safely to his or her home as soon as possible if the child has been removed;

**Resource Parent**

For purposes of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver.

**Long-term Resource Parent**

A resource parent who has provided care and supervision for a child for at least:

1. The 12 most recent months;
2. Fifteen (15) months of the most recent 22 months; or
3. Six (6) months, if the child is less than twelve months of age.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will identify and recommend to the court a Permanency Plan for every child/youth adjudicated as a Child in Need of Services (CHINS). A second Permanency Plan will be identified if concurrent planning is appropriate (see separate policy, 5.15 Concurrent Planning). All decisions made by DCS shall be made in consideration of the best interests of the child.

The Permanency Plan will be identified in the Case Plan (SF 2956) no later than 45 days after the date the child/youth is removed from the home or date of disposition, whichever comes first.

DCS will make reasonable efforts to reunify the child/youth with his or her family unless the court finds that reasonable efforts to reunify are not required.

**Note:** If the court determines no reasonable efforts are required, a Permanency Hearing must be held within 30 days of the finding.

When reunification is not appropriate or possible, DCS will make and recommend to the court a second Permanency Plan in a timely manner. DCS will seek court approval of all Permanency Plans and subsequent changes.

**Note:** The Permanency Plan of another Planned Permanent Living Arrangement (APPLA) is only available to youth 16 and older.

DCS will inform the child/youth and document the child/youth’s views in the Permanency portion of the Progress Report-Permanency. DCS will ensure all youth age 14 and older have the opportunity to participate in the development of Permanency Plans and to participate in court hearings. The youth’s child representatives may participate in the development of the Permanency Plan.

**Note:** A summary of all significant changes that may have been addressed during a Child and Family Team (CFT) meeting is sufficient as opposed to attaching the entire CFT Notes document for the court. Youth age 14 and older should have a Youth Report to the Court completed and submitted to the court by the youth if the youth is unable to attend the court hearing.

Code References

1. [IC 31-10-2-2: Consideration of the best interests of the child](https://igls.in.gov/crosswalks/31-10-2-2.htm)
2. [IC 31-34-21-5.6: Exceptions to requirement to make reasonable efforts to preserve and reunify families](https://igls.in.gov/crosswalks/31-34-21-5.6.htm)
3. [IC 31-34-21-5.7: Permanency plan; requirement; approval; reports and orders not required](https://igls.in.gov/crosswalks/31-34-21-5.7.htm)
4. **IC 31-34-21-7: Permanency hearing**
5. **IC 31-34-21-7.5: Permanency plans prohibited if household contains certain individuals; exceptions**
6. **IC 31-34-21-7.7: Permanency plan; guardianship**
7. **45 CFR 1356.21: Application of the permanency hearing requirements**
8. **IC 31-34-21-5.8: Certain reasonable efforts required if preservation and reunification inconsistent with permanency plan; progress reports, case reviews, and postdispositional hearings not required**
9. **IC 31-9-2-22.1: "Concurrent planning"**

---

**PROCEDURE**

As part of the case planning process, the Family Case Manager (FCM) will:

1. Discuss with the Child and Family Team (CFT), including youth ages 14 and older (See exceptions under Practice Guidance) and his or her child representatives, the potential Permanency and second Permanency Plan, if concurrent planning, or any changes to existing plans, which are no longer in the child/youth’s best interest during the CFT Meeting (see separate policy, 5.07 Child and Family Team Meetings);

   **Note:** If a CFT Meeting is not convened or the CFT does not include the Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL) and the resource parent, a Case Conference must be held. See separate policies, 5.8 Developing the Case Plan and 5.7 Child and Family Team Meetings.

2. Make reasonable efforts to implement the Permanency Plan;
3. Seek court approval of the Permanency Plan or any changes to existing Permanency Plan. See separate policy, 6.11 Permanency Hearing;
4. Have the Regional Permanency Team approve all decisions to change the Permanency Plan to APPLA. A Permanency Plan of APPLA must be approved by the Regional Manager and be referred for a Permanency Round Table (see separate policy, 8.47 Permanency Roundtables).

   **Note:** APPLA is only available as a permanency option for youth ages 16 and older.

5. Document for the court the reasonable efforts that have been made to implement the plan (see Related Information);
6. Ensure that within nine (9) months from the child/youth’s removal from the home or from the date of the original Disposition Decree, a finding of reasonable efforts to finalize the Permanency Plan is obtained in a court order; and
7. Enter the court findings of Reasonable Efforts in the case management system.

The FCM Supervisor will ensure that the Permanency Plan is documented in the Case Plan (SF 2956) and that all above steps are completed by the FCM. The FCM Supervisor will also provide support to the FCM, as needed, in completing the steps.

---

**PRACTICE GUIDANCE**

**Child Representatives**

Beginning at the age of 14, youth may select up to two (2) child representatives. The child representatives must be at least 18 years of age, members of the CFT, and may not be a foster
parent or FCM. The youth may select one (1) of the child representatives to also be his or her adviser, and if necessary, advocate for age appropriate activity. Child representatives are subject to the approval of DCS, and they may be rejected if there is cause to believe that they would not act in the best interest of the child.

**Child and Family Team**
The CFT members (including formal and informal supports, youth ages 14 and older and their child representatives) should participate in development of the child/youth’s Permanency Plan. If the membership of the CFT does not include the resource parent or CASA/GAL, who are mandatory parties for the development of the Case Plan (SF 2956), a Case Plan Conference must be held in addition to the CFT Meeting to develop the Case Plan (SF 2956). See separate policies, 5.07 Child and Family Team Meetings and 5.08 Developing the Case Plan for additional information.

**Exceptions to Youth (Ages 14 and older) Participation in the Permanency Plan**
If DCS determines that the youth is unable to participate effectively in the development of the Permanency Plan due to a physical, mental, emotional or intellectual disability, DCS may excuse the youth from the planning process by documenting in the plan the reason for the youth’s inability to participate. If the youth refuses to participate in the development of the Permanency Plan, DCS must record the refusal and document the efforts made to obtain the youth’s input or participation in the development of the plan.

### FORMS AND TOOLS

1. **Case Plan (SF 2956)** - Available in MaGIK
2. **Progress Report-Permanency** - Available in MaGIK
3. **Youth Report to the Court**

### RELATED INFORMATION

**Concurrent Planning**
Concurrent planning requires the identification of two (2) permanency plan goals and simultaneous reasonable efforts toward both goals with all participants. The intent of Concurrent Planning is that both plans will be pursued simultaneously and aggressively. Concurrent Planning will be considered for all CHINS cases. See separate policy, 5.15 Concurrent Planning for more information on when to use Concurrent Planning.

**Permanency Plan**
The Permanency Plan is the intended permanent or long-term arrangement for care and custody of the child/youth. The Permanency Plan may include any of the following goals that the court considers most appropriate and consistent with the best interest of the child/youth:

1. **(Reunification)** Return to or continuation of existing custodial care within the home of the child’s parents, guardian, or custodian or placement of the child with the child’s noncustodial parent:
2. Placement of the child for adoption:
3. Placement of the child with a fit and willing relative who is able and willing to act as the child’s permanent custodian and carry out the responsibilities required by the permanency plan:
4. Appointment of a legal guardian: and
5. Supervised independent living arrangement or foster care, for a child with a permanency plan of Another Planned, Permanent Living Arrangement (APPLA). However, a child less than 16 years of age may not have APPLA as the child’s permanency plan.

**Reasonable Efforts to Preserve and Reunify Families**

In determining the extent to which reasonable efforts to reunify or preserve a family are appropriate, the child/youth’s health and safety are of paramount concern. DCS will exercise due diligence to identify all adult relatives of the child and adult siblings and document all due diligence efforts taken to identify the child’s adult relatives.

DCS will make Reasonable Efforts to preserve and reunify families as follows:

1. If a child/youth has not been removed from the child/youth’s home, efforts to prevent or eliminate the need for removing the child/youth from the child/youth’s home;
2. If a child/youth has been removed from the child/youth’s home, efforts to make it possible for the child/youth to return safely to the child/youth’s home as soon as possible; or
3. If a Permanency Plan has been approved, Reasonable Efforts to finalize the Permanency Plan are required. The court must issue a finding that DCS has made Reasonable Efforts to Finalize the Permanency Plan every nine (9) months. Reasonable Efforts to finalize a Permanency Plan are required to assure that a child/youth continues to be eligible for federal funding to reimburse the costs of out-of-home care and DCS’s administrative expenditures.

**Note:** The FCM should work to complete the Permanency Plan prior to the Permanency Hearing. However, the Permanency Plan may not always be complete prior to the hearing.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will attend and participate in a Permanency Hearing for a child/youth.

1. Within 30 days after the court finds that reasonable efforts to reunify or preserve a child/youth’s family are not required and every 12 months thereafter; or
2. Every 12 months after the date of the original Dispositional Decree or the date the child/youth was removed from his or her parent, guardian, or custodian, whichever comes first; or
3. More often if ordered by the court.

DCS may request that the court hold a Permanency Hearing at any time.

DCS will provide notice at least 10 calendar days before the Permanency Hearing to the following:

1. The child/youth;
2. The child/youth’s parent, guardian, or custodian;
3. The child/youth’s child advocate (See Practice Guidance)
4. An attorney who has entered an appearance on behalf of the child/youth’s parent, guardian, or custodian;
5. Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL);
6. Resource parent\(^1\) or long-term resource parent. See Related Information for further details; and
7. Witnesses for the hearing.

DCS will present the child/youth’s views in the Progress Report-Permanency, prepared for the Permanency Hearing. See Related Information for further details. Youth ages 14 and older are to participate in the Permanency hearing. See Procedure for exceptions.

Code References

1. IC 31-34-21-7: Permanency hearing
2. IC 31-34-22: Reports required for reviewing dispositional decrees
3. IC 31-34-21-4: Notice of Case Review; testimony in periodic case review
4. IC 31-32-1-4: Hearing notices regarding CHINS or delinquent cases
5. 42 USC 675 Section 475 5 (C)(i)
6. IC 31-34-21-4.6: Long-term Foster Parent

---

\(^1\) For purposes of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver.
**PROCEDURE**

The Family Case Manager (FCM) will:

1. Convene a Child and Family Team (CFT) Meeting and/or a Case Plan Conference to review the Permanency Plan and develop a Case Plan (SF 2956). See separate policy, 6.10 Permanency Plan and Practice Guidance for more information;
2. Ensure required parties are notified of the Permanency Hearing and receive the Progress Report-Permanency at least 10 calendar days prior to the hearing. See separate policy, 6.4 Providing Notice;
3. Attend and participate in the Permanency Hearing for a child/youth:
   a. Within 30 days after the court finds that reasonable efforts to reunify or preserve a child/youth’s family are not required and every 12 months thereafter, or
   b. Every 12 months after the date of the original Dispositional Decree or the date the child/youth was removed from his or her parent, guardian, or custodian, whichever comes first, or
   c. More often if ordered by the court;
4. Ensure youth ages 14 and older participate in the Permanency hearing;
   
   **Note:** If DCS determines that the youth is unable to participate effectively in the Permanency Hearing due to a physical, mental, emotional, or intellectual disability, DCS may request the court to excuse the child/youth from the hearing. If the youth refuses to participate in the hearing, DCS must record the refusal and document effort made to obtain the child/youth's input or participation.
5. Enter court hearing data in the Management Gateway for Indiana’s Kids (MaGIK) including the court’s findings related to Reasonable Efforts toward the Permanency Plan.

The FCM Supervisor will:

1. Review and approve the Case Plan (SF 2956) and the Progress Report-Permanency;
2. Assist the FCM in preparation for the Permanency Hearing; and
3. Ensure all required data and court findings were entered into MaGIK.

**PRACTICE GUIDANCE**

**Factors to Discuss During the CFT Meeting and/or Case Plan Conference to Prepare for the Permanency Hearing**

1. Determine the child/youth's future status (e.g., whether the child/youth is to return to his or her parent, guardian, or custodian, continue in out-of-home care, be placed for adoption, with an appointed legal guardian, with a fit and willing relative, or under Another Planned Permanent Living Arrangement [APPLA]).
2. Determine whether it is in the child/youth's best interest for the juvenile court to retain jurisdiction;
3. Determine whether an existing Permanency Plan should be modified, taking into account the recommendations of individuals who have a significant relationship with the child/youth. See separate policies, 6.10 Permanency Plan, and 5.8 Developing a Case Plan;
4. Evaluate whether continuation of the decree with or without modification has a reasonable chance of success;
5. Identify procedural safeguards used by DCS to protect parental rights;
6. Determine whether DCS has made Reasonable Efforts to finalize the Permanency Plan that is in effect;
7. Determine whether responsibility for Placement and Care of the child/youth should remain with DCS; and
8. Identify objectives of the Dispositional Decree that have not been met.

**Child/Youth’s Voice in the Permanency Plan**
The CFT should have a meaningful and informed discussion with the child/youth regarding his or her views on leaving the current home and how he or she feels about reunification, adoption, guardianship, APPLA, or placement with a fit and willing relative. Present the child/youth’s views in the Permanency Plan to the court. Although the child/youth’s views may be contrary to the court’s recommendation for permanency, it is necessary to present those views during the planning process. The child/youth's views may also be expressed by an attorney for the child/youth, the FCM or the GAL/CASA at the Permanency Hearing. There must be an indication that the child/youth's view on his or her permanent placement has been sought and reported to the court at each Permanency Hearing.

**Note:** Youth ages 14 and older are to participate in the development of the Permanency Plan. If DCS determines the youth is unable to participate effectively in the development of the Permanency Plan due to a physical, mental, emotional, or intellectual disability, DCS may excuse the youth from the planning process by documenting in the plan the reason for the youth’s inability to participate. If the youth refuses to participate in the Permanency Plan development, DCS must record the refusal and document efforts made to obtain the child/youth’s input or participation in the development of the plan.

**Child Representatives**
Beginning at the age of 14, youth may select up to two (2) child representatives. The child representatives must be at least 18 years of age, members of the CFT, and may not be a foster parent or FCM. The youth may select one (1) of the child representatives to also be his or her adviser, and if necessary, advocate for age appropriate activity. Child representatives are subject to the approval of DCS, and they may be rejected if there is cause to believe that they would not act in the best interest of the child.

**FORMS AND TOOLS**

1. Progress Report-Permanency – available in MaGIK
2. Case Plan (SF 2956) – available in MaGIK

**RELATED INFORMATION**

**Reasonable Efforts to Preserve and Reunify Families**
In determining the extent to which reasonable efforts to reunify or preserve a family are appropriate, the child/youth’s health and safety are of paramount concern.

DCS will make Reasonable Efforts to preserve and reunify families as follows:
1. Efforts to prevent or eliminate the need for removing the child/youth from the child/youth’s home if the child/youth has not been removed from his or her home;
2. Efforts to make it possible for the child/youth to return safely to his or her home as soon as possible if the child/youth has been removed; or
3. If a permanency plan has been approved, Reasonable Efforts to finalize the permanency plan are required so that the court will issue a finding that DCS has made Reasonable Efforts to Finalize the permanency plan at least every 12 months. Reasonable Efforts to finalize a permanency plan are required to assure that a child/youth continues to be eligible for federal funding to reimburse the costs of out-of-home care and DCS’s administrative expenditures.

**Resource Parent**
For purposes of DCS policy, the term Resource Parent includes a foster/adoptive parent, foster parent, and relative or kinship caregiver.

**Long-term Resource Parent**
A resource parent who has provided care and supervision for a child/youth for at least:
1. The 12 most recent months;
2. Fifteen (15) months of the most recent 22 months; or
3. Six (6) months, if the child is less than twelve months of age.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

<table>
<thead>
<tr>
<th>Chapter 6: Court</th>
<th>Effective Date: July 1, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 12: Involuntary Termination of Parental Rights (TPR)</td>
<td>Version: 9</td>
</tr>
</tbody>
</table>

**STATEMENTS OF PURPOSE**

The Indiana Department of Child Services (DCS) may consider petitioning the court for Involuntary Termination of Parental Rights (TPR) when the parent, guardian, or custodian has not made significant progress toward the primary plan within six (6) months of removal under the Dispositional Decree.

**Note:** DCS will not sign the Consent to Adoption (SF 12582) until a prospective adoptive parent has been identified, and the period of appeal for the TPR has passed, or any final appellate opinion related to the TPR has been certified and the period for appeal has passed on any issues remanded to the juvenile court.

DCS will petition the court for Involuntary TPR when one (1) of the following occurs:

1. The court in a CHINS case has entered a finding that reasonable efforts for family preservation or reunification are not required; or
2. A child has been removed from the home and is in placement as a result of the child being an alleged CHINS for 15 of the most recent 22 months.

**Note:** The 15 months do not have to be continuous. DCS will not count trial home visits or runaway episodes when calculating the 15 months.

DCS will petition the court for Involuntary TPR when a Juvenile Delinquent/Juvenile Status Offender (JD/JS) child was removed from the home no less than 15 of the most recent 22 months, unless the compelling reasons for not filing for TPR are documented in the child’s case file;

**Note:** DCS will consult with the child’s Probation Officer in all JD/JS cases and:
   a. Follow the recommendations of the Probation Officer regarding TPR, and
   b. Follow local inter-agency agreements regarding procedure.

In a TPR Fact-Finding, DCS must show:

1. The reasons for the child’s removal or out-of-home placement will not be remedied, or the continuation of the parent-child relationship poses a threat to the well-being of the child;
2. Termination of Parental Rights is in the best interest of the child; and
3. There is a plan for the future care and treatment of the child.

**Code References**

1. 45 CFR 1356.21 (h) (4)(i): Application of the Requirements for Filing a Petition
2. IC 31-34-21-5.6: Exceptions to requirement to make reasonable efforts to preserve and reunify families
3. IC 31-35-2: Chapter 2, Termination of Parent-Child Relationship Involving a Delinquent Child or a Child in Need of Services

PROCEDURE

The Family Case Manager (FCM) will:
1. Seek counsel from the FCM Supervisor and the DCS Staff Attorney regarding the decision to file for TPR;
2. Request input regarding the decision to seek TPR from the Child and Family Team (CFT);
3. Request input from the child’s Guardian Ad Litem (GAL) or Court Appointed Special Advocate (CASA);
4. Ensure that a diligent search for any missing parent was conducted prior to the filing of the TPR petition. See separate policy 5.6 Locating Absent Parents;
5. Begin to identify, recruit, process, and approve a qualified prospective adoptive family for the child. It is best practice to search for relatives who are willing and able to adopt the child;
6. Check the status of any pending paternity cases. See separate policy, 5.5 Alleged Fathers;
7. Ensure the parent/guardian/custodian is provided with the Advisement of Legal Rights Upon Taking Custody of/Filing a Petition on Behalf of a Child Alleged to be a Child in Need of Services (SF 47114) to the hearing. See separate policy, 6.4 Providing Notice;
8. Coordinate witnesses for the TPR Hearing with the DCS Staff Attorney; and
9. Attend the TPR Hearing.

If TPR is granted, the FCM will:
1. Enter the hearing and decree date of the petition in the Management Gateway for Indiana’s Kids (MaGIK) System;
2. Complete the Indiana Adoption Medical History Registry (SF 13342);
3. Update the reason for lack of parental support and care in MaGIK to reflect that the parents’ rights have been terminated; and
4. Set up a final “goodbye visit” between the child and the parents. If the child is seeing a therapist, attempt to arrange the visit so the therapist can be present.

The FCM Supervisor will:
1. Assist the FCM in filing the TPR; and
2. Ensure that MaGIK is updated in a timely manner.

The DCS Staff Attorney will file a petition for a TPR Hearing including the child’s court approved permanency plan and provide proper notice regarding the TPR Hearing.

The Division Manager or DCS Local Office Director (LOD) will sign the Consent to Adoption (SF 12582) form for cases where a prospective adoptive parent has been identified and:
1. The period of appeal for the TPR has passed, or
2. Any final appellate opinion related to the TPR has been certified and the period for appeal has passed on any issues remanded to the juvenile court, and
3. The negotiations for Adoption Subsidy have been negotiated and finalized.
PRACTICE GUIDANCE

Adoption Consents
The Consent to Adoption (SF 12582) form will be used for every prospective adoptive family approved to adopt a child in DCS care.

FORMS AND TOOLS

1. Advisement of Legal Rights Upon Taking Custody/Filing a Petition on Behalf of a Child Alleged to be a Child in Need of Services (SF 47114)
2. Consent to Adoption (SF 12582)
3. Indiana Adoption Medical History Registry (SF 13342)
4. Case Plan (SF 2956) – available in MaGIK

RELATED INFORMATION

Petition to TPR
The petition must outline the circumstances that caused the petition to be filed. The court is required to commence the TPR hearing not more than 90 days after such a petition is filed and complete the hearing not more than 180 days after such petition is filed.

Calculating When to File a Petition for TPR
The petition for TPR must be filed when the child has been removed from his or her home no less than 15 of the most recent 22 months. The individual filing the petition will:

1. Calculate the 15 out of the most recent 22 month period from the date the child was removed;
2. Use a cumulative method of calculation when a child experiences multiple exits from and entries into foster care during the 22 month period; and
3. Not include trial home visits or runaway episodes in calculating the 15 of the most recent 22 months since removal.

Note: If the 15 out of 22 is met but dismissal is appropriate, the TPR must still be filed and the information justifying dismissal must be submitted to the DCS Staff Attorney with the request to file the TPR.

Dismissal by DCS
A petition must be filed but may be dismissed on motion of DCS for one of the following reasons:

1. At the option of DCS, the child is being cared for by a parent or specified relative (e.g., step parent, grandparent, aunt, uncle, adult sibling or relative guardian);
2. DCS has documented in the Case Plan (SF 2956) another compelling reason for determining that terminating the parent-child relationship would not be in the best interests of the child;
3. DCS has not provided the services to the family deemed necessary for the safe return of the child to the child’s home within the time period stated in the Case Plan (SF 2956); or
4. DCS has not provided the services as stated in the Case Plan (SF 2956) and the time for providing those services under the currently applicable plan has not expired.
Note: Do not start the clock over once the 15 of 22 has been met. Once the DCS obligation to file the TPR has been met and the dismissal has been granted, DCS will file a new TPR when the reason for dismissal no longer applies.

Court Denies Petition to TPR
If the court denies the petition to TPR, reasonable efforts for reunification and preservation must begin again.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will evaluate, on a case-by-case basis, whether it is in the best interest of the child to accept Voluntary Termination of Parental Rights (TPR) consents.

Note: Consent must not be taken from a mother of a newborn within the first 48 hours after birth. See Related Information for further details.

Code References
1. IC 31-35-1: Chapter 1. Voluntary Termination of Parent-Child Relationship by Parents
2. IC 31-35-1-8 Advice to parents

PROCEDURE

The Family Case Manager (FCM) will:
1. Communicate with the parent to determine the basis of his or her request for Voluntary TPR;
2. Consult with the Supervisor, the Division Manager or DCS Local Office Director (LOD), and the DCS Staff Attorney to determine if Voluntary TPR is in the best interest of the child;
3. Enter the hearing and decree date of the petition in the Management Gateway for Indiana’s Kids (MaGIK);
4. Complete the Indiana Adoption Medical History Registry (SF 13342);
5. Update the reason for lack of parental support and care in MaGIK to reflect that the parent’s rights have been terminated; and
6. Set up a final “goodbye visit” between the child and the parents. If the child is seeing a therapist, attempt to arrange the visit so the therapist can be present.

The FCM Supervisor, DCS Staff Attorney, and LOD or Division Manager will discuss the specifics of the case with the FCM and arrive at a decision about the appropriateness of Voluntary TPR.

The Supervisor will:
1. Assist the FCM in preparing for the Voluntary TPR process; and
2. Ensure that the MaGIK System is updated in a timely manner.

The Division Manager or DCS LOD will sign the Consent to Adoption (SF 12582) form after the TPR process has concluded.
The DCS Staff Attorney will complete the appropriate paperwork for Voluntary TPR, including the Voluntary Relinquishment of Parental Rights (SF 12587), a copy of the child’s court approved permanency plan, and court petition.

**PRACTICE GUIDANCE**

**Voluntary TPR**
A parent may voluntarily terminate their parental rights and sign adoption paperwork for a specific person to adopt prior to the TPR Hearing.

**Adoption Consents**
The Consent to Adoption (SF 12582) form will be used for every prospective adoptive family approved to adopt a child in DCS care.

**Consequences of Voluntary Termination of Parental Rights**
Consent for Voluntary Termination of Parental Rights is permanent. It is irrevocable and cannot be set aside unless the consent was obtained under fraud or duress or the parent is deemed incompetent. DCS is not permitted to make any promises of who will adopt the child. DCS should not discuss consent to adoption simultaneously with any post adoption contact agreements. For these reasons, seeking consent to adopt from the biological parent(s) may be preferable to seeking a voluntary termination of parental rights. Please consult with the DCS Staff Attorney.

Termination by the court means that all rights, powers, privileges, immunities, duties and obligations, including rights to custody, control, visitation or support relative to the relationship are permanently ended. Therefore, the consent of the parents is no longer required in order for the child to be adopted.

**FORMS AND TOOLS**

- Voluntary Relinquishment of Parental Rights (SF 12587)
- Indiana Adoption Medical History Registry (SF 13342)
- Consent to Adoption (SF 12582)

**RELATED INFORMATION**

**Legal Rights of the Parent(s)**
In accordance with IC 31-35-1-8 et seq, the Court will advise parents of their legal and constitutional rights and of the consequences of Voluntary TPR.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will be diligent in efforts to include all children under the care and supervision of DCS in court proceedings. DCS will make a determination if it is in the child’s best interest to attend court proceedings. Efforts to ensure the child’s attendance at court proceedings will continue throughout the life of the case. If it is determined to be in the best interest of the child to attend court proceedings, preference should be given to having the child present, providing the court allows or orders the child be present.

Note: Children 14 years of age and older shall participate in all court proceedings unless granted an exception by the court (see Practice Guidance).

DCS will consider the following prior to the child attending a court proceeding:
1. The nature of the court proceeding and its potential impact on the child’s emotional and educational stability;
2. The child’s age, maturity, and developmental level; and
3. The relevancy of the child’s presence.

DCS will discuss court proceedings with the child in order to assess the youth’s understanding of the court process and his or her willingness to attend. DCS should consult with the child care provider (i.e., parent, relative caregiver, foster parent, and residential treatment facility), the Child and Family Team (CFT), doctors, therapists, psychologists, child representatives (see Practice Guidance), the Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA), the court, or any other relevant individuals within the case to identify possible concerns regarding the child attending a court proceeding.

If the child is unable to attend the court proceeding, he or she should be empowered and given an opportunity to have his or her voice heard. This can be accomplished by having the youth, who was previously determined to be at the appropriate age, maturity, and developmental level, write a letter to the court or participate by electronic means (video/teleconference).

Note: Youth age 14 and older should have a Youth Report to the Court completed and submitted to the court by the youth if the youth is unable to attend the court hearing.

DCS will follow any protective or no contact orders that would be violated if the child attends a court proceeding. As needed, DCS will obtain permission from the court for the child to attend the court proceeding.
When a child attends court proceedings, DCS will make efforts to provide support for the child before, during, and after the proceedings by offering seclusion or protection from harmful material and activities in order to prevent child distress.

**Code References**
1. IC 31-34-15-2: Time for completion
2. IC 31-34-15-4: Form; contents

**PROCEDURE**

The Family Case Manager (FCM) will:
1. Verify there are no protective or no contact orders that may be violated if the child attends a court proceeding;
2. Discuss court proceedings with the child in order to assess the youth’s understanding of the court process and his or her willingness to attend;

   **Note:** If it is determined the child will not be attending a court proceeding, efforts should be made to allow the child’s voice to be heard by participation through alternative means (e.g., video/teleconference or writing a letter).

3. Obtain feedback from relevant individuals in the case, such as the CASA, GAL, therapists, doctors, child representatives (see Practice Guidance), or CFT members, as to how the court proceeding may impact the child;
4. Make a determination as to whether it is in the best interest of the child to attend court proceedings;

   **Note:** Children 14 years of age and older shall participate in all court proceedings unless granted an exception by the court (see Practice Guidance). It may be appropriate for a child to attend only a portion of a hearing and then wait in another area of the courthouse or return to his or her place of residence, school, or any other previously planned appointments, if necessary.

5. Ensure permission from the court is obtained for the child to attend or be absent from the court proceeding, if required; and
6. Document in the Management Gateway for Indiana’s Kids (MaGIK) the efforts to engage the child in the court proceedings.

**PRACTICE GUIDANCE**

**Benefits of Involving Children in Court Proceedings**
If a child is present in the courtroom, the court has the opportunity to observe and interact with the child. The child may be able to provide evidence not otherwise available to assist the court in understanding the child’s view of what is happening in his or her life.

**Questions to Consider in Determining if Attending Court is in the Best Interest of the Child**

---

1. What is the developmental level of the child?
2. Will attending court upset the child?
3. Will court be confusing to the child?
4. Will attending court cause the youth to miss a previously scheduled event (e.g., sporting events, school related activities, etc.)?
5. Who will transport the child to the court hearing?

**Note:** In some circumstances, caregivers may qualify to receive assistance with travel expenses when transporting children to and from court hearings. See separate policies 16.1 Clothing, Personal Items, and Permitted Per Diem Expenses and 16.2 Assistance for Unlicensed Relative Placements.

6. Will the court need additional time for the hearing?
7. What type of hearing is scheduled?
8. Who will be available to provide support and supervision for the child before, during, and after the hearing if needed?
9. Does the child have behaviors that will disrupt the hearing? If yes, how can these behaviors be managed to allow the child to attend the court proceeding?

**Questions to Help Prepare for Children's Involvement**

1. What is the child’s role in the proceedings?
2. Does the child have important information about the allegations in the petition?
3. Has there been a recent change in the child’s placement?
4. Do you need the child’s input about the placement?
5. Do you need the child’s input regarding the child welfare services he or she has recently received?

**Getting Children to Court**

1. Request the hearing date to be set at a convenient time for the child and transporter.
2. Inform the child and transporter as soon as the hearing is set in order to plan.
3. Consider requesting that transportation of the child to the hearing be included in the court order, if appropriate.

**Note:** Although parents, foster parents, and placement providers (LCPA staff) may provide transportation for the child to and from court hearings, there may be times when the FCM must provide the transportation.

**Tips for Accommodating Children in Court, when applicable**

1. Provide age-appropriate reading material describing the court process to the child.
2. Provide an age-appropriate list of legal terms and definitions that may be used during the hearing, such as: FCM, attorney, judge, foster family, reunification, CASA, GAL, etc.
3. Avoid acronyms or legal jargon that a child would not understand.
4. Reinforce the importance of the child being present and having a voice.
5. Ensure there are activities available for the child in the event of a delay or waiting period.
6. Ensure there is an interpreter, if necessary, for the child.

**Tips for Involving Children in Court Proceedings, when applicable**

---

1. Have the child present throughout the entire hearing (if it is in the best interest of the child).
2. Request to have the child’s testimony heard in-chambers with the judge or with the judge and attorneys in order to discuss the case if the child finds the courtroom too intimidating.
3. Arrange an advance visit to the courthouse.
4. Have the child wait in a private or separate waiting area for the hearing.
5. Exclude the child from hearings where testimony may be difficult or harmful to the child.
6. Ensure there is an adult present to care for the child before and during the hearing if the child is only staying for a portion of the hearing.
7. Have a discussion with the child after the hearing to process what took place during the hearing and answer any questions the child may have.

**Collaborative Care Youth**
Attendance in court is mandatory for youth in collaborative care. See separate policy [11.23 Collaborative Care Court Hearings](#).

**Exclusions to Court Participation for Youth Ages 14 and Older**
If DCS determines the youth is unable to participate effectively in the court hearing due to a physical, mental, emotional, or intellectual disability, DCS will provide the court with documentation regarding the reasons for the youth’s inability to participate in the hearing. If the youth refuses to participate in the hearing, DCS must record the refusal and submit documentation regarding the efforts made to obtain the youth’s input.

**Child Representatives**
Beginning at the age of 14, youth may select up to two (2) child representatives. The child representatives must be at least 18 years of age, members of the CFT, and may not be a foster parent or FCM. The youth may select one (1) of the child representatives to also be his or her adviser, and if necessary, advocate for age appropriate activity. Child representatives are subject to the approval of DCS, and they may be rejected if there is cause to believe that they would not act in the best interest of the child.

**FORMS AND TOOLS**

Youth Report to the Court

**RELATED INFORMATION**

N/A
**Tool: Legal Process Overview**

**Effective Date:** December 1, 2009

**Reference:** 6.A (Chapter 6 – Court)

**Version:** 2

---

**Assessment**

(Chapter 4 – Assessment)

- Close Assessment (refer to community partners)
- Substantiate
- Unsubstantiate (close assessment)

---

**Informal Adjustment (IA)**

(IC 31-34-8 and Chapter 5.9 – IA)

A] The child's parent/guardian/custodian or attorney must consent to the program.
B] The court approves the IA. The program may not exceed six (6) months, but may be extended with court approval.

---

**Detention**

(Chapter 6.1 – Detention Hearing)

Out of Home

(Child cannot safely remain in home)

---

**CHINS**

(Child in Need of Services)

Note: A CHINS can be filed with a request for Detention.

- Court Denies
- Court Approves

---

**File CHINS**

---

**Initial Hearing**

(Chapter 6.2 – Filing a CHINS Petition)

---

**Out of Home**

(Child cannot safely remain in home)

---

**In Home**

---

**Verified CHINS Petition**

---

Note:
IC – references Indiana Code, and Chapter – references Policy.

---

1. Dependent upon age and developmental level.
Continued from page 1

**Initial Hearing**

(IC 31-34-10 and Chapter 6.3 – Initial Hearing)

- **Admit (Allegations)**
- **Deny (Allegations)**

- **Agreed Entry**
  - Same day – waive Predisposition Report.

- **Disposition**
  - Not more than 30 days after the court finds a CHINS, a Predispositional Report will be created (IC 31-34-18 and Chapter 6.6 – Predispositional Report) unless waived.

- **Factfinding**
  - 60 days from date of filing (a pre-trial may be ordered by the court). (IC 31-34-11-1)
  - Note: Can be extended another 60 days if all parties agree.

- **Periodic Case Review**
  - At least once every six (6) months, or more often, if ordered by the court.
  - (IC 31-34-21-2 and Chapter 6.9 Periodic Case Review Hearing)
  - &
  - Three Month Progress Report
  - (IC 31-34-21-1 and Chapter 6.8 – Three Month Progress Report) every 90 days.

- **Permanency Plan**
  - is prepared before the hearing.
  - (IC 31-34-21-5.7 and Chapter 6.10 – Permanency Plan)

**Permanency Hearing**

(IC 31-34-7 and Chapter 6.11 Permanency Hearing)

- The court shall hold a permanency hearing:
  - A) Not more than 30 days after a court finds no reasonable efforts necessary to reunify or preserve a child’s family;
  - B) Every 12 months after:
    1) the date of the judicial determination; or
    2) a child in need of services was removed from the child’s parent/guardian/custodian, whichever comes first.
  - C) More often if ordered by the court.

- **Found - CHINS Adjudicated**
- **CHINS not found – case dismissed**

Note: The juvenile court may modify any dispositional decree. (IC 31-34-23-1)

Note: Before entering the court - the parent(s)/guardian(s)/custodian(s) are served:
- 1) CHINS Petition,
- 2) Summons, and
- 3) Advisement of Rights.

Or

Petition for Parental Participation (IC 31-34-16 and Chapter 6.5 – PPP)
Permanency Hearing (IC 31-34-21-7)

- Five (5) options -
(45 CFR 1356.21 (b)(2)(i) and Chapter 6.11 – Permanency Hearing)

APPLA (Another Planned Permanent Living Arrangement)

A] Commence a hearing on the petition not more than 90 days after a petition is filed; and
B] Complete a hearing on the petition not more than 180 days after a petition is filed.

Note: TPR may be filed six (6) months post-Disposition, and must be filed if CHINS (out-of-home) 15 of the most recent 22 months.

Petition filed for Termination of Parental Rights (TPR)

TPR Hearing (IC 31-35-2-6 and Chapter 6.12 & 6.13 Involuntary and Voluntary Termination of Parental Rights)
A] Commence a hearing on the petition not more than 90 days after a petition is filed; and
B] Complete a hearing on the petition not more than 180 days after a petition is filed.

Physically fit and willing

Review Plan

Note: Review Plan, refers to the Permanency Plan.
(45 CFR 1336.6 and Chapter 6.10 – Permanency Plan)
The State of Indiana defines a child in need of services (CHINS) as a child prior to his/her 18th birthday who is experiencing one or more of the conditions outlined below AND the situation is unlikely to be remedied without the coercive intervention of the court.

CHINS 1: Neglect
The child's physical or mental condition is seriously impaired or seriously endangered as a result of the parent, guardian, or custodian being unable, refusing, or neglecting to supply the child with necessary food, clothing, shelter, medical care, education, or supervision:
(A) when the parent, guardian, or custodian is financially able to do so; or
(B) due to the failure, refusal, or inability of the parent, guardian, or custodian to seek financial or other reasonable means to do so; and

The child needs care, treatment, or rehabilitation that:
(A) the child is not receiving; and
(B) is unlikely to be provided or accepted without the coercive intervention of the court.

CHINS 2: Abuse
a. The child’s physical or mental condition is seriously impaired or seriously endangered due to an injury as a result of the parent/guardian/custodian’s act or omission, or
b. The Child is a victim of assisting suicide (I.C. 35-42-1-2.5); battery (I.C. 35-42-2-1); domestic battery (I.C. 35-42-2-1.3); aggravated battery (35-42-2-1.5); strangulation (I.C. 35-42-2-9); neglect of a dependent, child selling (I.C. 35-46-1-4); attempt or conspiracy to commit any of the listed offenses; or attempt or conspiracy to commit murder, causing suicide, voluntary manslaughter, involuntary manslaughter, or reckless homicide. (I.C. 31-34-1-2)
c. The child lives in the same household as an adult who committed and has been convicted of, or has been charged with committing an offense and is awaiting trial for, any of the following offenses against another child who lives in the household: assisting suicide (I.C. 35-42-1-2.5); battery (I.C. 35-42-2-1); domestic battery (I.C. 35-42-2-1.3); aggravated battery (35-42-2-1.5); strangulation (I.C. 35-42-2-9); neglect of a dependent, child selling (I.C. 35-46-1-4); attempt or conspiracy to commit any of the listed offenses; or attempt or conspiracy to commit murder, causing suicide, voluntary manslaughter, involuntary manslaughter, or reckless homicide. (I.C. 31-34-1-2)
d. Evidence that Illegal manufacture of a drug or controlled substance is occurring on property where a child resides creates a rebuttable presumption that the child’s physical or mental health is seriously endangered.

Note: According to IC 31-34-12-4, a rebuttable presumption is raised that
the child is a CHINS because of an act or omission of the child’s parent/guardian/custodian if the state introduces competent evidence of probative value that:
(1) the child has been injured,
(2) at the time the child was injured, the parent/guardian/custodian:
   (A) had the care, custody or control of the child; or
   (B) the legal responsibility for the care, custody or control of the child;
(3) the injury would not ordinarily be sustained except for the act or omission of a parent/guardian/custodian; and
(4) there is a reasonable probability that the injury was not accidental.

Note: Evidence that the illegal manufacture of a drug or controlled substance is occurring on property where a child resides creates a rebuttable presumption that the child’s physical or mental health is seriously endangered.

CHINS 3: Sexual Abuse
The child is a victim of an offense listed in IC 31-34-1-3 or is living in a household with an adult who has been charged with an offense listed in IC 31-34-1-3 or IC 35-42-3.5-1 and is awaiting trial or resulted in a conviction or judgement under IC 31-34-11-2 or IC 35-42-3.5-1.

CHINS 3.5: The child is a victim of a human or sexual trafficking offense as in IC 31-9-2-133.1. A child is considered a victim of human or sexual trafficking regardless of whether the child consented to the conduct as defined.

CHINS 4: The child’s parent/guardian/custodian allows the child to participate in an obscene performance.

CHINS 5: The child’s parent/guardian/custodian allows the child to commit a prohibited sex offense.

CHINS 6: The child substantially endangers his/her own health or the health of another individual.

CHINS 7: The child’s parent/guardian/custodian fails to participate in a school disciplinary proceeding.

CHINS 8: The child is a “missing child”.

Note: This is a child who is the subject of a missing persons report and has been found in Indiana.

CHINS 9: The child is disabled and deprived of necessary nutrition or medical intervention.

Note: According to IC 31-34-1-9, a child in need of services under CHINS 1, 2, 3, 4, 5, 6, 7, or 8 of this tool includes a child with a disability who:
1) Is deprived of nutrition that is necessary to sustain life; or
2) Is deprived of medical or surgical intervention that is necessary to remedy or ameliorate a life threatening medical condition; if the nutrition or medical or surgical intervention is generally provided to similarly situated children with or without disabilities.

CHINS 10: The child is born with fetal alcohol syndrome, neonatal abstinence syndrome or...
with any amount of controlled substance, a legend drug\(^1\) or a metabolite of a controlled substance or legend drug in the child’s body, including the child’s blood, urine, umbilical cord tissue, meconium.

CHINS 11: The child has an injury, abnormal physical or psychological development, symptoms of neonatal intoxication or withdrawal or experiences risks or injuries from the mother’s use of alcohol, controlled substance or legend drug during pregnancy.

\(^1\) Note: As provided in IC 31-34-1-12 (legend drug) and IC 31-34-1-13 (controlled substance) where the mother possessed a valid prescription for the drug and made a good faith attempt to use the drug according to the prescription instructions.
**Code References**

1. IC 10-13-5-4: Missing Child
2. IC 20-33-8-26: Rules requiring participation in disciplinary action by person caring for dependent student
3. IC 31-9-2-14: Child Abuse or Neglect
4. IC 31-34-1: Chapter 1. Circumstances Under Which a Child Is a Child in Need of Services
5. IC 31-34-11-2 Judgment; order of predisposition report; scheduling of dispositional hearing; dual status assessment team report and recommendations
6. IC 35-42-3-3: Criminal Confinement
7. IC 35-42-3-4: Interference with Custody
8. IC 35-42-3.5-1 Promotion of human trafficking; sexual trafficking of a minor; human trafficking
9. IC 35-42-4: Chapter 4. Sex Crimes
10. IC 35-45-4: Chapter 4. Indecent Acts and Prostitution
11. IC 35-46-1-3: Incest
12. IC 35-49-3-2: Obscene Performance
13. IC 35-49-2-2: Matter of Performance Harmful to Minors

**FORMS AND TOOLS**

2. Tool 6.A: Legal Process Overview
3. 6.2 Filing a CHINS Petition

**RELATED INFORMATION**

**Coercive Intervention**
The inability or unwillingness of the parent/guardian/custodian to provide needed supervision and or services for a child without a court order.

**Rebuttable Presumption**
An assumption made by a court, one that is taken to be true unless someone comes forward to contest it and prove otherwise.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make an initial determination as to whether an individual child is at imminent risk of removal and therefore a candidate for placement in out-of-home care. DCS will re-determine imminent risk of removal every 180 days. A child is at imminent risk of removal when a substantiation of abuse or neglect is made by DCS, as documented by an approved substantiated Assessment of Alleged Child Abuse or Neglect (311) (SF113), an Informal Adjustment (IA), or In-Home Child in Need of Services (CHINS) case is opened, and reasonable efforts are made to prevent the child’s removal from his or her home.

Code References

1. IC 31-26-5-1: Child at imminent risk of placement  
2. 42 USC 672 (i)(2): Administrative costs associated with otherwise eligible children not in licensed foster care settings  
3. 42 USC 5106a: Grants for programs and projects

PROCEDURE

The Family Case Manager (FCM) will:

1. Complete the In-Home Risk and Safety Reassessment within 45 days of the Disposition Hearing or during the development of the Program of Informal Adjustment to make an initial determination and at least every 180 days thereafter to make a re-determination regarding a child being at imminent risk of removal (See Policy 7.11 In-Home Risk and Safety Reassessment for additional information). A determination of imminent risk will be completed on every child with an open case type of IA or In-Home CHINS;  
2. Document the initial determination of imminent risk of removal within 72 hours in the following (see Candidacy: Imminent Risk of Removal Fact Sheet and Related Information for further guidance):  
   a. Program of Informal Adjustment for IA Cases (see Policy 5.9 Informal Adjustment for additional information), and  
   b. Case Plan (SF2956) for In-Home CHINS Cases (see Policy 5.8 Developing the Case Plan for additional information); and  
3. Make a redetermination of imminent risk of removal within 72 hours in the following (see Candidacy: Imminent Risk of Removal Fact Sheet and Related Information for further guidance):  
   a. Progress Report on the Program of Informal Adjustment (S54336) for IA Cases (see Policy 5.9 Informal Adjustment for additional information); and  
   b. Case Plan (SF2956) for In-Home CHINS Cases (see Policy 5.8 Developing the Case Plan for additional information); and  
4. Enter any changes in placement or involvement status in the case management system within 72 hours.
The FCM Supervisor will:
1. Ensure an **imminent risk** determination is made within 45 days of the Disposition Hearing or during the development of the Program of Informal Adjustment to make an initial determination and at least every 180 days thereafter through appropriate completion of the In-Home Risk and Safety Reassessment;
2. Ensure an **imminent risk** choice is appropriately documented in the following:
   a. Program of Informal Adjustment and Progress Report on Program of Informal Adjustment (SF54336) for IA Cases, and
   b. Case Plan (SF2956) for In-Home CHINS Cases; and
3. Ensure involvement status, placements, and documentation specific to **imminent risk** are entered in the case management system within 72 hours and approved timely.

### PRACTICE GUIDANCE

**Definition of Imminent Risk**
DCS defines a child at imminent risk of removal as a child less than 18 years of age who reasonably may be expected to face out-of-home placement in the near future as a result of at least one (1) of the following:
1. Dependency, abuse, or neglect;
2. Emotional disturbance;
3. Family conflict so extensive that reasonable control of the child is not exercised; or
4. Delinquency adjudication.

### FORMS AND TOOLS

1. Assessment of Alleged Child Abuse or Neglect (311) (SF113) – Available in the case management system
2. Initial Family Risk Assessment – Available in the case management system
3. In-Home Risk and Safety Reassessment – Available in the case management system
4. Program of Informal Adjustment
5. Progress Report on Program of Informal Adjustment (SF 54336)
6. Case Plan (SF2956) – Available in the case management system
7. IN Guidebook
9. Candidacy: Imminent Risk of Removal Fact Sheet

### RELATED INFORMATION

**Imminent Risk of Removal Determination Criteria**
The following are examples of criteria, based on federal guidance, for a child who is at **imminent risk** of removal and therefore a candidate for out-of-home placement:
1. Substantiated assessment of abuse or neglect;
2. Open IA or In-Home CHINS; and
3. Child and/or family will receive or is currently receiving services to prevent the need for removal while the child is living in his or her home.

The following are examples of a child who is not considered at **imminent risk** of removal:
1. A child in out-of-home care; and
2. A child on a Trial Home Visit (THV) for the initial three (3) months, and/or a child for whom an extension of the THV has been granted by the court.

Risk Reassessment
The Risk Reassessment is a part of the In-Home Risk and Safety Reassessment and is used by the FCM throughout the life of the child welfare case to determine the presence of risk factors that indicate the likelihood of future child maltreatment. The Risk Reassessment also assists the FCM in evaluating whether risk levels have decreased, remained the same, or have increased since the completion of the Initial Family Risk Assessment. In addition to the Risk Reassessment, the FCM should reference the Family Functional Assessment (FFA) Field Guide when working with self-identified Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth. Risk assessment questions that may be helpful in determining the risk factors for LGBTQ youth can be found in the FFA Field Guide.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will have monthly face-to-face contact, in accordance with the Minimum Service Level Contact Standards, with every child under DCS care and supervision who is identified as “at imminent risk of placement”. Face-to-face contact must include time spent alone with the child, and a photograph of the child will be taken during each face-to-face contact.

DCS will have monthly face-to-face contact, in accordance with the Minimum Service Level Contact Standards, with each parent, guardian, or custodian of the child. The presence of domestic violence should be assessed through questioning and observation during every contact.

DCS will ensure sufficient time is allowed to observe the parent-child relationship during monthly visits. All safety concerns identified must be reported to the Family Case Manager (FCM) Supervisor immediately and the Safety Plan (SF53243) must be updated as needed. Issues involving child safety must be immediately addressed.

**Note:** DCS will ensure that any new allegations of Child Abuse and/or Neglect (CA/N) are reported to the DCS Child Abuse Hotline (Hotline). See Practice Guidance for additional information.

DCS will initiate an emergency removal if the child is in immediate danger. See separate policy, 4.28 Involuntary Removals, for further guidance.

DCS will make contact with the child and family within 24 hours of receiving notice of a critical episode involving the child and/or family (e.g., potential risk of removal, new CA/N allegations, potential runaway situations, pregnancy of the child, or lack of parental contact). DCS will monitor and evaluate the situation and convene the Child and Family Team (CFT) and/or a case conference to assess whether the situation warrants additional services or supports for the family (see separate policies, 5.7 Child and Family Team Meetings and 4.18 Initial Safety Assessment).

DCS will maintain contact with the noncustodial parent and will ensure he or she is afforded the opportunity to visit with the child and maintain involvement in the child’s life, unless the court has ruled that this is not in the child’s best interest.

Contacts, observations, assessments, photographs taken, and any new information gathered will be documented in the case management system. All safety concerns identified must be reported to the FCM Supervisor immediately. Issues involving child safety must always be immediately addressed.
Code References
IC 34-6-2-34.5: Domestic or Family Violence

**PROCEDURE**

**Determining Minimum Contact**
The FCM will:
1. Determine the Minimum Service Level Contact based upon the recommendation from the In-Home Risk and Safety Reassessment; and
2. Discuss with the FCM Supervisor the delegation of some face-to-face contacts to a service provider for moderate, high, or very high service level cases, and create or modify any referrals needed for this purpose. See Practice Guidance for additional information.

**Contact with the Child**
During each face-to-face contact with the child, the FCM will:
1. Assess the child’s safety, stability, permanency, and well-being (including mental and physical health, medical care, and educational status). See separate policy, 7.5 Meaningful Contacts for additional guidance and Practice Guidance for specific questions to consider;

   **Note**: Any new allegations of CA/N must be reported to the DCS Hotline, per State reporting statues, and may not be handled as part of the case. See Practice Guidance for additional information.

2. Evaluate the child for:
   a. Any visible injuries,
   b. Appearance of illness, and
   c. Appearance of emotional distress (e.g., withdrawn, angry, or scared);

3. Allow sufficient time alone with the child in a setting that provides the child an opportunity to speak freely and/or express his or her thoughts and feelings;
4. Discuss, in an age and developmentally appropriate manner, any positive or negative feelings he or she may have regarding:
   a. Safety in the home and other locations the child spends time,
   b. Relationships with members of the household and others the child has regular contact with,
   c. Any incidents that have occurred,
   d. Services currently being offered or needed, and
   e. The child’s interests (e.g., friends, hobbies, and extracurricular activities);

5. Complete the Face-to-Face Contact (SF53557) form; and
6. Photograph the child.

**Contact with the Child and/or Parent, Guardian, or Custodian**
During each face-to-face contact with the child and/or parent, guardian, or custodian, the FCM will;
1. Utilize the Face-to-Face Contact (SF53557) form to gather information and discuss any updates with the family;
2. Evaluate the parent-child relationship;
Note: Visits must be scheduled to allow observation of the parent-child relationship.

3. Assess family progress, discuss services the family needs or is receiving, and provide assistance and support to the family as needed;
4. Observe the overall condition of the home and discuss any areas of concern with the family;
5. Assess for safety concerns and address any identified issues and update the Safety Plan (SF53243) as needed.

Note: Any new allegations of CA/N must be reported to the DCS Hotline, per State reporting statues, and may not be handled as part of the case (see Practice Guidance for additional information). Seek supervisory approval to initiate emergency removal if the child is in immediate danger. See separate policy 4.28 Involuntary Removals for further guidance.

6. Discuss the child’s overall progress, including but not limited to behavioral management and school adjustment;
7. Assist the family with problem-solving and accessing community resources as needed;
8. Review progress on the concerns that brought the family to the attention of DCS; and
9. Collaborate with the child and/or parent, guardian, or custodian to prepare for the next CFT meeting.

Following each face-to-face contact with the child and/or parent, guardian, or custodian, the FCM will:
1. Clearly and accurately document in the case management system the face-to-face contact; new information gained, including but not limited to the assessment of safety, risk, stability, well-being (including physical and mental health, medical care, and educational status), and permanency; photographs taken; the completed Face-to-Face Contact (SF53557) form; the updated Safety Plan (SF53243) (if applicable); and any other documents obtained within three (3) business days. For more details, see separate policy, 7.5 Meaningful Contacts; and
2. Discuss any safety concerns and the need for any additional referrals with the FCM Supervisor and complete referrals in KidTraks, as needed, to address identified service needs for the child and/or parent, guardian, or custodian. See separate policy, 5.10 Family Services for further guidance.

Contact with Siblings
The FCM will develop a Visitation Plan with the family to ensure that contact with any sibling outside of the home is maintained and strengthened. See separate policy, 8.12 Developing the Visitation Plan for further guidance.

The FCM Supervisor will:
1. Ensure face-to-face contact with each child and parent, guardian, or custodian is completed and entered in the case management system as required; and
2. Review the case during regular clinical supervision and approve any updates to the Safety Plan (SF53243) and any additional service referrals.

PRACTICE GUIDANCE

Minimum Service Level Contact Standards
1. **Low service level case** - DCS will have a minimum of one (1) face-to-face contact per month with the child and each parent, guardian, or custodian. This visit must be in the home;

2. **Moderate service level case** - DCS will have a minimum of two (2) face-to-face contacts per month with the child and each parent, guardian, or custodian. At least one (1) of these contacts must occur in the home. One (1) of the two (2) contacts may be designated to a service provider;

3. **High service level case** - DCS will have a minimum of three (3) face-to-face contacts per month with the child and each parent, guardian, or custodian. At least one (1) of these contacts must occur in the home. Two (2) of the three (3) contacts may be designated to a service provider;

4. **Very high service level case** - DCS will have a minimum of four (4) face-to-face contacts per month with the child and each parent, guardian, or custodian. At least two (2) of these contacts must occur in the home. Three (3) of the four (4) contacts may be designated to a service provider.

**Note:** A court order for more frequent face-to-face contact with the child and/or parent, guardian, or custodian supersedes the above Minimum Service Level Contact Standards.

**Face-to-Face Contacts and Monitoring of Plans**

While monthly face-to-face contacts conform to DCS policies, best practice would indicate a need to see the child on a more frequent basis early on to ensure monitoring of the progress and adherence to the terms of the Informal Adjustment (IA) or In-Home CHINS, which would include terms of the Safety Plan (SF53243), as determined by the CFT Meeting process.

**Safety, Stability, Well-Being, and Permanency Questions**

When completing a face-to-face contact, the FCM should consider the following specific questions in the areas of Safety, Stability, Well-being (including physical and mental health, medical, and educational status), and Permanency:

1. **Safety** – Is the child free of abuse, neglect, and exploitation by others in his or her place of residence and other daily settings? Is the child’s environment free from potentially harmful objects (e.g., sanitation, pests/pest control, medication, and general home maintenance items, such as running water and functioning toilets)? Is the child’s care or supervision currently compromised by a pattern of domestic violence in the home? Are there shared protective strategies with the team? Is the family utilizing informal supports and resources to keep the child free from harm? Have all CFT members been afforded the opportunity to provide input into the development of a Safety Plan?

2. **Stability** – Does the child have consistent routines, relationships, etc.? Has the child experienced a change in placement? Is the current placement meeting the child’s needs? Has the child experienced changes in his or her school setting? Is there a shared understanding of the long-term view for the child?

3. **Well-being (including mental and physical health, medical, and educational care)** – Does the child display age-appropriate emotional development, coping skills, and self-control, which allows him or her to adjust to changes and maintain adequate levels of behavioral functioning in daily settings and activities with others? 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 his or her age? Is the child able to attend both school and other social functions? Are there any concerns regarding personal hygiene practices (e.g., bathing, dental hygiene, hair care, and hand washing)? Consider the following questions when assessing the child’s **health and medical status**:
a. Is the child achieving key physical (e.g., growth – height, weight, and head circumference) and developmental milestones?

b. Is the child achieving his or her optimal or best attainable health status?

c. Does the parent have the capacity and supports necessary to address any identified special medical needs (e.g., medication, medical equipment, compliance with physician and/or specialist appointments, and emergency procedures)?

   **Note:** If the child is on a special diet, ensure there is appropriate food and/or supplement available.

d. What is the child’s physical condition (this includes visualization of the child’s skin, teeth, hair, etc.)?

e. What is the child’s mobility status (e.g., mobile, limited mobility, or assisted mobility)?

   **Note:** If the child is immobile or has limited mobility, the child must be positioned or repositioned in order to observe and assess the child’s entire body. Lighting may need to be adjusted and blankets removed in order to adequately visualize the child’s physical condition.

f. How does the child adapt to changes that affect his or her life?

4. **Permanency** – Safety, stability, sufficient caregiver functioning, and sustainability of relationships to adulthood are simultaneous conditions of permanency for a child or youth. Are the child’s daily living and educational environments stable and free from risk of disruption? Have there been changes to the composition of the home? Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the past year? Are all CFT members aware of the child’s permanency plan? Does the child’s permanency plan include relationships which will endure lifelong? Is there a second permanency plan in place for the child, if concurrent planning? Is the pace of achieving safe, sustainable case closure consistent with the following guidelines?1

   a. Reunification: 12 months
   b. Guardianship: 18 months
   c. Adoption: 24 months

   **Note:** Permanency may be achieved in more or less time than the guidelines listed above due to circumstances of the individual case.

Each of the areas above must be included and easily identified within the FCM’s documentation of the contact in the case management system.

**Choose an Appropriate Setting**
The FCM should choose a setting for the visit that allows time alone with the child and allows him or her to express his or her feelings freely.

**Changes in a Parent’s Personal Circumstances**
Following each contact with the parent, guardian, or custodian note any changes regarding the parent, guardian, or custodian’s income, employment status, place of residence, and diagnosis of physical and/or mental illness. Document these changes in the case management system.
Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline

When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated upon face-to-face contact with all alleged child victims. See separate policy, 4.38 Assessment Initiation for additional information regarding initiation.

**Note:** If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the DCS Hotline immediately.

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See separate policy, 4.36 Linking Child Abuse or Neglect (CA/N) Reports to Open Assessments for more information regarding the receipt of an additional Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114) during an open assessment.

The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed 310 emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The 310 or equivalent information may be submitted via email to: DCSHotlineReports@dcs.in.gov, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.

### FORMS

1. Face-to-Face Contact (SF53557)
2. Safety Plan (SF53243)
3. In-Home Risk and Safety Reassessment – Available in the case management system
5. Visitation Plan – Available in the case management system

### RELATED INFORMATION

**Regular Contact is Paramount**

Regular face-to-face contact with the parent, guardian, or custodian and the child who has been identified at imminent risk of placement is the most effective way that DCS can:

1. Promote timely implementation of Case Plans or IAs for children and families served by DCS; and
2. Monitor progress and revise service plans as needed.

Regular face-to-face contact with the child allows the FCM to:

1. Assess the child’s safety, well-being (including mental and physical health and medical care), stability, and permanency status;
2. Develop and maintain a trusting and supportive relationship with the child; and
3. Assess the child’s underlying needs and related behaviors, as well as, progress in services.
Note: Any concerns should be discussed with the parent, guardian, or custodian and the child (as appropriate, based on the child’s age and development).

Clinical Supervision
Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will assess through a partnership with the Child and Family Team (CFT), the interactions of the parent, guardian, or custodian and the child who has been identified as a candidate at imminent risk of placement, to determine whether they are accomplishing the goals and objectives outlined in the current Case Plan (SF2956) or activities or actions in the Informal Adjustment (IA).

Note: DCS will complete on-going assessment of safety, risk, strengths, and needs throughout the life of the case.

DCS will utilize regular monthly contact with the parent, guardian, or custodian; the child; and service providers to track and make any necessary adjustments to the current Case Plan (SF2956) such as:

1. Incorporating new information and circumstances into the Case Plan (SF2956);
2. Evaluating and updating the Safety Plan (SF53243);
3. Documenting progress made toward goals and objectives; and
4. Identifying barriers encountered by the family.

Note: DCS will update the Case Plan (SF2956) and engage the CFT anytime there is a significant change (e.g., identified needs, parents failure to participate in services, household composition changes, etc.) . See separate policies, 5.7 Child and Family Team Meetings and 5.8 Developing the Case Plan.

DCS will utilize regular monthly contact with the parent, guardian, or custodian, the child, and service providers to monitor the family’s progress and compliance with the IA or Child in Need of Services (CHINS). The family’s progress, including successes and any violation of the Dispositional Order, will be regularly reported to the court. See separate policies, 5.9 Informal Adjustment (IA), 6.8 Three Month Progress Report, and 7.3 Minimum Contact for further guidance.

DCS will assess if the parent, guardian, custodian, or non-custodial parent who is receiving in-home services is demonstrating the skills and techniques learned through the services provided throughout the life of the case.

DCS will encourage and support the interaction and involvement that is appropriate between the non-custodial parent, the parent, guardian, or custodian and the child, given the need for child safety and well-being, unless otherwise ordered by the court.

Code References
N/A
**PROCEDURE**

The Family Case Manager (FCM) will:

1. Convene a CFT meeting, for the development of the Case Plan (SF2956) or IA and to connect the family with the appropriate services and resources. See separate policies, 5.7 Child and Family Team Meetings, 5.8 Developing the Case Plan and 5.9 Informal Adjustment (IA);

   **Note:** Reconvene the CFT, if the Case Plan (SF2956) needs to be changed based on new information or circumstances or if the parent, guardian, or custodian does not comply with the services outlined in the IA agreement.


3. Evaluate and/or update the Safety Plan (SF53243);

4. Engage and establish a partnership with the parent, guardian, custodian, or non-custodial parent, if applicable, and members of the CFT to obtain feedback to assist in the assessment of skills and techniques learned and/or demonstrated through services provided by service providers;

5. Report the family’s progress, including successes and any violation of the Dispositional Order, to the court (see separate policy, 6.8 Three Month Progress Report); and

6. Encourage and empower the parent, guardian, custodian, or non-custodial parent, if applicable, and members of the CFT throughout the life of the case to ensure safety, well-being, and stability for the child.

**PRACTICE GUIDANCE**

**Incarcerated Parents**

DCS providers, including the fatherhood program providers, may enter Indiana Department of Corrections (DOC) facilities to provide services and meet with parents; provided that, in each case, the incarcerated parent has signed a release of information allowing DCS to share the information collected by such providers with DOC.

**FORMS**

1. **Case Plan (SF2956)** – Available in the case management system
2. **Program of Informal Adjustment**
3. **Safety Plan (SF53243)**
4. **In-Home Risk and Safety Reassessment** – Available in the case management system
5. **Child Adolescent Needs and Strengths Assessment (CANS)** – Available in the case management system

**RELATED INFORMATION**

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will assess safety and risk during face-to-face contacts with the parent, guardian, or custodian and the child identified as a candidate at imminent risk of placement. DCS will address safety, stability, well-being (including health and medical status), and permanency with the parent, guardian, or custodian and the child during all visits (see Practice Guidance for suggested questions). Safety provisions will be developed to address identified safety concerns. The visit, findings, and implemented safety provisions must be documented in the case management system.

DCS will ensure sufficient time and opportunity is given to observe and evaluate the parent-child relationship. Child safety must always be addressed. The observation and evaluation must be documented in the case management system within ‘Contacts.’ All identified safety concerns must be discussed with the parent, guardian, or custodian. A Safety Plan (SF53243) and/or Plan of Safe Care (SF56565) must be developed to address all safety concerns, and the safety concerns must be reported to the Family Case Manager (FCM) Supervisor immediately.

**Note:** DCS will ensure that any new allegations of Child Abuse and/or Neglect (CA/N) are reported to the DCS Child Abuse Hotline (Hotline). See Practice Guidance for additional information.

DCS will provide on-going assessment of safety and risk when visiting the parent, guardian, or custodian and the child who has been identified as at imminent risk of placement. DCS will identify and document the parent, guardian, or custodian’s functional strengths and underlying needs. DCS will monitor and reassess to ensure the current Case Plan goals or identified activities or actions in the Informal Adjustment (IA) are meeting the underlying needs of the family. DCS will discuss any concerns with the family.

**Note:** The FCM should utilize the Family Functional Assessment (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 to assist in the identification of informal and formal supports that may decrease the possibility of future risk of Child Abuse and/or Neglect (CA/N). Over time, the parent, guardian, or custodian’s functional strengths should increase with the inclusion of identified services and their underlying needs should decrease. Each case should be evaluated independently based upon its own unique conditions.

**Code References**

N/A
**PROCEDURE**

The FCM will:

1. Assess and address the child’s safety, risks, stability, well-being, and permanency during all visits with the parent, guardian, or custodian and the child who is identified as at imminent risk of placement;
2. Assess for the presence of domestic violence during each visit with the parent, guardian, or custodian;
3. Ensure there is sufficient time to observe and evaluate the parent-child relationship during all visits;

   **Note:** Appointments for face-to-face contact should be made with consideration of nap times for younger children. If a child is sleeping, the FCM should schedule another appointment within the next three (3) to five (5) days, to accurately document the parent-child relationship.

4. Identify the parent, guardian, or custodian’s **functional strengths** and **underlying needs**;
5. Partner with the parent, guardian, or custodian to utilize their **functional strengths** and **underlying needs** to identify formal and informal supports;
6. Collaborate with the parent, guardian, or custodian and the child, if age appropriate, to develop a plan to identify and address any safety concerns;
7. Update the **Safety Plan (SF53243)** and/or **Plan of Safe Care (SF56565)** as needed;
8. Report any and all safety concerns to the FCM Supervisor immediately; and

   **Note:** Any new allegations of CA/N must be reported to the DCS Child Abuse Hotline (Hotline), per State reporting statutes, and may not be handled as part of the case. See **Practice Guidance** for additional information.

1. Clearly and accurately document in the case management system within 3 business days the assessment of safety, risk, stability, permanency, and well-being (including physical and mental health, medical care, educational status, and progress toward successful adulthood transition). Observations, evaluations, and outcomes of face-to-face contacts with the parent, guardian, or custodian, and/or the child must be included in the documentation and easily identified by area (i.e., safety, risk, stability, well-being, and permanency). It is also important to reflect whether the parent, guardian, or custodian, and child were actively involved during the face-to-face contact. Document barriers identified by the parent, guardian, or custodian; child; and/or FCM to prohibit the completion of activities or objectives agreed upon by the CFT.

The FCM Supervisor will discuss with the FCM the case and contacts with the child and parent, guardian, or custodian during regular **clinical supervision**.

**PRACTICE GUIDANCE**

**Use of the Family Functional Assessment (FFA) Field Guide**

The FCM may 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, the parent, guardian, or custodian’s functional strengths should increase with the completion of identified services, which address underlying needs. Each case should be evaluated independently based upon its own unique conditions.

**Safety, Stability, Well-Being, and Permanency Questions**

When completing a face-to-face contact, the FCM should consider the following specific questions in the areas of Safety, Stability, Well-being (including physical and mental health, medical care, and educational status), and Permanency:

1. **Safety** – Is the child free of abuse, neglect, and exploitation by others in his or her place of residence and other daily settings? Is the child’s environment free from potentially harmful objects (e.g., sanitation, pests/pest control, medication, and general home maintenance items, such as running water and functioning toilets)? Is the child’s care or supervision currently compromised by a pattern of domestic violence in the home? Are there shared protective strategies with the team? Is the family utilizing informal supports and resources to keep the child free from harm? Have all CFT members been afforded the opportunity to provide input into the development of a Safety Plan?

2. **Stability** – Does the child have consistent routines, relationships, etc.? Has the child experienced a change in placement? Is the current placement meeting the child’s needs? Has the child experienced changes in his or her school setting? Is there a shared understanding of the long-term view for the child?

3. **Well-being (including mental and physical health, medical care, and educational status)** – Does the child display age-appropriate emotional development, coping skills, and self-control, which allows him or her to adjust to changes and maintain adequate levels of behavioral functioning in daily settings and activities with others? 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 his or her age? Is the child able to attend both school and other social functions? Are there any concerns regarding personal hygiene practices (e.g., bathing, dental hygiene, hair care, and hand washing)? Consider the following questions when assessing the child’s health and medical status:

   a. Is the child achieving key physical (e.g., growth – height, weight, and head circumference) and developmental milestones?

   b. Is the child achieving his or her optimal or best attainable health status?

   c. Does the parent have the capacity and supports necessary to address any identified special medical needs (e.g., medication, medical equipment, compliance with physician and/or specialist appointments, and emergency procedures)?

   **Note:** If the child is on a special diet, ensure there is appropriate food and/or supplement available.

   d. What is the child’s physical condition (this includes visualization of the child’s skin, teeth, hair, etc.)?

   e. What is the child’s mobility status (e.g., mobile, limited mobility, or assisted mobility)?

   **Note:** If the child is immobile or has limited mobility, the child must be positioned or repositioned in order to see and assess the child’s entire body. Lighting may need to be adjusted and blankets removed in order to adequately visualize the child’s skin condition.
f. How does the child adapt to changes that affect his or her life?

4. **Permanency** – Safety, stability, sufficient caregiver functioning, and sustainability of relationships to adulthood are simultaneous conditions of permanency for a child or youth. Are the child’s daily living and educational environments stable and free from risk of disruption? Have there been changes to the composition of the home? Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the past year? Are all CFT members aware of the child’s permanency plan? Does the child’s permanency plan include relationships which will endure lifelong? Is there a concurrent and/or alternate plan in place for the child? Is the pace of achieving safe, sustainable case closure consistent with the following guidelines?¹
   a. Reunification: 12 months
   b. Guardianship: 18 months
   c. Adoption: 24 months

   **Note:** Permanency may be achieved in more or less time than the guidelines listed above due to circumstances of the individual case.

Each of the areas above must be included and easily identified within the FCM’s documentation of the face-to-face contact in the case management system.

**Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline**

When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated upon face-to-face contact with all alleged child victims. See separate policy, 4.38 Assessment Initiation for additional information regarding initiation.

   **Note:** If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the DCS Hotline immediately.

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See separate policy, 4.36 Linking Child Abuse or Neglect (CA/N) Reports to Open Assessments for more information regarding the receipt of an additional Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114) during an open assessment.

The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed 310 form, emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The 310 or equivalent information may be submitted via email to: DCSHotlineReports@dcs.in.gov, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.
FORMS

1. Family Functional Assessment (FFA) Field Guide
2. Quality Service Review (QSR) Protocol (Version 5.0) – For Use by Trained QSR Reviewers
3. Safety Plan (SF53243)
4. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114)
5. Plan of Safe Care (SF56565)

RELATED INFORMATION

Functional Strengths
Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer does not provide much to work with; however, identifying that he or she is able to participate in group activities, follow directions from a leader, and work toward a clear goal, are strengths that may be utilized to meet the family’s goals.

Underlying Needs
Underlying needs are the root source of an individual and/or family’s challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

Protective Factors
Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:

1. Nurturing and attachment to the child;
2. Knowledge of parenting and of child and youth development;
3. Family resilience;
4. Social connections;
5. Concrete supports; and
6. Social and emotional competence of the child.
**Clinical Supervision**
Clinical supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

**Example:** The focus of clinical supervision for an FCM is on the practice that directly impacts outcomes for families.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will utilize the Child and Family Team (CFT) to ensure the educational needs of children receiving in-home services are met. DCS will encourage the child’s parent, guardian, or custodian to invite the child’s teacher, school social worker, DCS Education Liaison (EL) (if applicable), and any other identified educational supports to participate as a member of the CFT. See separate policy, 5.7 Child and Family Team Meetings for further guidance.

DCS will work with the Indiana Department of Education (DOE) and the parent, guardian, or custodian to ensure all children receiving in-home services receive educational services to meet his or her individual needs:

1. DCS will review the educational records to determine whether an Individualized Education Program (IEP) should be considered to address the child’s educational needs;
2. DCS will encourage the parent, guardian, or custodian to refer the child for testing to identify any special education needs and/or related services, if applicable. If it is determined the child needs individual tutoring, DCS will contact the school regarding this service; and
3. DCS will ensure the child’s educational goals and needs, as well as the efforts to enable the child’s school to provide appropriate support and protect the safety of the child are included in the Case Plan (SF 2956). For further guidance, see separate policy, 5.8 Developing the Case Plan.

Note: DCS must confer with the school in preparing the Case Plan (SF 2956) for all children in care and must reference the school contact in the Predispositional Report. If a child’s home placement has just been changed from out-of-home to in-home, the Every Student Succeeds Act (ESSA) POC Checklist may be used to identify collaboration that occurred to determine the child’s school enrollment.

DCS will ensure every school aged child receiving in-home services is enrolled in school, unless one (1) of the following circumstances exists:

1. The youth is eligible for and actively pursuing a High School Equivalency (HSE) Diploma;
   
   Note: Some scholarships and grants will not be available if an HSE Diploma is completed instead of obtaining a high school diploma.

2. An alternate education plan has been recommended through the child’s current school of enrollment.
Note: If the education plan is included in the Dispositional Order or if the child’s educational needs are the primary focus of the DCS case, the alternate education plan should be submitted for approval by the court.

3. The youth has graduated from high school or has successfully completed an HSE Diploma;
4. The child is enrolled in a home school program that is providing instruction equivalent to that given in public schools for a child of the same age and grade level (see Practice Guidance); or
5. The child has a physician verified medical condition which prevents him or her from attending school.

If a child is expelled from his or her school, DCS will assist the parent, guardian, or custodian in finding an alternate education plan.

DCS will ensure all in-home 7th and 8th grade wards are enrolled in 21st Century Scholars program. Children in out-of-home may be enrolled in 21st Century Scholars program from grades 7th through grade twelve. See this link for eligibility requirements:
http://www.in.gov/21stcenturyscholars/2440.htm

Note: Only youth in out-of-home care are eligible to enroll in the 21st Century Scholars Program after the 8th grade.

DCS will ensure youth age 17 years or older are provided with information about:
1. Pell grants;
2. Education Training Voucher (ETV) through Older Youth Services;
3. Chafee funds from the John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program). This information may be provided at age 16;
4. Federal supplemental grants;
5. The Free Application for Federal Student Aid (FAFSA);
6. Individual Development Accounts (IDA); and

Note: If the youth will be completing high school or an HSE Diploma prior to age 17, he or she should be provided the information prior to completion.

Code References
1. IC 20-33-2: Compulsory School Attendance
2. IC 31-34-15-4: (Case Plan) Form; contents
3. 511 IAC 7-32 through 511 IAC 7-49: Special Education
4. 20 USC 1232: Regulations

PROCEDURE

Education Services for Children Receiving In-Home Services
The Family Case Manager (FCM) will:
1. Gather information regarding the child’s education and discuss the child’s educational best interest with the following:
   a. The child, and
   b. The parent, guardian, or custodian;
Note: The FCM should complete the Release of Education Records (SF 55228) and submit to the last school in which the child was enrolled to obtain educational records.

2. Create a Permanency and Practice Support (PPS) referral to the EL if assistance is needed regarding the child’s education;

3. Partner with the CFT to assess the child’s school attendance and academic performance records. For further guidance, see Related Information and separate policy, 5.7 Child and Family Team Meetings;

4. Recommend and encourage the child's parent, guardian, or custodian to include the child’s teacher, school social worker, EL (if applicable), or any other identified educational supports to participate as a member of the CFT;

5. Assist the parent, guardian, or custodian in referring the child for testing to identify any special education needs and/or related services the child may need, if the child displays signs that a disability may be present (see Related Information);

Note: DCS ELs are available to consult with field staff as the field staff make decisions about each child and case. The ELs are also available to accompany field staff to school meetings when necessary.

6. Ensure educational goals, needs, and efforts to enable the child’s school to provide appropriate support and to protect the safety of the child are included in the child’s Case Plan (SF 2956) and CFTM notes (see separate policies, 5.7 Child and Family Team Meetings and 5.8 Developing the Case Plan);

7. Encourage the parent, guardian, or custodian to complete the forms for free or reduced lunch, and textbook assistance, if applicable;

8. Provide youth in 7th and 8th grades with information about the 21st Century Scholar program;

9. Ensure a completed application for the 21st Century Scholar program is submitted for all 7th and 8th graders by June 30th. Applications for the 21st Century program may be completed by visiting www.scholars.in.gov. Additional information may be available at the youth’s school or by calling toll free at 1-888-528-4719.

10. Provide the youth with information regarding Pell grants, Chafee grants, federal supplemental grants, the FAFSA, the Indiana Commission for Higher Education – State Financial Aid, and the Indiana Division of Student Financial Aid during a CFT Meeting held immediately prior to the youth’s 17th birthday. For further guidance, see separate policies, 11.6 Transition Plan for Successful Adulthood and 11.15 Post-Secondary Education;

Note: This information may be provided earlier if the youth will be applying to colleges prior to age 17.

11. Provide youth with information about opening an IDA. For further guidance, see separate policy, 11.15 Post-Secondary Education and Related Information;

12. Have the youth and caregiver sign an Acknowledgement of Receipt of Information about Various Educational Programs (SF 55743). Give the youth and caregiver a copy of this form and place the original in the youth’s case file; and

11. Ensure all education information (e.g., current grade level, school name and address, and IEP date and specifics), decisions, and actions taken are documented in the case management system as changes occur, or at a minimum, annually.
Special Education Services for Children Receiving In-Home Services

The FCM will:

1. Attend the child’s IEP conferences and provide relevant input. The FCM must obtain a copy of the finalized IEP for the child’s case file;

   **Note:** The school is not required to notify DCS of meetings. The FCM should confer with the parent or guardian regarding attendance at meetings related to the child’s education.

2. Encourage and empower the child’s parent or guardian to attend all IEP conferences, educational meetings, and reviews, and to work with the school to coordinate the development of a transition plan for the child when deemed necessary in his or her educational development; and

3. Request assistance from the EL if the IEP is complicated and/or support is needed.

4. Ensure IEP information is documented in the case management system.

The FCM Supervisor will provide guidance to the FCM as needed and ensure documentation is entered accurately in the case management system.

---

**PRACTICE GUIDANCE**

**Exceptions for Home School and Private School Attendance**

Education through an accredited school is optimal. However, in some unique circumstances home school or private school education may best meet the child’s educational needs. In these instances, the decision to pursue home school or private school education shall be decided in a CFT Meeting and shall not be made without the approval of the parent or guardian. A PPS referral to the EL should also be considered, as his or her expertise will be beneficial in making this decision.

**Utilization of DCS Education Liaisons**

An EL provides support to FCMs in identifying educational barriers and developing effective solutions. FCMs should submit a PPS referral for the EL through KidTraks when educational needs or concerns have been identified.

**Tutoring Services**

In order to determine if tutoring services are needed, the FCM will:

1. Request a copy of the child’s comprehensive school records including attendance over the last few years, school placements, special education evaluations, IEPs, Indiana Statewide Testing for Educational Progress (ISTEP) scores, Response to Intervention (RTI) data, and grades;

2. Determine if there are any patterns in the child’s performance that may explain poor academic performance (e.g., several school placements, inconsistent attendance, inappropriate behaviors);

   **Note:** If a child has poor attendance at school a tutor should not be put in place until a pattern of regular school attendance is established.

3. Communicate with the school administration team to determine what tutoring services are provided through the school;
4. Communicate with the school’s administration team or multidisciplinary team in order to determine what academic interventions are being used to meet the child’s current academic needs. Request to see data supporting the school’s decision to use certain interventions and measure progress;

5. Request to see progress monitoring data to determine if the child is making adequate progress toward academic goals if the child receives special education services;

   **Note**: For children with IEPs, grades on the report card are not always the best measure of their progress and academic performance.

6. Make a referral to an outside tutoring service, if determined to be appropriate, for a child who has received in-school tutoring and is still struggling. Ensure the tutoring service knows who to communicate with to determine what interventions and strategies are being used or have been used with the child; and

7. Request regular updates from the tutoring provider on the child’s progress toward the child’s individual goals.

### FORMS AND TOOLS

1. **Acknowledgement of Receipt of Information about Various Educational Programs (SF 55743)**
2. **Case Plan (SF 2956)** – available in the case management system
3. **College Goal Sunday Information**: College Goal Sunday
4. **Release of Education Records (SF 55228)**
5. **Predispositional Report**
6. **ESSA POC Checklist**

### RELATED INFORMATION

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

IDEA guarantees that persons between the ages of three (3) and 22 with disabilities receive appropriate public education through the development and implementation of an IEP. The IEP is designed to meet the assessed educational needs of each student within the least restrictive environment. IDEA ensures that testing and evaluation materials, procedures, and interpretation of results are not biased.

**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 the child may have a disability should request 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 a child be evaluated within 50 instructional days once the parent has given written consent. Exceptions to the timeline exist if the child moves from one (1) district or state to another 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 a timely evaluation is conducted.

**High School Equivalency (HSE) Diploma**

Indiana has implemented the Test Assessing Secondary Completion (TASC), a replacement for the General Education Development (GED). TASC is the HSE exam, which measures an
examinee’s levels of achievement relative to that of a graduating high school senior. TASC also assesses for career and college readiness. For additional information, see http://www.in.gov/dwd/HSE.htm.

**Individual Development Accounts (IDA)**
An IDA is a matched savings account program designed to assist individuals in achieving self-sufficiency through financial literacy and asset generation. There are a limited number of IDAs available in Indiana. In order to open an IDA, individuals must meet the following eligibility requirements:
1. Be an Indiana resident;
2. Have an income below 175% of the Federal Poverty Guidelines;
3. Have at least $400 per year in earned income;
4. Be able to save a minimum of $35 per month; and
5. Meet minimum screening requirements.

Youth interested in opening an IDA should visit http://www.in.gov/ihcda/2403.htm or call 1-317-232-7777 for county specific information.

**Education Records**
Education records include a range of information about a student that is maintained by the school. Examples of information include, but are not limited to:
1. Date and place of birth, address of the parent, guardian, or custodian; and contact information in case of an emergency;
2. Grades, test scores, courses taken, academic specializations, activities, and official letters regarding a student's status in school;
3. Special education records;
4. Disciplinary records;
5. Medical and health records the school creates or collects and maintains;
6. Documentation of attendance, schools attended, 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.

**Note:** 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.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will partner with the child’s parent, guardian, or custodian and the Child and Family Team (CFT) by assisting, empowering, and advocating for health care services necessary to meet the child’s needs (e.g., physical, mental, dental, visual, auditory, and developmental). See separate policy, 5.7 Child and Family Team Meetings, for further guidance.


DCS will ensure that every child receiving in-home services receives ongoing assessments and follow-up care when:
   1. Recommended by the child’s current physician, dentist, a qualified mental health provider, health care worker, or social worker; or
   2. The child’s parent, guardian, or custodian 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.

PROCEDURE

The Family Case Manager (FCM) will:
   1. Ensure that the child’s parent, guardian, or custodian is responsible for the child’s ongoing medical care and treatment;

      Note: The FCM will provide the child’s parent, guardian, or custodian with a Medical Passport (DCS Pamphlet 036) to assist in documenting the child’s health care services.

   2. Include the CFT in the planning and decision making process for the child’s ongoing medical care and treatment. See Practice Guidance and separate policy, 5.7 Child and Family Team Meetings for further details;

   3. Ensure the child’s physical, mental health (including substance abuse, if applicable), dental, visual, and developmental history is documented;

   4. Encourage the parent, guardian, or custodian to share the child’s physical, mental health (including substance abuse, if applicable), dental, visual, and developmental history with the CFT. See separate policy, 5.7 Child and Family Team Meetings.
5. Inform the child’s parent, guardian, or custodian of the responsibility to:
   a. Schedule and ensure the child is transported to health care appointments,
   b. Document all care and treatment received in the child’s Medical Passport (DCS Pamphlet 036),
   c. Immediately inform the FCM of any serious injuries or illnesses experienced by the child,
   d. Seek emergency care for the child for the following:
      i. Serious injury or illness;
      ii. Serious dental issues (e.g., broken teeth, bleeding gums, etc.);
      iii. Mental health issues that place the child at risk for harming himself/herself or others; and
      iv. Serious vision issues (i.e., the child’s glasses/contacts are broken or lost).

**Note:** For a comprehensive list of identified Medicaid eligible providers in the child or family’s region see, [http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx](http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx).

6. Ensure that every child receiving in-home services receives a CANS Assessment. If the CANS Assessment indicates that a comprehensive mental health assessment is warranted, refer the child for that assessment within 10 business days of the recommendation (see separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment); and

7. Encourage the child’s parent, guardian, or custodian to ensure the child receives ongoing routine health care and treatment as outlined below:
   a. 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.
   b. Dental exams and cleanings every six (6) months.
   c. Visual exams every 12 months for a child with corrected vision. For all other children, the vision screening performed by the child’s primary care doctor at the time of the physical health check-up or those performed at the child’s school is sufficient.
   d. Hearing exam every 12 months for a child with corrected hearing (hearing aid or tubes) or as recommended by the child’s physician. For all other children, the hearing screening performed by the child’s primary care doctor at the time of the physical health check-up or those performed at the child’s school is sufficient.

**PRACTICE GUIDANCE**

**Health Care Planning and Decision Making**

If during the CFT meeting DCS recommends treatment for the child and the parent, guardian, or custodian does not have the financial resources to address the identified need of the child, DCS will encourage the parent, guardian, or custodian to utilize free or low cost clinics and/or apply for Medicaid, if they are not already receiving Medicaid benefits for the child. If the parent, guardian, or custodian’s financial need continues to be a barrier, DCS will assess to determine if the family would qualify for a Medicaid waiver. The DCS Local Office Director (LOD) or designee will make all final decisions as to the utilization of waiver services.
Depending on the child’s individual assessed needs, ensure that the child is provided/offered the following specialized care and treatment:

1. Therapy/counseling services and medication.
2. Drug and/or alcohol testing and substance abuse treatment.
3. Testing and any necessary treatment for HIV, sexually transmitted diseases (STDs), and other communicable diseases.
4. Developmental screenings and services if warning signs exist or if there was known or 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 (3) years of age.
   a. Pregnancy options counseling and prenatal care.
   b. Education and information about hygiene, sexual development, birth control, and sexually transmitted diseases.

**First Steps**
The Indiana First Steps program includes professionals from education, health, and social services. The services these professionals provide are coordinated to offer the children of Indiana an extensive selection of early intervention resources. First Steps is available in every county in Indiana.

Most referrals to First Steps originate from doctors, hospital staff, or other social service agencies such as DCS. Also, a parent may become concerned about apparent delays in their child’s development and initiate a “self-referral” to First Steps. For further information regarding the First Steps program, view their website http://www.in.gov/fssa/dfr/4655.htm.

Eligibility for First Steps includes families with children ages birth to three (3) years who:

1. Are experiencing developmental delays.
2. Have a diagnosed condition that has a high probability of resulting in a developmental delay.

**FORMS**

1. **Medical Passport (DCS Pamphlet 036)**
2. **Child and Adolescent Needs and Strengths (CANS) Assessment** – Available in the case management system

**RELATED INFORMATION**

**Qualified Mental Health Provider**
A QMHP is defined as a licensed psychiatrist, a licensed physician, or a licensed psychologist or a psychologist endorsed as a Health Service Provider in Psychology (HSPP).
An individual who has had at least two (2) years of clinical experience, under the supervision of a mental health professional, with persons with serious mental illness. Such experience must have occurred after the completion of a Master's Degree or Doctoral Degree or both from an accredited university, and the individual must possess one of the following credentials:

1. In nursing (plus a license as a registered nurse in Indiana),
2. In social work (from a university accredited by the Council on Social Work Education),
3. In psychology (and who meets the Indiana requirements for the practice of psychology),
4. In counseling and guidance, pastoral counseling or rehabilitation counseling, or
5. A mental health professional who has documented equivalence in education, training, and/or experience approved by the supervising physician.

Disclosure of Physical, Mental Health and Addiction History of the Parent/Guardian/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 members of the CFT).

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: http://www.in.gov/fssa/dfr/4655.htm or calling (800) 545-7763.

Parent/Guardian/Custodian’s Cultural Beliefs
DCS respects and values the family’s cultural beliefs surrounding medicine and healing, provided the family’s cultural practices do not place the child at risk or harm or preclude medical interventions deemed necessary for the child’s health and safety.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require notification and/or approval for travel and participation in overnight activities as follows:

**In-State Travel, Activities or Events**

1. Informal Adjustment (IA) - The child’s FCM will engage the parent, guardian, or custodian during monthly visits to identify any upcoming in-state travel the child may be involved in that would require an overnight stay.

2. In-Home Child In Need of Services (CHINS) - For in-state travel that requires an overnight stay over 48 hours the parent, guardian, or custodian should notify the child’s Family Case Manager (FCM) during their monthly scheduled visit, via phone (voice mail messages are acceptable) or e-mail, unless this is a recurring visit with the non-custodial parent.

**Out-of-State Travel**

1. IA - The child’s FCM will engage the parent, guardian, or custodian during monthly visits to identify any upcoming out-of-state travel.

2. In-Home CHINS - For any overnight out-of-state travel, the parent, guardian, or custodian must notify the FCM at least seven (7) days in advance, whenever possible. For any out-of-state overnight travel exceeding 48 hours the parent, guardian, or custodian must have court authorization. The parent, guardian, or custodian 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 unless this is a recurring visit with the non-custodial parent.

**Note:** In the event of an emergency requiring a parent, guardian, or custodian to travel out-of-state when the stay will exceed 48 hours, and the DCS local office is closed, the parent, guardian, or custodian must call the Child Abuse and Neglect Hotline (1-800-800-5556) to obtain verbal authorization from the on-call Supervisor. The parent, guardian, or custodian must provide the on call Supervisor with the vehicle color, make/model and license plate number in which the child will be traveling. The parent, guardian, or custodian must notify the assigned FCM the next business day. 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.

**Out-of-Country Travel**

1. IA - The child’s FCM will engage the parent, guardian, or custodian during monthly visits to identify any upcoming out-of-country travel.

2. In-Home CHINS - For all out-of-country travel, the parent, guardian, or custodian must obtain written authorization from the DCS Regional Manager (RM) and a court order. Authorization must be requested at least one (1) month in advance.
PROCEDURE

In-State Travel
IA
The FCM will:
1. Engage the parent, guardian, or custodian during scheduled monthly visits; and
2. Partner with the parent, guardian, or custodian to identify any upcoming in-state travel that the child may be involved in that would require an overnight stay.

In-Home CHINS
The FCM will:
1. Engage the parent, guardian, or custodian during scheduled monthly visits;
2. Inform the child’s parent, guardian, or custodian of the responsibility to:
   a. Collaborate with the FCM during his or her scheduled monthly visit to identify upcoming in-state travel that the child may be involved in that would require an overnight stay; and
   b. Communicate with the FCM during his or her scheduled monthly visit or at least seven (7) days in advance, of any overnight stay over forty-eight (48) hours, unless this is a recurring visit with the non-custodial parent;
3. Partner with the parent, guardian, or custodian to identify upcoming in-state travel that the child may be involved in that would require an overnight stay; and
4. Collect during scheduled monthly visits and document in the case management system the following details if the child will be participating in any in-state travel that would require an overnight stay:
   a. The date, duration, and location of the travel;
   b. The purpose of the travel (e.g., vacation, extended field trip, summer camp, etc.);
   c. The name of the adult(s) who will accompany the child; and
d. Contact telephone and lodging information.

Out-of-State Travel
IA
The FCM will:
1. Engage the parent, guardian, or custodian during scheduled monthly visits; and
2. Partner with the parent, guardian, or custodian to identify any upcoming out-of-state travel.

In-Home CHINS
The FCM will:
1. Engage the parent, guardian, or custodian during scheduled monthly visits;
2. Inform the parent, guardian, or custodian of the responsibility to:
   a. Collaborate with the FCM during his or her scheduled monthly visit to identify any upcoming out-of-state travel at least seven (7) days in advance whenever possible; and
   b. Communicate with the FCM as early as possible in order to allow sufficient time to obtain permission from the court for out-of-state travel if the travel will require an overnight stay exceeding 48 hours.
3. Partner with the parent, guardian, or custodian to identify any upcoming out-of-state travel;
4. Collect during scheduled monthly visits and document in the case management system the following details if the child will be participating in any out-of-state travel that would require an overnight stay exceeding 48 hours:
   a. The date, duration, and location of the travel;
   b. The purpose of the travel (e.g., vacation, extended field trip, summer camp, etc.);
   c. The name of the adult(s) who will accompany the child;
   d. Contact telephone and lodging information; and
   e. Vehicle color, make/model and license plate number in which the child will be traveling; and
5. Submit a court report to the FCM Supervisor for approval, if the travel will require an overnight stay exceeding 48 hours.

The FCM 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 travel will require an overnight stay exceeding 48 hours.

Out-of-Country Travel
IA
The FCM will:
1. Engage the parent, guardian, or custodian during scheduled monthly visits; and
2. Partner with the parent, guardian, or custodian to identify any upcoming out-of-country travel.

In-Home CHINS
The FCM will:
1. Engage the parent, guardian, or custodian during scheduled monthly visits;
2. Inform the parent, guardian, or custodian of the responsibility to:
   a. Collaborate with the FCM during their scheduled monthly visit to identify any upcoming travel that the child may be involved in that would require out-of-the country travel; and
   b. Communicate with the FCM as early as possible in order to allow sufficient time to obtain permission from the court for out-of-country travel;
3. Partner with the parent, guardian, or custodian to identify upcoming travel the child may be involved in that would require out-of-country travel;
4. Collect during scheduled monthly visits and document in the case management system the following details if the child will be participating in any travel requiring overnight stays:
   a. The date, duration, and location of the travel;
   b. The purpose of the travel (e.g., vacation, extended field trip, summer camp, etc.);
   c. The name of the adult(s) who will accompany the child;
   d. Contact telephone and lodging information; and
   e. Vehicle color, make/model and license plate number in which the child will be traveling.
5. Submit the parent, guardian, or custodian’s request for out-of-country travel to the DCS RM, who will then forward their decision to the DCS Local Office Director (LOD). The request may be made by e-mail; and
6. Submit a court report to the FCM Supervisor for approval after receiving approval from the DCS RM.

The FCM Supervisor will:
   1. Partner with the FCM to ensure the family’s needs are being met; and
   2. Review and approve the court report.

**PRACTICE GUIDANCE**

DCS is legally responsible for children who are identified as In-Home CHINS. It is equally important that DCS partners with children and their families who are participating in an IA. Therefore, it is imperative that DCS knows the whereabouts of all children under their care and supervision at all times unless the terms of the IA include travel authorization and/or restrictions.

**“Blanket” Travel Requests**

The DCS LOD can approve “blanket” travel requests for frequent in-state travel or out-of-state travel that does not require an overnight stay in excess of 48 hours in each instance. Such requests should be clearly detailed in writing and include the following:
   1. Specific child to travel,
   2. Adult(s) who will accompany the child, and
   3. Travel location and reason for travel.

**FORMS**

Disaster Plan

**RELATED INFORMATION**

N/A
STATMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) may recommend to the court that a child receiving in-home services be placed in out-of-home care (see separate policy, 8.1 Selecting a Placement Option) if:

1. There are new allegations of child abuse/neglect (CA/N) by the parent, guardian, or custodian or another person living in the home;
2. The safety of the child requires additional services for which court intervention is needed and the safety risk cannot be alleviated through an in-home Child In Need of Services (CHINS); or
3. There is a pattern of non-compliance with the objectives of the Case Plan (SF2956) and reasonable efforts to secure the safety of the child or the community have been unsuccessful or could not be made due to the emergency nature of the situation.

DCS will remove the child if the safety of the child cannot be reasonably ensured in the current placement. DCS will obtain a written order from the court prior to removing a child, unless emergency removal is necessary to protect the immediate health and safety of the child. See separate policy, 4.28 Involuntary Removals for additional guidance.

DCS will partner with the family through the Child and Family Team (CFT) process to identify non-negotiables involving child safety and well-being and the best placement option for the child, unless an immediate placement decision must be made due to an emergency removal. See separate policies, 5.7 Child and Family Team Meetings and 8.1 Selecting a Placement Option for further guidance.

DCS will not place a child in a residential care facility prior to receiving approval from the Residential Placement Committee (RPC) and court.

**Exception:** DCS may place a child in a residential facility in an urgent situation prior to RPC and 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.

See separate policy, 8.4 Emergency Shelter and Urgent Residential Placement Review and Approval for further guidance.

DCS will notify the child’s school within 72 hours when the child is removed and placed in out-of-home care. A determination of the child’s best interests regarding educational placement will be determined in collaboration with the local education agency. See separate policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement for further guidance.
PROCEDURE

The Family Case Manager (FCM) will:

1. Engage the CFT to:
   a. Explore options to support the parent, guardian, or custodian in safely parenting the child in the home (see separate policy, 5.10 Family Services),
   b. Identify the placement type and/or resource, if out-of-home placement is required.

   **Note:** When placement with a suitable and willing relative is not possible, former foster parents should be considered whenever possible and appropriate (see Policy 8.1 Selecting a Placement Option and Policy 8.48 Relative Placements). When a child requires residential placement, refer to Policy 8.4 Emergency Shelter and Urgent Residential Placement Review and Approval.

   c. Develop a transition plan to the fullest extent possible given time constraints, and
d. Discuss the identified placement with the child in an age and developmentally appropriate manner (see separate policy, 8.8 Preparing Child for Placement).

2. Document the reason for the out-of-home placement in the case management system case file;

3. **Request a Detention Hearing be held prior to removing the child or within 48 hours following an emergency removal** and an order be issued removing the child from the home, as well as, **finding that Removal is in the Best Interests of the child, that Reasonable Efforts have been made to prevent removal, and that responsibility for Placement and Care of the child will reside with DCS.** See Practice Guidance and separate policies, 4.28 Involuntary Removals and 6.1 Detention/Initial Hearing for further guidance;

4. Notify all relevant parties of the planned change in placement, as soon as possible or within legal time constraints (see separate policies, 2.6 Diligent Search and 4.28 Involuntary Removals);

5. Remove the child and assist in his or her transition to the new placement (see separate policies, 8.8 Preparing Child for Placement and 8.9 Placing a Child in Out-of-Home Care);

6. Request assistance of the law enforcement agency (LEA) if the parent, guardian, or custodian acts to prevent removal;

7. Utilize the **School Notification (SF47412)** to notify the child’s school of the child’s removal and placement in out-of-home care within 72 hours (see separate policy, 8.22 School Notifications and Legal Settlement for further guidance); and

8. Complete a Permanency and Practice Support (PPS) referral to the Education Services Team for assistance in determining the child’s best interest, if there is potential for an educational placement change (see separate policy 8.20 Educational Services for further guidance).
PRACTICE GUIDANCE

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 and/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.

Court Approved Non-Emergency Placement Change
When the court issues an order concerning Best Interests and Reasonable Efforts to prevent removal and gives Placement and Care responsibility to DCS, but allows the child to remain at home, DCS must request a new Detention hearing for the child to be removed and placed in out-of-home care. The new court order must state that the child is being removed from the home and contain findings of Best Interests, Reasonable Efforts, and Placement and Care responsibility to DCS. The FCM must document in the case management system case file the start date of the removal episode with the date the child is first placed in out-of-home care and enter the placement on the Placement screen. The date and title of the hearing must be entered on the Hearing Screen and the appropriate hearing date for the court order language on the Best Interests/Reasonable Efforts/Placement and Care tab reviewed and updated if necessary.

Resolving Potential Differences (Addressing Potential Conflicts)
When potential differences arise, a CFT meeting and/or Case Conference should be facilitated. While facilitating a CFT Meeting and/or Case Conference, the facilitator(s) should assess and decide if all family and team members should discuss the issue or differences. To make this decision some questions to consider are:
1. Does the issue or difference involve the whole team?
2. How might this issue or difference influence the development and implementation of the family’s plan?
3. Does this issue or difference impact the ability of the team or family to ensure safety, stability, well-being, and permanency for the child?

The goals and requests of the parent(s) must never come before ensuring the safety of the child.

For additional practice support, see Indiana Practice Model SharePoint.

FORMS
1. Case Plan (SF2956) – available in the case management system
2. School Notification (SF47412)

RELATED INFORMATION
N/A

1 The Child Welfare Policy & Practice Group, Engagement and Facilitating the Child and Family Team Meetings
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct the In-Home Risk and Safety Reassessment on all open cases where all children remained in the home or where the children have been returned home to evaluate a family’s progress toward case plan goals.

The In-Home Risk and Safety Reassessment will first be conducted within 45 days of the Disposition Hearing and at least every 180 days thereafter on all open permanency cases where family preservation services are provided. If there is a change in circumstances or new information is gained about the family, which would affect the child’s safety and/or risk, the In-Home Risk and Safety Reassessment should be completed or during case junctures.

During a Child and Family Team (CFT) Meeting, DCS will discuss the results of the In-Home Risk and Safety Reassessment with the CFT to assist in developing a plan to address the safety threats, identify protective factors, and reduce the risk level by thoroughly identifying and considering the family’s strengths, needs, and informal supports.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:
1. Answer all questions on the In-Home Risk and Safety Reassessment;
2. Determine if any safety threats exist;
3. Document which protective factors mitigate the safety threats;
4. Determine the risk level; and
5. Discuss the results of the In-Home Risk and Safety Reassessment with the CFT to develop a plan to assist in the identification, utilization, and development of the family’s strengths, informal supports, and services to address needs.

The FCM Supervisor will:
1. Continually monitor, coach, and mentor the FCM on the use of the In-Home Risk and Safety Reassessment during clinical supervision; and
2. Ensure the In-Home Risk and Safety Reassessment is properly documented in the case management system.

Note: If no safety threats exist, consider recommending case closure with supervisory approval.
PRACTICE GUIDANCE

In-Home Risk and Safety Reassessment
Best practice suggests each permanency case should be reviewed in conjunction with judicial review hearings (at least every 180 days) to reassess safety and progress toward objectives and long-term goals, including the elimination of safety threats and reduction of risk. The In-Home Risk and Safety Reassessment may be completed earlier if there have been significant changes that affect safety and/or risk.

Safety Reassessment
A Safety Reassessment is a part of the In-Home Risk and Safety Reassessment and it should be used for open cases in which a child is in the home and new information or circumstances require that the safety of the child be assessed. The Safety Reassessment should be used to determine whether the child may remain in the home, with or without protective interventions, and to identify the specific interventions that should be initiated or maintained. If there are no safety threats, consider recommending case closure with supervisory approval. If any safety threats exist, the case must remain open until safety threats are resolved.

Risk Reassessment
The Risk Reassessment is a part of the In-Home Risk and Safety Reassessment and is used by the FCM throughout the life of the permanency case to determine the presence of risk factors that indicate the likelihood of future child maltreatment. The Risk Reassessment also assists FCMs in evaluating whether risk levels have decreased, remained the same, or have increased since the completion of the Initial Family Risk Assessment. In addition to the Risk Reassessment, FCMs should reference the Family Functional Assessment (FFA) Field Guide when working with self-identified Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth. Risk Assessment questions that may be helpful in determining the risk factors for LGBTQ youth may be found in the FFA Field Guide.

Note: Risk Reassessments are completed for the biological family or family of origin unless Termination of Parental Rights (TPR) is finalized. If TPR is finalized, Risk Reassessments are not required.

The Risk Reassessment determines whether the case should remain open or be closed. For cases that will remain open, the Reassessment includes updating the treatment plan based on current needs and strengths.

FORMS AND TOOLS

1. In-Home Risk and Safety Reassessment – Available in the case management system
2. IN Guidebook
4. Initial Family Risk Assessment – Available in the case management system

RELATED INFORMATION

Determining Overall Risk Level
Research has demonstrated that for the Risk Reassessment, a single index best categorizes risk for future maltreatment. Unlike the Initial Family Risk Assessment that contains separate
indices for risk of neglect and risk of abuse, the Risk Reassessment is comprised of a single index.

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Close, if there are no unresolved safety threats</td>
</tr>
<tr>
<td>Moderate</td>
<td>Close, if there are no unresolved safety threats</td>
</tr>
<tr>
<td>High</td>
<td>Case remains open</td>
</tr>
<tr>
<td>Very High</td>
<td>Case remains open</td>
</tr>
</tbody>
</table>

**Safety vs. Risk Assessment**

It is important to keep in mind the difference between safety and risk when completing the In-Home Risk and Safety Reassessment. The Safety Assessment assesses the child’s present danger and the interventions currently needed to protect the child. In contrast, the Risk Assessment looks at the likelihood of future maltreatment.

**Clinical Supervision**

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

**Example:** The focus of clinical supervision for an FCM is on the practice that directly impacts outcomes for families.
The Indiana Department of Child Services (DCS) will consider the following factors, if applicable, when identifying placement options for a child:

1. The noncustodial parent’s suitability and willingness to care for the child;
2. The possibility of other suitable and willing relatives as a placement;

   **Note:** A noncustodial parent should be considered prior to exploring placement options. If there is not a suitable noncustodial parent, suitable and willing relatives should be considered prior to considering other placement options.

3. The possibility of former resource parents as a placement;

   **Note:** Former long-term resource parents may be considered as a relative placement in cases where the child is the victim of repeat maltreatment or returning to out-of-home care. See separate policy, 8.48 Relative Placements for further guidance.

4. The placement type recommendation of the Child and Adolescent Needs and Strengths (CANS) Assessment (see separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment);
5. The least restrictive environment available to provide for the child’s individual needs;
6. 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;
7. Placement with siblings and whether there is a compelling reason that placing siblings together would not be in the best interest of one (1) or more of the children;
8. The child has been identified as a victim of human trafficking and/or domestic violence; and
9. The child is a member of, or eligible for, membership in an Indian (Native American) tribe. For additional information, see separate policy 2.12 Indian Child Welfare Act (ICWA).

The Family Case Manager (FCM) and Child and Family Team (CFT) should carefully determine what placement would be in the best interest of the child, unless an immediate placement decision must be made due to an emergency removal. DCS must submit all placement recommendations to the court. For further guidance, see separate policies, 8.4 Emergency Shelter and Urgent Residential Placement Review and Approval and 5.7 Child and Family Team Meetings.

**Note:** As soon as possible after the emergency situation, the CFT should determine which placement option will be in the best interest of the child.
The CFT will discuss the identified permanency plan at each meeting, in addition to the second permanency plan, if concurrent planning. For further guidance, see separate policy, 5.15 Concurrent Planning – An Overview.

Code References
1. IC 31-34-1-3.5 Victim of Human or Sexual Trafficking
2. IC 31-34-4: Temporary Placement of Child Taken into Custody
3. IC 31-34-6: Detention of Alleged Child in Need of Services
4. IC 31-34-6-2: Placement with relative or de facto custodian; evaluation; background checks
5. IC 5-26.5-1-3: "Domestic violence"
6. IC 34-6-2-34.5: "Domestic or family violence"
7. IC 35-42-3.5: Human and Sexual Trafficking
8. IC 31-32-2.5: Right to Intervene in Child in Need of Services Proceedings and Termination of Parent-Child Relationship Proceedings
9. IC 31-34-21: Review of Dispositional Decrees; Formal Review Hearings
10. IC 31-34-23-5: Placement of a child with a previous placement

| PROCEDURE |

When pursuing a placement, the FCM will:
1. Conduct a diligent search for any noncustodial parents and relatives, (including all adult relatives and adult siblings) prior to conducting a search for a licensed foster home. Identify all relatives who may be an appropriate resource for the child utilizing the completed Family Network Diagram. See separate policies, 4.0 Diligent Search, 5.6 Locating Absent Parents, and 8.48 Relative Placements;

   **Note:** In cases involving human trafficking, if placement with a noncustodial parent or other relative is being considered, the child should not be placed until it is determined that the potential placement is not the trafficker or associated with the trafficker. For further guidance, see separate policy 2.21 Human Trafficking and/or send questions to dcshumantraffickinginformation@dcs.in.gov.

2. Conduct a criminal history background check if a noncustodial parent is identified as a potential caregiver and there are concerns regarding the noncustodial parent's ability to keep the child safe or if a relative placement has been identified. See separate policies, 13.5 Conducting Background Checks for Unlicensed Placements and 13.6 Evaluation of Background Checks for Unlicensed Out-of-Home Placements;

3. Ask the family if the child is a member of, or eligible for, membership in an Indian (Native American) tribe. See separate policy 2.12 Indian Child Welfare Act (ICWA);

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

4. Facilitate the convening of a CFT Meeting to:
   a. Discuss the needs of the child,
   b. Review the 8.A Tool: Placement Needs Summary, CANS, and placement recommendations to determine which of the following is the most appropriate placement type for the child:
i. Relative or Kinship Family, including a **long-term resource family** (see separate policy **8.48 Relative Placements**);

ii. Foster Family Home;

   **Note:** Former foster parents should be considered whenever possible and appropriate.

iii. Residential Treatment Center, Psychiatric Residential Treatment Facility or State Hospital. This level of placement requires approval of the Residential Placement Committee,

   **Note:** In cases of human trafficking, many children run away from their placements and return to their trafficker or a similar situation from which they came. Also, if placement with a noncustodial parent or other relative is being considered, the child should not be placed until it is determined the potential placement is not the trafficker or associated with the trafficker. For further guidance, see separate policy 2.21 Human Trafficking and/or send questions to dcshumantraffickinginformation@dcs.in.gov.

c. Develop a permanency plan and second permanency plan, if concurrent planning. Both plans should include the possibility of siblings being placed together. For further guidance, see separate policy, **5.15 Concurrent Planning – An Overview**, and

d. Develop a **Visitation Plan** that is agreed upon by all parties if it has been determined the siblings cannot be placed together or it is in the best interest for siblings to not be placed together. For further guidance, see separate policy, **8.12 Developing the Visitation Plan**;

   **Note:** The FCM should consider the appropriateness of visitation between siblings and ensure it is documented in the Visitation Plan.

5. Collaborate with the Regional Foster Care Specialist (RFCS) if the child will be placed in a licensed foster home. If the child has previously been placed in a licensed foster home, coordinate with the RFCS to determine if placement in a previous foster home would be in the best interest of the child. The FCM should first consider former foster placements (i.e., prior to placing the child in an unfamiliar home) whenever possible and appropriate. When considering previous foster homes, the FCM should conduct a case management system search of the child’s previous placements to identify possible foster homes;

6. When discussing placement, provide as much information as possible regarding the child’s needs for the purpose of finding an appropriate foster home. The information should include, but is not limited to:
   a. Demographics,
   b. Child preferences,
   c. Whether the child is part of a sibling group and if the siblings should be placed together,
   d. Whether the child has any behavioral needs that may affect placement (e.g., bedwetting, fire starting, animal cruelty, sexual abuse history, or probation),
   e. Prior placement history,
   f. Medical and/or psychological needs/concerns and history, and
   g. Educational needs and enrollment details;
7. Contact the identified family to discuss the child’s needs and the family’s ability to care for the child. Ensure clear follow up is given to the family regarding whether the child will be placed in their home. If it is determined the child will be placed in their home, consider services needed for the resource family to meet identified needs and make referrals as necessary (see separate policy, 8.15 Services for the Resource Family).

Note: If the child is placed in a Licensed Child Placing Agency (LCPA) home, ensure the LCPA staff is included in communications with the foster parent.

8. Obtain approval by the DCS Local Office Director (LOD) or designee for children placed in placement types that are different from the CANS recommendation. For further guidance, see separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment;

9. Submit the recommendation to the court after the recommendation is approved by all required DCS local office staff;

10. Facilitate the placement of the child. For further guidance, see separate policy, 8.9 Placing the Child in Out-of-Home Care;

11. Document the placement in the case management system;

12. 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

13. Conduct the initial face-to-face contact with the child and placement resource within three (3) business days of placement.

For Residential Placement the FCM will follow all additional steps in separate policy 8.4 Emergency Shelter and Urgent Residential Placement Review and Approval.

Note: 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 resource parent or in a residential facility.

The FCM Supervisor will:
1. Assist the FCM in determining the appropriate type of placement for the child; and

Note: Obtain approval by the DCS LOD or designee for children placed in placement types that are different from the CANS recommendation. See separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment.

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

Upon contact by the FCM regarding the need for placement recommendations, the RFCS or the LCPA will:
1. Discuss, with the FCM, the child’s placement needs including, but not limited to:
   a. The CANS placement recommendation and/or known behavioral health and medical needs;
   b. Anticipated visitation schedule and details;
   c. Educational needs;
   d. Sibling relationships and potential placement or service needs; and
   e. Existing and/or anticipated services;
2. Evaluate the appropriateness of available placement options to meet the child’s needs; and
3. Provide recommendations to the FCM regarding the child’s placement.

**PRACTICE GUIDANCE**

**Indicators of Human Trafficking**

If any of the following indicators or a combination of several indicators of human trafficking are observed during the course of an assessment, the FCM should complete the **Indiana Human Trafficking Screening Tool** and staff with his or her supervisor. The FCM and/or FCM Supervisor may send questions to dcshumantraffickinginformation@dcs.in.gov.

**Child Indicators:**

1. Child may not be able or willing to speak on his or her own behalf;
2. Child may not be able to speak English;
3. Child may not be allowed to speak to the FCM alone;
4. Child may not have access to identification and/or travel documents;
5. Child may work long hours and receive little or no pay;
6. Child may not cooperate with the FCM during the interview (e.g., provide wrong information about identity and living situation);
7. Child may not attend school or has large gaps in his or her education history;
8. Child may live at his or her workplace or with his or her employer and many other people in a small area;
9. Child may have a **heightened** sense of fear and distrust of authority;
10. Child may have engaged in prostitution or commercial sex acts;
11. Child may have a significantly older boyfriend or girlfriend;
12. Child may be a runaway; and/or
13. Child may be in a public place (e.g., hotel) and found in possession of drugs/alcohol.

**Relative Resource Homes as a Placement Option When Domestic Violence Has Occurred**

Prior to approving a relative placement for any child under DCS supervision, the FCM will consider the following criteria:

1. The relative household members have no history of domestic violence;
2. The relative believes domestic violence has occurred and does not enable the violence;
3. The relative can and will protect child(ren) from the alleged domestic violence offender;
4. The relative will not reveal the whereabouts of the non-offending parent;
5. The alleged domestic violence offender does not have coercive control over the relative and/or family;
6. The relative and/or family does not fear the alleged domestic violence offender;
7. The family members will report any and all violations of the **Safety Plan (SF53243)**; and
8. The relative and/or family has a good relationship with the non-offending parent.

**FORMS AND TOOLS**

1. **8.A Tool: Placement Needs Summary**

---

2. **8.B Tool: Separation and Loss**
4. **Safety Plan (SF53243)**
5. **Indiana Human Trafficking Screening Tool** – Available in the case management system
6. **Visitation Plan** – Available in the case management system

### RELATED INFORMATION

**DCS Investigators**
A Permanency and Practice Support (PPS) referral may be made to a DCS Investigator to assist with locating an absent parent or relatives for placement consideration.

**Placement with a Relative**
IC 31-34-6-2 requires the court to consider placing a child with a suitable and willing relative before considering any other placement option.

**Long-Term Resource Parent**
A resource parent who has provided care and supervision for a child for at least:
1. The 12 most recent months;
2. Fifteen (15) months of the most recent 22 months; or
3. Six (6) months, if the child is less than twelve (12) months of age.

**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 his or her 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 facilities (see separate policy, 15.10 Ongoing Eligibility for additional information on Title IV-E eligible placements). 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 Noncustodial 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 is not considered a placement.

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 noncustodial parent, this is considered a Trial Home Visit (THV).

**Confidentiality for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth**
FCMs should ensure that confidentiality measures are in place when evaluating placement of an...
LGBTQ youth. Except for cases where LGBTQ issues are relevant to abuse, neglect, removal, placement, or reunification, confidentiality must be maintained. In these circumstances, the youth’s identification as an LGBTQ youth should be discussed with the supervisor. Staff should be mindful confidentiality is important and even more critical when working with youth identifying as LGBTQ. These youth may or may not be out, or only to certain individuals. It is up to a youth to determine to whom and how they come out. FCMs should stress to the proposed resource parent that it is critical that confidentiality and respect be honored in the way that an LGBTQ youth requests.
STATEMENTS OF PURPOSE

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 parent 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 (LOD) 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. For additional information, see separate policy 2.12 Indian Child Welfare Act (ICWA).

Code Reference
42 U.S.C. Sec. 1996b: Inter-ethnic Placement Act (IEPA)

PROCEDURE

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 FCM 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 case management system 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 LOD and the Regional Manager (RM), if the FCM Supervisor believes there are compelling circumstances; and
6. Ensure all case information is forwarded to the DCS LOD or designee for final approval, if the RM believes there are compelling circumstances.

**PRACTICE GUIDANCE**

**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.

**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 DCS 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:
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will utilize Emergency Shelter Care (ESC) and Residential Placement when there are extenuating circumstances documented that prevent the child from being placed in the least restrictive, most family-like setting. See separate policy, 8.1 Selecting a Placement Option.

The Residential Placement Committees (RPC) will review and approve all residential placements prior to seeking court approval for placement. In addition, the Clinical Specialist must be consulted prior to all residential placements.

**Exception:** DCS may place a child in a residential facility in an urgent situation prior to the RPC and 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.

**Note:** DCS will not recommend to the RPC or the court placement of a child under the age of 10 in a residential facility, unless recommended by the Child and Family Team (CFT) or Case Plan Conference participants and the Regional Manager (RM) has been notified. See separate policy, 5.7 Child and Family Team Meetings.

All urgent residential placements and ESC placements will be approved prior to placement by the DCS Local Office Director (LOD) or designee to ensure the placement is the least restrictive, the Clinical Specialist has been consulted, and court authorization for placement has been requested.

**Note:** The RPC must review the urgent residential placement, excluding Emergency Shelter Care (ESC) stays, within 30 days of placement. ESC stays will not exceed 20 days without approval. See Procedure for ESC Placements concerning the extension of an ESC stay.

The RPC will consist of the Family Case Manager (FCM) assigned to the case, at least one (1) RM or designee, one (1) Clinical Specialist, and a designated Scribe to memorialize each meeting. Regions should strive to have a multidisciplinary team with multi-regional perspectives.

**Note:** The RPC meetings may be held electronically.

Follow-up for the RPC reviews will occur based on the recommendation of the RPC to ensure continuation of the stay is clinically indicated, is the least restrictive, and is in the best interest of the child. A Permanency Roundtable (PRT) will be required for the child if he/she remains in residential placement for at least 12 months.
PROCEDURE

For Non-Urgent 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. Review the case information and the Child and Adolescent Needs and Strengths Assessment (CANS) results with the FCM Supervisor and DCS LOD to ensure that one (1) or more of the following conditions apply:
   a. The child requires 24 hour supervision, or
   b. The child is not able to function on a daily basis in a family home environment.
3. Document information received from the Clinical Specialist in the case management system;
   **Note:** Clinical Specialists must respond within 24 hours of a request for consultation.
4. Consult the Clinical Specialist prior to placement;
5. Present the FCM Supervisor and the DCS LOD with information regarding the child’s needs, reason(s) for recommending residential placement, and verification that there is no alternative to 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;
6. Obtain approval of the RPC 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 (e.g., current psychological evaluation, current social history, or current family network diagram);
   **Note:** The above listed information should be provided via email or hard copy to the RPC members prior to the scheduled review date.
7. Obtain court approval prior to making the residential placement.

The FCM 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. Assist the FCM in presenting information to the RPC; and
3. Ensure that the RM is notified in advance, if the child is under 10 years of age and placement in a residential facility appears to be the most appropriate placement option.
   **Note:** DCS will not recommend to the RPC or the court, placement of a child under the age of 10 in a residential facility, unless recommended by the CFT or Case Plan Conference participants and the RM approves the placement.

The Clinical Specialist will:
1. Consult with the FCM regarding the viability of the residential placement;
2. Provide recommendations for least restrictive placements within 24 hours of the original request;
3. Make recommendations for the actual residential facilities that meets the child's needs; and
4. Attend all the RPC meetings.

RM's will:
1. Ensure reviews by the RPC take place timely;
2. Make decisions about discrepancies in the choice of the facility; and
3. Approve all recommendations for residential placements prior to the RPC for children under 10 years of age.

The RPC will review and approve all residential placements. Follow-up reviews will occur based on the recommendation of the RPC to ensure continuation of the stay is clinically indicated, is the least restrictive, and is in the best interest of the child.

Note: The RPC will schedule follow-up reviews. If a child remains in residential placement for at least 12 months, a PRT will be required for the child.

For Urgent Residential Placements

The FCM will:
1. Request approval from the DCS LOD or designee or the RM if the child is under 10 years of age;
2. Consult the Clinical Specialist as soon as possible concerning the placement and the child’s needs;
3. Request court authorization for placement within 24 business hours;

Note: If the following day is a weekend or holiday, then court authorization should be requested on the first business day after the weekend or holiday.

4. Document information received from the Clinical Specialist in the case management system;

Note: Clinical Specialists must respond within 24 hours of a request for consultation.

5. Request the RPC review the placement within 30 days;
6. Review the case information and the CANS results with the FCM Supervisor prior to the RPC meeting to determine if continued residential placement is needed. One (1) or more of the following conditions must apply:
a. The child requires 24 hour supervision, or
b. This child is not able to function on a daily basis in a family home environment.

7. 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; and
8. Obtain approval of the RPC 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 (e.g., current psychological evaluation, current social history, and current family network diagram).
Note: The above listed information should be provided via email or hard copy to the RPC members prior to the scheduled review date.

The FCM 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 continued residential placement;
2. Assist the FCM in presenting information to the RPC; and
3. Ensure that the RM approves the placement in advance, if the child is under 10 years of age and continued placement in a residential facility appears to be the most appropriate placement option.

Note: DCS will not recommend to the RPC or the court, placement of a child under the age of 10 in a residential facility, unless recommended by the CFT or Case Plan Conference participants and the RM approves the placement.

The DCS LOD or designee will approve all urgent residential placements.

The Clinical Specialist will:
1. Consult with the FCM regarding the viability of the residential placement;
2. Provide recommendation for least restrictive placements within 24 hours of the original request;
3. Make recommendations for the residential facilities that meets the child’s needs; and
4. Attend all RPC meetings;

RM's will:
1. Ensure reviews by the RPC take place timely;
2. Make decisions about discrepancies in the choice of the facility; and
3. Approve all recommendations for residential placements prior to the RPC for children under 10 years of age.

The RPC will review and approve all residential placements. Follow-up reviews will occur based on the recommendation of the RPC to ensure continuation of the stay is clinically indicated, is the least restrictive, and is in the best interest of the child.

Note: The RPC will schedule follow-up reviews. If a child remains in residential placement for at least 12 months, a PRT will be required for the child.

For Emergency Shelter Care (ESC) Placements
The FCM will:
1. Ensure the placement is approved by the DCS LOD or designee or RM if the child is under 10 years of age;
2. Seek court approval for placement within 48 hours of child entering the initial ESC placement;
3. Consult the Clinical Specialist as soon as possible after placement, if the plan is for the child to be placed in a residential facility;

Note: Clinical Specialists must respond within 24 hours of a request for consultation.
4. Complete the CANS assessment pursuant to the time frames outlined in policy 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment;

5. 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

**Note:** If the ESC stay will be more than 20 days, staff with the DCS LOD prior to the 15th day of the ESC stay. An extension exceeding 20 days may be requested from the Deputy Director of Services by the ESC facility or LOD. The request for extension must be sent no later than day 15 and must only be sent for exceptional circumstances.

6. Review the case information and CANS recommendations with the FCM Supervisor and DCS LOD within five (5) calendar days of placement to determine an appropriate subsequent placement recommendation based upon the needs of the child. See separate policy, 5.7 Child and Family Team Meetings.

The FCM Supervisor will:

1. Review the child’s needs with the FCM to ensure the child is receiving appropriate services at the ESC;
2. Review the case information and CANS recommendations with the FCM to determine an appropriate subsequent placement recommendation based upon the needs of the child and, if appropriate, ensure there is an adequate plan to step the child down to a less restrictive setting;
3. Coordinate with the ESC, FCM, and LOD if the placement needs to extend beyond 20 days to ensure an extension is requested no later than 15 days; and
4. Request approval from the RM, if the child is under 10 years of age and placement in an ESC appears to be the most appropriate placement option.

The DCS LOD or designee will approve all ESC placements.

The Clinical Specialist will:

1. Consult with the FCM regarding the viability of a subsequent residential placement;
2. Provide recommendations for less restrictive placements within 24 hours of the original request;
3. Make recommendations for the residential facilities that meets the child’s needs; and
4. Attend the RPC meetings;

RMs will approve all recommendations for ESC placements for children under 10 years of age.

**PRACTICE GUIDANCE**

It is imperative that the FCM is thorough in efforts to locate the most appropriate placement for a child. FCMs should consult with the Regional Foster Care Specialist to exhaust all efforts for alternative placement options prior to making a recommendation for ESC or residential placements. The Regional Foster Care Specialist can provide guidance on the possibility of using an urgent foster care placement. The Clinical Specialist should also be consulted concerning the child’s needs. The Clinical Specialist can provide guidance on the appropriateness of residential placement, as well as, facility recommendations.
FCMs 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**. FCMs 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**

Residential Placement Review Summary of Needs (SF55712)

**RELATED INFORMATION**

**Residential Placement Committee:**
The Residential Placement Committee 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 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.

**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.

**Emergency Shelter Care:**
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 Deputy Director of Services. To be eligible for an extension, a waiver request should be submitted in writing prior to the 15th day of placement. These waivers will only be granted for exceptional circumstances.

ESC 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 DCS LOD or ESC facility, to the Deputy Director of Services with the rationale 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.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make every effort to place a child in out-of-home care within the county of origin of the child, unless one (1) or more 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/or
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 DCS licensed home if permission is obtained from the DCS local office or the Regional Foster Care Specialist (RFCS) Supervisor. The RFCS will ensure permission has been obtained for placements outside of his or her region only. This does not apply to placements involving a home licensed by a Licensed Child Placing Agency (LCPA). The DCS local office in the county of origin will notify the DCS local office in the receiving county or the RFCS Supervisor of a child placed in relative care.

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.

Note: The receiving county must notify the placing county if licensure for the home is denied.

Code Reference
N/A

PROCEDURE

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 Child and Family Team Meetings;
2. Review the case information and the Child and Adolescent Needs and Strengths (CANS) Assessment result with the FCM Supervisor, Local Office Director (LOD) and the CFT to ensure a less restrictive placement is not appropriate or there is no other placement available to meet the child’s needs;
3. Present the FCM 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 parent[s] home);
4. Notify the DCS local office or the RFCS Supervisor of a child placed in relative care in the receiving county;
5. Develop a Visitation Plan for the child with the parent, guardian, or custodian. See separate policy, 8.12 Developing the Visitation Plan;
6. Obtain court approval prior to making the out-of-county placement; and
7. Document all communications, recommendations, approvals, plans, and placements in the case management system.

The FCM Supervisor in the placing county will:
1. Review with the FCM the child’s needs, the recommended resource parent(s) home, and any additional information to support the recommendation for out-of-county placement;
2. Notify the RFCS in the receiving county of the recommendation for out-of-county placement in the receiving county via email; and
3. Ensure all involved parties (e.g., FCM, RFCS, LOD and Regional Manager (RM) in the placing and receiving counties) know what arrangements have been made for supervision of the resource home and face-to-face contact with the child.

The RFCS will:
1. Review the case information and the CANS Assessment result with the FCM to ensure a less restrictive placement is not appropriate or there is no other placement available to meet the child’s needs;
2. Present the RFCS 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 parent[s] home);
3. Obtain court approval prior to making the out-of-region placement;
4. Assist homes desiring to be licensed, through the licensing process; and
5. Notify the county of origin if the unlicensed home is denied licensure.

**PRACTICE GUIDANCE**

**Out-of-State Placements**
This policy does not apply to out-of-state or emergency shelter care (ESC) placements. See separate policies, 8.4 Emergency Shelter & Urgent Residential Placement Review and Approval and 9.1 Request to Place an Indiana Child in Another State.

**Licensing Out-of-County Homes**
If a relative resource home chooses to be licensed, and 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**

1. 8.A Tool: Placement Needs Summary
2. Visitation Plan – Available in the case management system
3. **Child and Adolescent Needs and Strengths (CANS) Assessment** – Available in the case management system

**RELATED INFORMATION**

N/A
STATEMENTS OF PURPOSE

Once it is determined 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.

Procedure

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 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. Ensure 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 a property used for the manufacture of a controlled substance. See separate policy, 16.1 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 a second permanency plan, if concurrent planning. 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

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 8.B Tool: 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 out-of-home 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.

The preplacement visit gives the resource parent 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 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 parent; sharing a brochure of the facility where the child will be placed; etc.

FORMS AND TOOLS

1. 8.B Tool: Separation and Loss
2. Indiana Drug Endangered Children Response Protocol

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will provide the resource parent 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, the second permanency plan (if concurrent planning), and any special needs to the extent known. See separate policy, 2.6 Sharing Confidential Information, for additional guidance. DCS will also provide all relevant information to the Licensed Child Placing Agency (LCPA) at the time of placement or within six (6) business days in the event of an emergency placement.

DCS will ensure all necessary contact information is provided to the resource parent and child (if age and developmentally appropriate) at the time of placement.

DCS will notify the child’s school within 72 hours when the child is removed and placed in out-of-home care. A determination of the child’s best interests regarding educational placement will be determined in collaboration with the local education agency. See separate policies 8.20 Educational Services and 8.22 School Notifications and Legal Settlement for further guidance.

DCS will ensure all youth age 14 and older, in out-of-home care, receive and sign the Indiana Bill of Rights for Youth in Care and ensure the form is explained to the youth in a way he or she can understand.

DCS will ensure a child placed in out-of-home care has a completed Lifebook. DCS will assist in this process by providing the child and/or resource parent with any pertinent family history and pictures, if available, of the child, the child’s family, and any other places and/or significant individuals that are important to the child.

Code References

N/A

PROCEDURE

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

1. Conduct the required criminal history background checks if the placement is in the home of an unlicensed relative. For further guidance, see separate policies, 13.5 Conducting Background Checks for Unlicensed Placements and 13.6 Evaluation of Background Checks for Unlicensed Out-of-Home Placements; and

2. Ensure the Regional Foster Care Specialist (RFCS) or the LCPA contacts the resource parent to:
   a. Provide as much information as possible regarding the child for purposes of finding appropriate foster home matches, and
   b. Select and confirm the resource home for placement.
Upon arriving at the placement location, the FCM will:

1. Introduce the child to the resource parent and inform the child when the FCM will return for the initial face-to-face contact (within three [3] business days);
2. Confirm or clarify any relevant information previously shared with the child and the resource parent;
3. Provide the resource parent 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) and Medical Passport (DCS Pamphlet 036). For further guidance, see separate policy, 8.27 Maintaining Health Records – Medical Passport,
   b. All necessary releases and consents, including Statement of Care and Supervisory Authorization for Healthcare (SF 45093) Card and/or Authorization for Health Care (SF 54247) Form. For further guidance, see separate policies, 8.26 Authorization for Health Care Services, and 8.30 Psychotropic Medication,
   c. Medicaid number and any other insurance information for the child. For further guidance, see separate policy, 8.29 Routine Health Care,
   d. Child and Adolescent Needs and Strengths (CANS) Assessment document (for an initial placement the CANS should be provided upon completion). For further guidance, see separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment,
   e. The most recent court report (for an initial placement the court report should be provided upon completion). For further guidance, see separate policies, 6.8 Three Month Progress Report, and 2.6 Sharing of Confidential Information,
   f. Relevant court orders and the Case Plan (SF 2956),
   g. Notification of any scheduled court hearings and/or Child and Family Team (CFT) Meetings. For further guidance, see separate policy, 5.7 Child and Family Team Meetings,
   h. 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). For further guidance, see separate policies, 8.22 School Notifications and Legal Settlement and 8.20 Educational Services,
   i. Visitation Plan, including any restrictions that may be in place. For further guidance, see separate policy, 8.12 Developing the Visitation Plan,
   j. The FCM’s daytime contact number(s), Local DCS Office phone number, and DCS Child Abuse Hotline (Hotline) Number,
   k. Clothing and personal belongings that the child brought with him or her and/or information regarding securing emergency clothing for the child. For further guidance, see separate policy, 16.1 Clothing, Personal Items, and Permitted Per Diem Expenses,
   l. Advise the resource parent to immediately decontaminate the child if the child was removed from a property used for the illegal manufacture of a controlled substance and was not decontaminated prior to arriving at the placement location. For further guidance, see separate document, Indiana Drug Endangered Children Protocol.

Note: All documents and information must be provided to the RFCS or LCPA at the time of placement or within six (6) business days of an emergency placement.
4. Provide the resource parent with a copy of the Resource Parent Role Acknowledgment (SF 54642) form, review the form and referenced policies with the resource parent, and answer any questions; and
5. Obtain the signature of the resource parent on the Resource Parent Role Acknowledgement (SF 54642) form.

After the child has been placed with the resource parent, the FCM will:
1. Document the child’s placement within 24 hours in the case management system;
2. Prepare a report for the court that includes the child’s current placement information;
3. Ensure a plan for visitation between the child and his or her parents is developed within 48 hours of removal. For further guidance, see separate policy 8.12 Developing the Visitation Plan;
4. Utilize the School Notification (SF47412) to notify the child’s school of the child’s removal and placement in out-of-home care within 72 hours (see separate policy, 8.22 School Notifications and Legal Settlement for further guidance);
5. Complete a referral to the Education Services Team for assistance in determining the child’s best interest, if there is potential for an educational placement change (see separate policy 8.20 Educational Services for further guidance);
6. Conduct a face-to-face contact with the child and placement resource within three (3) business days following placement;
7. Ensure a plan for visitation between the child and his or her sibling(s) is developed within five (5) days of removal (if the siblings are not placed together). For further guidance, see separate policy 8.12 Developing the Visitation Plan;
8. Ensure the child’s Safety Plan (SF53243) addresses visitation;
9. Provide youth age 14 and older with a copy of the Indiana Bill of Rights for Youth in Care. Explain the form to the youth in a developmentally appropriate manner. Ensure the youth signs the form, and upload the signed form to the case management system; and
10. Collaborate with the child and the resource parent to ensure the child has a Lifebook and the Lifebook is updated.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. Resource Parent Role Acknowledgment (SF 54642)
2. Medical Passport (DCS Pamphlet 036)
3. Visitation Plan – Available in the case management system
4. Case Plan (SF2956) – Available in the case management system
5. Statement of Care and Supervisory Authorization for Health Care (SF 45093) Card
6. Authorization For Health Care (SF 54247)
7. Indiana Bill of Rights for Youth in Care
8. School Notification (SF47412)
9. Safety Plan (SF53243)
RELATED INFORMATION

Lifebooks and/or Adoption Workbooks
Lifebooks and/or Adoption Workbooks come pre-packaged and can be ordered by contacting the Indiana Adoption Program Manager. The FCM may also contact his or her Regional Adoption Liaison to place an order for Lifebooks and/or Adoption Workbooks. The Lifebooks and/or Adoption Workbooks will be mailed to the FCM in the DCS local office.

Note: The use of pre-packaged Lifebooks and/or Adoption Workbooks is not mandatory. The FCM, therapist, family member or foster parent may create a unique Lifebook and/or Adoption Workbook for a child using a photo album, scrapbook materials, or any creative idea that would be most meaningful for that child.

DCS currently has the following types of pre-packaged Lifebooks and Adoption Workbooks (described by Adoption World Publishing)¹:

My Adoption Workbook
My Adoption Workbook is a kid-friendly workbook that guides the social worker and child through the adoption process. This workbook provides a sensitive, but forthright explanation of separation, followed by hands-on activities to help prepare a child for change and work through the process.

Nothing raises a child's anxiety more than the unknown. My Adoption Workbook carefully guides the child and social worker through the entire process from separation to post-adoption. Exercises are designed to reduce the fears and to promote a healthy child-to-parent relationship. Special emphasis is given to helping the child:

- Explore fears or fantasies;
- Work through abuse, trust and love issues;
- Build self-esteem;
- Handle new situations; and
- Adjust to change.

The One & Only Me
The One & Only Me is a book that helps foster, adoptive, and other troubled children connect to their current situation, as well as, their beginnings. This book creates a living history for children dealing with a chaotic past.

The Real Me
The Real Me teen Lifebook is a tool to use when working with teens. The teenage years are a challenge even in the best situations. For teens in foster care or living in a group setting, the uncertainties about the future can cause additional stress and worry. The chapter What My Future Holds provides a framework that youth can use to process the many issues they face. It also prompts them to gather the necessary documentation for job hunting.

¹ Adoption World Publishing (2014)
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will have **monthly** face-to-face contact, with every child under DCS care and supervision, including time alone with the child, regardless of placement type (see Practice Guidance). Face-to-face contact may alternate monthly between the placement home and other locations (e.g., school, relative’s home, or day care center). A photograph of the child will be taken during each face-to-face contact.

During **case junctures** involving the child or resource parent(s) (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, and/or lack of parental contact), face-to-face contact with the child; parent, guardian, or custodian; and resource parent must be made weekly. DCS will monitor and evaluate the situation and may convene a Child and Family Team (CFT) Meeting and/or a case conference, to assess whether the situation warrants continued weekly face-to-face contacts. For more details, see separate policy, 5.7 Child and Family Team Meetings.

DCS will have face-to-face contact with the resource parent, at a minimum, every other month as part of an assessment of the child’s well-being and the needs of the resource parent in caring for the child. In addition, DCS will communicate (e.g., face-to-face, telephone, or e-mail) with the resource parent after scheduled visitations to discuss the visitation activities and to assess the child’s reaction and emotions observed following the visitation. It is essential that DCS communicates and partners with the resource parent to discuss the child’s progress and reunification timeline. Information gathered should also be discussed at the next CFT Meeting.

**Note:** The service needs of the resource parent(s) and/or child may warrant additional contact during the month.

For children placed out-of-state through the Interstate Compact on the Placement of Children (ICPC), DCS must have face-to-face contact once every four (4) months (see Practice Guidance for best practice). DCS must make a formal request through the receiving state utilizing the Interstate Compact on the Placement of Children Request (SF106), for the receiving state to have face-to-face contact with the child in the off months. DCS should notify the receiving ICPC worker of the intent to make face-to-face contact with the child. For more details, see separate policy, 9.8 Minimum Contact for DCS ICPC Placements.

DCS will ensure sufficient time is allowed to observe and evaluate the parent-child relationship during visitations, as often as necessary, at least one (1) month prior to reunification. All safety concerns identified must be reported to the FCM Supervisor immediately and the Safety Plan (SF53243) must be updated as needed. Issues involving child safety must be immediately addressed.

**Note:** DCS will ensure that any new allegations of CA/N are reported to the DCS Child Abuse Hotline (Hotline). See Practice Guidance for additional information.
DCS will make face-to-face contact with the parent, guardian, or custodian at least monthly. During every contact with the parent, guardian, or custodian, the presence of domestic violence should be assessed through questioning and observation.

**Note:** The service needs of the parent, guardian, or custodian may warrant additional contact during the month.

All face-to-face contacts, observations, findings, and implemented safety provisions should be documented in the Management Gateway for Indiana’s Kids (MaGIK) Case Record within three (3) business days.

**Code References**

N/A

**PROCEDURE**

**Contact with the Child**

The FCM will have face-to-face contact with each child in out-of-home care and complete the **Face-to-Face Contact (SF53557)** form at least monthly. During each face-to-face contact with the child, the FCM will:

1. Assess the child’s safety, stability, permanency, and well-being (including mental and physical health, medical care, educational status, and progress toward successful adulthood transition). See separate policies, 11.1 Older Youth Services (OYS), 11.6 Transition Plan for Successful Adulthood, and 8.43 Meaningful Contacts for additional guidance and **Practice Guidance** for specific questions to consider;

   **Note:** Any new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See **Practice Guidance** for additional information.

2. Evaluate the child for:
   a. Any visible injuries,
   b. Appearance of illness, and/or
   c. Appearance of emotional distress (e.g., withdrawn, angry, or scared).

3. Allow sufficient time alone with the child in a setting that provides the child an opportunity to speak freely and/or express his or her thoughts and feelings;

4. Discuss, in an age and developmentally appropriate manner, any positive or negative feelings the child may have regarding:
   a. The placement (e.g., the resource family members or other people who visit the home),
   b. Services currently offered or needed,
   c. The permanency plan,
   d. Visitation (e.g., parents and siblings), and
   e. The child’s interests (e.g., friends, hobbies, and extracurricular activities).

5. Gather any additional information necessary to complete the **Child and Adolescent Needs and Strengths (CANS) Assessment**. See separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for additional guidance; and

6. Photograph the child.
**Contact with the Resource Parent**

The FCM will have face-to-face contact with the resource parent at a minimum of every other month. During each face-to-face contact with the resource parent, the FCM will:

1. Utilize the [Face-to-Face Contact (SF53557)](#) form to gather information and discuss any updates with the resource parent;
2. Observe the overall condition of the home or facility including, but not limited to, the child’s bedroom and discuss any areas of concern with the resource parent;
3. Discuss the child’s overall progress including, but not limited to, behavioral management and school adjustment;
4. Assess the needs of the resource parent in caring for the child, including but not limited to financial needs and licensure (see separate policies, [16.1 Clothing, Personal Items, and Permitted Per Diem Expenses](#) and [16.2 Assistance for Unlicensed Relative Placements](#));
5. Ensure the resource parent is aware of scheduled hearings regarding the child;
6. Assist the resource parent with problem-solving and accessing community resources as needed;
7. Assess for safety concerns, address any identified issues, and update the [Safety Plan (SF53243)](#) as needed.

**Note:** Any new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case (see Practice Guidance for additional information). Seek supervisory approval to initiate emergency removal if the child is in immediate danger.

8. Gather any additional information necessary to complete the CANS Assessment. See separate policy, [5.19 Child and Adolescent Needs and Strengths (CANS) Assessment](#) for additional guidance.

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

The FCM will have face-to-face contact (and complete the Face-to-Face Contact [SF53557] form), including time alone, with each child placed out-of-state through the ICPC once every four (4) months (see Practice Guidance for best practice). The FCM will also have face-to-face contact with the resource parent and follow the steps outlined above during each face-to-face contact. The FCM will utilize the [Interstate Compact on the Placement of Children Request (SF106)](#) to make a formal request for the receiving state to have face-to-face contact with the child in the off months. The FCM should notify the receiving ICPC worker of the intent to make face-to-face contact with the child. For more details, see separate policy, [9.8 Minimum Contact for DCS ICPC Placements](#).

**Note:** The receiving state will not provide supervision for a residential placement.

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

The FCM will have face-to-face contact with the child’s parent, guardian, or custodian and complete the Face-to-Face Contact [SF53557] form at least monthly. At each face-to-face contact, the FCM will:

1. Assess the family’s progress;
2. Discuss services the family needs and/or is receiving;
3. Update the parent, guardian, or custodian on the child’s services, needs, and progress toward his or her case plan goals;
4. Gather any additional information needed to complete the CANS Assessment. See separate policy, [5.19 Child and Adolescent Needs and Strengths (CANS) Assessment](#) for additional guidance; and
5. Provide assistance to the family to promote the safety, stability, well-being, and permanency of the child.
Following each face-to-face contact with the child; parent, guardian, or custodian; and/or resource parent(s), the FCM will:

1. Clearly and accurately document in the case management system the face-to-face contact within three (3) business days. This includes, but is not limited to: new information gained about the assessment of safety, risk, stability, permanency, and well-being (including physical and mental health, medical care, educational status, and progress toward successful adulthood transition); photographs taken; the completed Face-to-Face Contact (SF53557) form; the updated Safety Plan (SF53243) (if applicable); and any other documents obtained. For more details, see separate policies, 8.20 Educational Services, 8.27 Maintaining Health Records - Medical Passport, 8.43 Meaningful Contacts, 11.1 Older Youth Services, and 11.6 Transition Plan for Successful Adulthood.

2. Discuss any safety concerns and the need for any additional referrals with the FCM Supervisor and complete referrals in KidTraks, as needed, to address identified service needs for the child; parent, guardian, or custodian; and/or resource parent. See separate policy, 5.10 Family Services for further guidance;

3. Contact the licensing worker\(^1\) to share relevant information, and collaborate to maintain the placement and retain the resource parent; and

4. Send the receiving state a request for an ICPC Supervision Report (SF54335) of each face-to-face contact for ICPC cases, and document in the case management system the reports of FCM face-to-face contact and those completed by the receiving state. For more details, see separate policy, 9.9 Placement Updates and Supervision Reports.

The FCM Supervisor will:

1. Ensure face-to-face contact with each child; parent, guardian, or custodian; and resource parent is completed and entered in the case management system as required; and

2. Review the case during regular clinical supervision and approve any updates to the Safety Plan (SF53243) and any additional service referrals.

**PRACTICE GUIDANCE**

**Contact with Children in Out-of-Home Placement**

The FCM must have face-to-face contact with the child during each calendar month whether or not it has been less than 30 days since the last face-to-face contact. FCMs should attempt to keep the face-to-face contacts around the same time each month when possible. For example, if the FCM has face-to-face contact with the child at the beginning of the month the FCM should have face-to-face contact with the child at the beginning of each subsequent month.

**Note:** After initial placement of the child with the placement resource, the FCM must have face-to-face contact with the child and placement resource within three (3) business days of the initial placement.

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

It is best practice for the FCM to have a “virtual face-to-face contact” (e.g., web chat or face-time) with a child placed out-of-state during each month a face-to-face contact does not occur. This “virtual face-to-face contact” would be in addition to face-to-face contact by the receiving state.

\(^1\) The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.
Safety, Stability, Well-Being, and Permanency Questions
When completing a face-to-face contact, the FCM should consider the following specific questions in the areas of Safety, Stability, Well-Being (including physical and mental health, medical care, educational status, and progress toward successful adulthood transition), and Permanency:

1. **Safety** – Is the child free of abuse, neglect, and exploitation by others in his or her place of residence and other daily settings? Is the child’s environment free from potentially harmful objects (e.g., sanitation, pests/pest control, medication, and general home maintenance items, such as running water and functioning toilets)? Is the child’s care or supervision currently compromised by a pattern of domestic violence in the home? Are there shared protective strategies with the team? Is the family utilizing informal supports and resources to keep the child free from harm? Have all CFT members been afforded the opportunity to provide input into the development of a Safety Plan?

2. **Stability** – Does the child have consistent routines, relationships, etc.? Has the child experienced a change in placement? Is the current placement meeting the child’s needs? Has the child experienced changes in his or her school setting? Is there a shared understanding of the long-term view for the child?

3. **Well-being (including mental and physical health, medical care, educational status, and progress toward successful adulthood transition)** – Does the child display age-appropriate emotional development, coping skills, and self-control, which allows him or her to adjust to changes and maintain adequate levels of behavioral functioning in daily settings and activities with others? 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 his or her age? Is the child able to attend both school and other social functions? How is the youth (age 14 and older) working toward independence and achieving transition plan goals? Are there any concerns regarding personal hygiene practices (e.g., bathing, dental hygiene, hair care, and hand washing)? Consider the following questions when assessing the child’s health and medical status:
   a. Is the child achieving key physical (e.g., growth – height, weight, and head circumference) and developmental milestones?
   b. Is the child achieving his or her optimal or best attainable health status?
   c. Does the parent have the capacity and supports necessary to address any identified special medical needs (e.g., medication, medical equipment, compliance with physician and/or specialist appointments, and emergency procedures)?

   **Note:** If the child is on a special diet, ensure there is appropriate food and/or supplement available.

d. What is the child’s physical condition (this includes visualization of the child’s skin, teeth, hair, etc.)?

e. What is the child’s mobility status (e.g., mobile, limited mobility, or assisted mobility)?

   **Note:** If the child is immobile or has limited mobility, the child must be positioned or repositioned in order to see and assess the child’s entire body. Lighting may need to be adjusted and blankets removed in order to adequately visualize the child’s skin condition.

f. How does the child adapt to changes that affect his or her life?

4. **Permanency** – Safety, stability, sufficient caregiver functioning, and sustainability of relationships to adulthood are simultaneous conditions of permanency for a child or youth. Are the child’s daily living and educational environments stable and free from risk of disruption? Have there been changes to the composition of the home? Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the past year? Are all CFT members aware of the child’s permanency plan? Does the child’s
permanency plan include relationships which will endure lifelong? Is there a second permanency plan in place for the child, if concurrent planning? Is the pace of achieving safe, sustainable case closure consistent with the following guidelines?²

a. Reunification: 12 months
b. Guardianship: 18 months
c. Adoption: 24 months

Note: Permanency may be achieved in more or less time than the guidelines listed above due to circumstances of the individual case.

Each of the areas above must be included and easily identified within the FCM’s documentation of the face-to-face contact in the case management system.

Choose an Appropriate Setting
The FCM should choose a setting that allows time alone with the child and allows him or her to express his or her feelings freely.

Changes in a Parent’s Personal Circumstances
Following each contact with the parent, guardian, or custodian and/or resource parent note any changes regarding the parent, guardian, or custodian’s and/or resource parent’s income, employment status, place of residence, and diagnosis of physical and/or mental illness. Document these changes in the case management system and contact the licensing worker to ensure he or she is aware of any changes regarding the resource parent.

Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline
When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated upon face-to-face contact with all alleged child victims. See separate policy, 4.38 Assessment Initiation for additional information regarding initiation.

Note: If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the DCS Hotline immediately.

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See separate policy, 4.36 Linking Child Abuse or Neglect (CA/N) Reports to Open Assessments for more information regarding the receipt of an additional Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114) during an open assessment.

The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed 310 form, emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The 310 or equivalent information may be submitted via email to: DCSHotlineReports@dcs.in.gov, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.
FORMS AND TOOLS

1. Face-to-Face Contact (SF53557)
2. Interstate Compact on the Placement of Children Request (SF106)
3. ICPC Supervision Report (SF54335)
4. Case Plan (SF956) – Available in the case management system
5. Safety Plan (SF53243)
6. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114)
7. Child and Adolescent Strengths and Needs (CANS) Assessment – Available in the case management system

RELATED INFORMATION

Regular Contact is Paramount
Regular face-to-face contact with the resource parent(s); the parent, guardian, or custodian; and the child is the most effective way DCS can:
1. Promote timely implementation of the Case Plan (SF2956) for children and families served by DCS; and
2. Monitor progress and revise service plans as needed.

Regular face-to-face contact with the child allows the FCM to:
1. Assess the child’s safety, stability, permanency, and well-being (including mental and physical health, medical care, educational status, and progress toward successful adulthood transition);
2. Develop and maintain a trusting and supportive relationship with the child;
3. Assess the child's underlying needs and related behaviors, as well as, progress in out-of-home placement;
4. Discuss the child's thoughts and feelings about being away from home and living with the resource parent;
5. Discuss issues related to separation from siblings (if applicable);
6. Help the child prepare for family reunification or another permanent living situation if family reunification has been ruled out; and
7. Spend time with and build relationships with families.

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

The Administration for Children and Families has established monthly face-to-face contact standards because it believes that one (1) of the most important ways to promote positive outcomes for children and their families is to ensure that monthly face-to-face contact occurs between all children under DCS supervision and the assigned FCM. Each face-to-face contact must include time with the child alone and an assessment of the needs of the resource parent in caring for the child. A face-to-face contact will occur each calendar month whether or not it has been less than 30 days since the last face-to-face contact.

Case Junctures
A case juncture is defined as a new awareness of significant information regarding the child or family’s strengths or needs, which may impact the Case Plan, Safety Plan, and or the Plan of Safe Care. Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:
1. Placement
2. Formal or informal supports
3. Family Involvement
Clinical Supervision
Clinical supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on the practice that directly impacts outcomes for families.
## STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will encourage and support the maximum appropriate amount of interaction and involvement between each parent, guardian, or custodian and the child unless otherwise ordered by the court. Child safety and well-being will be the first consideration in determining the appropriate interaction and involvement between the child and the parent, guardian, or custodian.

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

DCS will utilize regular contact with the parent, guardian, or custodian to track and make necessary adjustments to the current Case Plan (SF2956). Incarcerated parents should receive services and treatment while incarcerated, including visitation with the child, unless visitation is not in the best interest of the child. The family’s progress, including successes and any violation of the Dispositional Order, will be regularly reported to the court. See separate policy, 6.8 Three Month Progress Report for further guidance.

**Note:** DCS will update the Case Plan (SF2956) and engage the Child and Family Team (CFT) anytime there is a significant change (e.g., identified needs, parent’s failure to participate in services, and changes in household composition). See separate policies, 5.7 Child and Family Team Meetings and 5.8 Developing the Case Plan for further guidance.

**Code References**

31-34-15-4: Form; contents

## PROCEDURE

The Family Case Manager (FCM) will:

1. Convene and facilitate a CFT Meeting within 30 calendar days of removal or decision to begin concurrent planning by creating a second Permanency Plan (see separate policy, 5.15 Concurrent Planning);

   **Note:** If a CFT Meeting is not convened, a Case Plan Conference must be held. See separate policy, 5.8 Developing the Case Plan.

2. Discuss and plan for parental interaction and involvement with the child, development of the Case Plan (SF 2956), and referral of appropriate services during the CFTM (see separate policy, 5.3 Engaging the Family and Practice Guidance for additional information);
Note: DCS will document any services and/or treatment available to the incarcerated parent in the Case Plan (SF2956).

3. Ensure the child; parent, guardian, or custodian; resource parent(s); and other CFT members understand the maximum allowable parent, guardian, or custodian interaction and involvement with the child;

4. Review the Safety Plan (SF53243) and make any necessary revisions to ensure the child’s safety;

5. Develop a Visitation Plan and document the plan in the case management system;

6. Reassess the parent, guardian, or custodian’s appropriate level of interaction and involvement with the child based upon the effects on the child;

7. Report the family’s progress, including successes and any violation of the Dispositional Order, to the court (see separate policy, 6.8 Three Month Progress Report);

8. Reconvene the CFT, if the Visitation Plan needs to be changed based upon the reassessment (see separate policy, 5.7 Child and Family Team Meetings); and


### PRACTICE GUIDANCE

**What is Interaction?**

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

**What is Involvement?**

The effect 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:

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 CFTMs.

A parent, guardian, or custodian who is not allowed any interaction with his or her child may still be involved through one (1) or more of the examples given above.

**Incarcerated Parents**

DCS providers, including fatherhood program providers, may enter Indiana Department of Corrections (DOC) facilities to provide services and meet with parents; provided that, in each case, the incarcerated parent has signed a release of information allowing DCS to share the information collected by such providers with DOC.
FORMS AND TOOLS

1. Visitation Plan – Available in the case management system
2. Case Plan (SF2956) – Available in the case management system
3. Safety Plan (SF3243)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

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 Child and Family Team (CFT) Meetings or Case Plan Conferences and will be included in the child’s Case Plan (SF 2956). See separate policies, 5.7 Child and Family Team Meetings and 5.8 Developing the Case Plan for further guidance.

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, including incarcerated parents, if there is no preexisting order or if the preexisting order is not in the best interest of the child.

DCS will:
1. Ensure 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: A Family Case Manager (FCM) Supervisor may approve phone contact with the parent, guardian, or custodian if extenuating circumstances exist.

2. Ensure 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 is placed in out-of-home care, including visitation when not all siblings are in out-of-home care. The child, resource parent(s), 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, guardian, or custodian; sibling(s); family members; and other individuals with whom the child has formed a significant relationship. All Visitation Plans will include:

1. A 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 year) or toddler (age 1-2 years); 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 individuals 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, or recordings) if face-to-face visits are not possible. 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 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**

31-34-15-4: Form; contents

**PROCEDURE**

The FCM will:

1. Document all requests for visitation in the case management system contacts within three (3) business days;
2. Convene a CFT Meeting and/or Case Plan Conference to assist in the development of the Visitation Plan. See separate policies, 5.7 Child and Family Team Meetings and 5.8 Developing the Case Plan for further guidance;
3. Ensure the written Visitation Plan includes the following components:
   a. A visitation goal,
   b. Parameters of contact (i.e., who, what, and how often),
   c. Supervision (i.e., the degree of supervision necessary for each person who will visit and who may provide supervision). See 8.C Tool - Supervision of Visits for additional information,
   d. Visit logistics (e.g., location, time and length of visits, and transportation),
   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 (see additional information regarding Noncustodial Parent Visitation below), and
   h. Provisions for face-to-face contact and/or other alternate 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 (e.g., transportation). See separate policy, 8.13 Implementing the Visitation Plan for additional guidance;
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, and/or letters). Circumstances which 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 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 CFT, within 30 calendar days of removal or decision to begin concurrent planning, by identifying a second permanency plan. 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 the approved Visitation Plan is documented in the case management system, included in the Case Plan (SF 2956), and updated as needed.

Noncustodial Parent Visitation
The FCM will:
1. Determine whether visitation order for the noncustodial parent exists and obtain a copy for presentation to the court;
2. Provide the court with a recommendation for visitation of the noncustodial parent, including incarcerated parents, if there is not an existing order or if the order is not in the best interest of the child; and
3. Document the approved Visitation Plan in the case management system.

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 child is afraid of the alleged domestic violence offender or either parent has physically abused the child;
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.

Note: Ample time should be included for the non-offending parent to pick up or drop off the child 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 child to or from visits with the alleged domestic violence offender.

PRACTICE GUIDANCE

Visitation with Incarcerated Parent, Guardian, or Custodian
Children benefit from maintaining contact with their parent, guardian, or custodian, especially when reunification is the goal. The Indiana Department of Corrections (DOC) may permit children to visit with their incarcerated parent, unless the parent has a sex offense as a basis for the commitment. The FCM should contact DOC to determine whether the incarcerated parent may or may not have visitation with children.
The FCM should also contact the county jail and/or federal prison facility, when applicable, to determine whether the incarcerated parent, guardian, or custodian may or may not have visitation or other contact with the child.

**FORMS AND TOOLS**

1. Visitation Plan – Available in the case management system
2. 8.C Tool – Supervision of Visits
3. Case Plan (SF 2956) – Available in the case management system

**RELATED INFORMATION**

**Importance of Maintaining Parent, Guardian, or Custodian Contact**
A child has the fundamental right to visit with his or her parent, guardian, or custodian. 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 with his or her 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 (SF 2956).

**Visitation Rights**
The child and his or her parent, guardian, or custodian retain the right of reasonable contact with each other unless a petition for Termination of Parental Rights (TPR) has been filed or the court has restricted contact.
STATEMENTS OF PURPOSE

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. Visitation with a parent, guardian, or custodian who is incarcerated;
3. Change in frequency or supervision of interaction (e.g., supervised visits to unsupervised visits);
4. The parent, guardian, or custodian states in writing that he or she no longer wishes to visit;
5. The decision has been made to transition to the second permanency plan, if concurrent planning. See separate policy, 5.15 Concurrent Planning; and
6. Visitation disputes by involved parties.

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

Code References
31-34-15-4: Form; contents

PROCEDURE

The Family Case Manager (FCM) will:

1. Supervise visits or create a service provider referral, if the visits are supervised;
2. Develop a visitation schedule which is agreeable to all parties;

Note: Visits to the Indiana Department of Correction (DOC) and/or detention facilities shall be supervised by the FCM, foster parent, relative of the child, or another person approved by DCS. Visits shall occur during DOC and/or detention facility visiting hours and conform to DOC and/or detention facility’s rules.

3. Monitor and document the progress of the visits through:
   a. Supervising visits, and/or
   b. Written communication with the supervising staff/agency;

4. Monitor and facilitate positive interaction and communication, between the parent, guardian, or custodian and the resource parent according to separate policy, 8.16 Resource Parent(s) Role;
5. 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;

6. Document all visits, including missed visits, in the case management system Visitation Log and provide this information to the court;

7. Assess the effectiveness of the Visitation Plan in meeting the identified goal(s);

8. 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. The child’s fear of visiting in a detention facility,

   **Note:** Ensure the child is prepared for visitation in a detention facility including the security checkpoint.

   d. Intermittent visitation, and
   e. Failure to visit. See separate policy, 5.7 Child and Family Team Meetings;

9. Update the written Visitation Plan to reflect any significant changes (e.g., location changes, changes in level of interaction, court ordered changes, etc.).

10. If a parent, guardian, or custodian or another 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.

11. Notify all parties of any changes to the Visitation Plan;

12. Facilitate the convening of the CFT Meeting, within 30 calendar days of removal or decision to begin concurrent planning, by identifying a second permanency plan. See separate policy, 5.15 Concurrent Planning; and

13. Cease 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 ensure the alleged domestic violence offender does not:

1. Discuss with or question the child 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 with or question the child about their counseling or therapy; and

3. Use any form of physical discipline or intimidation. There is to be no rough physical contact.
**PRACTICE GUIDANCE**

**Visitation with Incarcerated Parents**
The FCM may contact the corresponding detention facility Case Manager to initiate a visit between an incarcerated parent and a child. The DCS FCM and DOC Case Manager shall confer with one another prior to initiating each visit to define expectations of the visit and exchange contact information. The FCM shall complete any required detention facility forms prior to the visit.

FCMs shall inform detention facility Case Managers of the requirements of court orders regarding participation by parents in the care, treatment, or rehabilitation of children. Any information shared as such must be kept confidential.

All correspondence and information provided by the detention facility and DCS shall designate both the name of the child and the parent to whom it pertains. DCS shall use the detention facility number of the parent when available.

If issues arise regarding the visitation, the FCM should contact the detention facility Case Manager promptly to resolve the issues.

If it is not possible to have the visit during the detention facility’s regular visiting hours, DCS will discuss the possibility of arranging a “special visit”.

Background checks currently performed by DCS are sufficient to satisfy detention facility background check requirements for those who will be transporting children to visits with incarcerated parents. DCS shall not be responsible for the act or cost of transporting children in foster care to visits other than those paid for by DCS in the normal course of reimbursement. See separate policy, 16.1 Clothing, Personal Items, and Permitted Per Diem Expenses.

**FORMS AND TOOLS**

1. Visitation Plan - Available in the case management system
2. Visitation Log - Available in the case management system
3. 8.C Tool: Supervision of Visits

**RELATED INFORMATION**

**Transportation**
The FCM should engage the CFT to help resolve any transportation issues that make parent-child visits difficult. Sources of transportation may include the child’s relatives, family friends, faith-based transportation services, etc. If alternative transportation cannot 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, or 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 may 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.

Language Barriers for Visitation
In some cases, a child and his or her family may communicate in a language other than English or utilize an alternative form of communication (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.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will protect the confidentiality and safety of each child who has been removed from his or her parent, guardian, or custodian and is under the care and supervision of DCS.

A child age 13 or older under the care and supervision of DCS who has been removed from his or her parent, guardian, or custodian may be permitted to use the internet for social networking purposes. The child will be appropriately supervised by the resource parent(s) and/or residential facility when using the internet on any form of technology with internet capabilities (e.g., desk top computer, laptop, cellular phone, Ipad, or Ipod touch).

A child under the care and supervision of DCS who has been removed from his or her parent, guardian, or custodian may not be pictured, described and/or identified as a foster child in public/mass media 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, guardian, or custodian has signed a release;
3. The child if age 13 or older, has given written permission; and
4. The resource parent(s) and/or residential facility agree to utilize privacy settings to restrict the general public from viewing profiles or internet sites.

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

Code References:
N/A

PROCEDURE

The Family Case Manager (FCM) will ensure:

1. Parental and child consent is given prior to the use of social networking or internet sites;
2. The resource parent(s) and/or residential facility has been advised to seek permission from DCS prior to describing or placing any picture of a child under the care and supervision of DCS on any social networking or internet site; and
3. A conversation is held with the resource parent(s) and/or residential facility regarding utilization of privacy settings to restrict the general public from viewing the social networking profiles of a child under the care and supervision of DCS or internet sites in which such a child may be represented or referenced.
PRACTICE GUIDANCE

Supervisory techniques to use when a child uses the internet include, but are not limited to:

1. Utilize the Child Family Team (CFT) Meeting process to address social networking and internet usage with the CFT;
2. Check the history of websites viewed;
3. Use parental control tools (individual Internet service providers can provide guidance in this area);
4. Keep the computer in a common or public area of the home;
5. Educate children and caregivers about not posting or sharing personal information online, as well as the consequences of doing so;
6. Prohibit the posting of pictures with a child’s identifying information (e.g., names on jerseys, school information, letterman’s jackets, or location);
7. Inform the child to advise his or her FCM or resource parent(s) if someone makes any kind of contact with him or her that is sexual, unsolicited, or threatening; and
8. Emphasize 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.
STATEMENTS OF PURPOSE

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

1. Support the resource parent’s care of the child;
2. Ensure 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. For further guidance, see separate policy 12.14 In-Service Training Requirements.

Code References
NA

PROCEDURE

The Family Case Manager (FCM) will:

1. Ensure that the resource parent(s) are notified of all Child and Family Team (CFT) Meetings or Case Plan Conferences. For further guidance, see separate policy 5.7 Child and Family Team Meetings;
2. Discuss the second permanency plan, if concurrent planning, with the resource parent(s) (pre-adoptive parent(s)). See separate policy, 5.15 Concurrent Planning for further guidance;
3. Provide the resource parent(s) with the a copy of the current Case Plan (SF 2956);
4. Maintain regular contact with the resource parent(s). See separate policy, 8.10 Minimum Contact for further guidance; and
5. Refer the resource parent(s) for Family Preservation Services, if there are issues that may lead to placement disruption. See separate policy, 5.10 Family Services for further guidance.

The Regional Foster Care Specialist (RFCS) will ensure the licensed resource parent(s) has information on available trainings and training requirements. See separate policy, 12.14 In-Service Training Requirements for further guidance.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. 8.C Tool: Supervision of Visits
2. Case Plan (SF 2956) – Available in the case management system

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require the resource parent(s) to:

1. Participate in supporting the Case Plan (SF2956) goals;
2. Participate in supporting 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, 16.1 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. Provide a safe and nurturing atmosphere for 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;
11. Participate in court hearings when notified;
12. Keep the child’s Medical Passport (DCS Pamphlet 036) current with the child’s most recent health care information. See separate policy, 8.27 Maintaining Health Records – Medical Passport;
13. Encourage all youth age 14 and older to attend scheduled court hearings;
14. Use the Reasonable and Prudent Parent Standard when determining whether a child should participate in extracurricular, enrichment, cultural, and social activities; and
15. Provide notification to DCS when there is a change in household members. See separate policies, 12.12 Foster Family Home Capacity and 13.9 Conducting Background Checks for Foster Family Home Licensing for additional guidance.

Note: A foster family home may not provide overnight or regular and continuous care and supervision to a child who is the subject of a power of attorney while providing care to a child placed in the home by DCS or probation, without an exception.

DCS will ensure that a child placed in out-of-home care has an opportunity to complete a Lifebook. DCS will assist in this process by providing the child and/or resource parent(s) with
any pertinent family history and pictures, if available, of the child, the child’s family, and any other places and/or significant individuals that are important to the child.

Code References
N/A

PROCEDURE

Regarding the resource parent(s) role, the Family Case Manager (FCM) will:
1. Review and discuss the above policy statement with the resource parent(s); and
2. Provide the resource parent(s) with one copy of the Resource Parent Role Acknowledgement (SF54642) form and place the original signed signature page in the case file.

PRACTICE GUIDANCE
N/A

FORMS AND TOOLS

1. Case Plan (SF2956) – Available in the case management system
2. Medical Passport (DCS Pamphlet 036)
3. Visitation Plan- Available in the case management system
4. Resource Parent Role Acknowledgement (SF54642)
5. 8.F Tool: Reasonable and Prudent Parent Standard

RELATED INFORMATION

Supporting the Child’s Positive Identification with His or Her Family of Origin
One of the most important resource parent 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 effect 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.

Lifebooks and/or Adoption Workbooks
Lifebooks and/or Adoption Workbooks come pre-packaged and can be ordered by contacting the Adoption Program Manager. The FCM may also contact his or her Regional Indiana Adoption Program Liaison to place an order for Lifebooks and/or Adoption Workbooks. The Lifebooks and/or Adoption Workbooks will be mailed to the FCM in the DCS local office.

Note: The use of pre-packaged Lifebooks and/or Adoption Workbooks is not mandatory. The FCM, therapist, family member or foster parent may create a unique Lifebook and/or Adoption Workbook for a child using a photo album, scrapbook materials, or any creative idea that would be most meaningful for that child.
DCS currently has the following types of pre-packaged Lifebooks and Adoption Workbooks (described by Adoption World Publishing)\(^1\):

**My Adoption Workbook**

*My Adoption Workbook* is a kid-friendly workbook that guides the social worker and child through the adoption process. This workbook provides a sensitive, but forthright explanation of separation, followed by hands-on activities to help prepare a child for change and work through the process.

Nothing raises a child's anxiety more than the unknown. *My Adoption Workbook* carefully guides the child and social worker through the entire process from separation to post-adoption. Exercises are designed to reduce the fears and to promote a healthy child-to-parent relationship. Special emphasis is given to helping the child:

- Explore fears or fantasies;
- Work through abuse, trust and love issues;
- Build self-esteem;
- Handle new situations; and
- Adjust to change.

**The One & Only Me**

*The One & Only Me* is a book that helps foster, adoptive, and other troubled children connect to their current situation, as well as, their beginnings. This book creates a living history for children dealing with a chaotic past.

**The Real Me**

*The Real Me* teen Lifebook is a tool to use when working with teens. The teenage years are a challenge even in the best situations. For teens in foster care or living in a group setting, the uncertainties about the future can cause additional stress and worry. The chapter *What My Future Holds* provides a framework that youth can use to process the many issues they face. It also prompts them to gather the necessary documentation for job hunting.

**Reasonable and Prudent Parent Standard**

A caregiver must use the *Reasonable and Prudent Parent Standard* when determining whether to allow a child in foster care, under the responsibility of the state, to participate in extracurricular, enrichment, social, and cultural activities. The *Reasonable and Prudent Parent Standard* is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests, while at the same time, encouraging the child's emotional and developmental growth.

---

\(^1\) Adoption World Publishing (2014)
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will encourage the resource parent(s) to utilize respite care to support the placement when necessary. DCS defines respite care as a temporary transfer of caregiving responsibilities with the specific intent of providing support to the resource parent(s).

Note: DCS does not consider field trips and sleepovers to be respite care when the resource parent(s) maintains care and control for the child while the child is absent from the resource home (i.e., the resource parent(s) is available and willing to meet any of the child’s needs which may arise).

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

Note: If emergency circumstances prevent preapproval of respite care, the resource parent(s) must call the DCS local office to inform the contact person of the emergency and develop a plan that identifies where the child will stay. If the resource parent(s) is unable to speak to DCS local office staff, the Indiana DCS Child Abuse Hotline (Hotline) must be notified of the emergency by calling 1-800-800-5556.

DCS will not pay for the cost of respite care for a child placed in a licensed resource home. Exchange in per diem or reciprocal respite services should be arranged between the resource parent(s) and the respite care provider. See separate policy, 16.2 Assistance for Unlicensed Relative Placements, for guidance on respite care when a child is placed with an unlicensed relative.

For a child in out-of-home care, DCS will require that the respite care provider be a licensed resource parent home or licensed child caring institution. Exceptions to this requirement must be evaluated on an individual basis by the DCS Local Office Director (LOD) or designee. If the exception is granted, the approval must be documented in writing.

When the child has therapeutic level placement needs, DCS will require the respite care be provided by a licensed therapeutic foster home or a licensed child caring institution equipped to meet the therapeutic needs of the child.

Note: A foster home on an involuntary placement hold is not eligible to provide respite care.

DCS will require the resource parent(s) to provide the respite care provider with the DCS Hotline phone number (1-800-800-5556) and the following information about each child to be cared for:
  1. Full name and date of birth;
2. Medicaid number or other insurance information;
3. Medical needs, including detailed medication instructions, doctor’s contact information, preferred hospital, and known allergies, if applicable;
4. School and/or daycare information;
5. The DCS local office phone number;
6. A daytime phone number for the assigned FCM;
7. A contact phone number where the resource parent(s) can be reached;
8. Pertinent information relating to the child’s behavior; and
9. Restrictions in contacting the parent, guardian, or custodian or any other individual

Code References
NA

PROCEDURE

The FCM will:
1. Document all requests, plans, and approvals for respite care services in the case management system;
2. Review all requests for respite care;
3. Seek input from the licensing worker, FCM Supervisor, Child and Family Team (CFT) members, and/or convene a CFT Meeting if there are concerns regarding the length of the planned respite care, frequency of requests, or any other concerns. For further guidance, see separate policy 5.7 Child and Family Team Meetings;
4. Notify the resource parent(s) if the request for respite has been approved, and provide an explanation if the request is not approved;
5. Recommend the use of respite care when there are signs of extensive resource parent stress and/or potential for placement disruption;
6. Collaborate with the licensing worker to assist the resource parent(s) with locating and/or coordinating the respite care;
7. Verify arrangements with the respite care provider (e.g., length of stay and drop off and pick-up times);
8. Ensure the respite care provider receives necessary information to adequately care for the child (e.g., medical information, Medicaid number, physician name and number, and FCM contact information);
9. Record the respite care as a temporary absence on the 'Placement Details' screen in the case management system; and
10. Ensure the resource parent(s):
   a. Requests respite care at least three (3) business days in advance, unless emergency conditions exist. Requests may be in writing or oral;
   b. Makes all arrangements with the respite care provider (e.g., length of stay, drop-off and pick-up times, pre-care visits, and any agreements regarding payment for respite care); and
   c. Prepares the child for respite care (e.g., explains respite care to the child and arranges introductions and/or visits between the child and respite caregiver prior to respite care).

1 The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker.
**PRACTICE GUIDANCE**

Respite care is not considered a placement. However, when choosing a respite provider the FCM and licensing worker should consider the same factors they would consider when identifying placement options, including caregiver capacity and ability. For further guidance, see separate policy, [8.1 Selecting a Placement Option](#).

The FCM should consult with the licensing worker to review the Child Care Plan (SF54608) and consider individuals listed for respite. Appropriate approvals must be obtained, prior to respite, for any unlicensed individual.

**Why is Approval Necessary for Respite Services?**

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.

**FORMS AND TOOLS**

Child Care Plan (SF54608)

**RELATED INFORMATION**

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires that resource parent(s) shall be responsible for discipline. Discipline shall:

1. Not be delegated to the child's peers or to persons who are strangers to the child;
2. Be age and developmentally appropriate;
3. Be related to the child's act;
4. Be proportionate to the particular inappropriate behavior; and
5. Be handled without prolonged delay.

DCS prohibits the following types of discipline by resource parent(s) including, but not limited to:

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

DCS allows the following discipline techniques (see Related Information) by resource parent(s):

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 parent(s) 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.

---

1 Corporal punishment: Physical hitting or any type of physical punishment inflicted in any manner upon the child's body.
Note: Corrective action does not include physical discipline. See Related Information for details on corrective action.

DCS prohibits the use of physical restraint by a resource parent(s) unless:
1. It is specifically authorized by DCS in advance, in writing, as part of the child’s behavior program;
2. The resource parent(s) has been appropriately trained and certified by a DCS approved provider in prevention and use of physical restraint;
3. It is an emergency situation and the child is a clear and present danger to himself or herself or others; and
4. Less restrictive interventions have been determined to be ineffective.

A person uninvolved in the restraint and trained in emergency interventions shall continuously maintain direct observation of the child during the restraint.

Note: The use of physical restraint must be authorized by DCS and documented in the child’s Case Plan (SF2956). In an emergency situation, the safety of the child is paramount. Action should be taken to ensure the child does not harm himself or herself or others. DCS must be notified immediately if action is taken.

The resource parent(s) and/or a Licensed Child Placing Agency (LCPA) will notify DCS within one (1) business day of all instances when physical restraint has been used.

Exception: DCS will be notified immediately if injury occurred to the child, resource parent(s), or another person(s).

The resource parent(s) must maintain a record of each incident of physical restraint and make the record available to DCS. The record must include:
1. The date and time of the incident;
2. The name of the child;
3. The form of restraint used;
4. The length of time in restraint;
5. The name and title of the person applying the restraint;
6. The name of the uninvolved person responsible for observing the child while in restraint; and
7. A description of the child's behavior prior to, during, and after use of restraint.

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

1. 465 IAC 2-1.5-16 Care of Children; Discipline
2. 465 IAC 2-1.5-17 Physical restraint

PROCEDURE

The FCM will:
1. Ensure the resource parent(s) are familiar with and understand the content of this policy;

---

2 Example: A protective hold. This does not include mechanical restraint.
2. Ensure that when requested and found necessary by the CFT, the resource parent(s) receive assistance with creating, implementing, and enforcing behavior plans (including contracts, behavior management, and corrective action). See Related Information and 8.D Tool: Behavior Management Plans, for details;

3. Communicate with the child and the resource parent(s) regarding the child’s behavior and response to discipline;

4. Seek supervisory guidance regarding appropriate actions when behavior or discipline issues arise that are beyond the scope of this policy. Consider every appropriate alternative before considering a placement disruption and/or placement of the child in a more restrictive setting. For further guidance, see separate policies 8.4 Emergency Shelter Care and Residential Placement Review, 8.17 Respite Services for Resource Parent(s), and 8.38 Placement Changes;

5. Staff with his or her FCM Supervisor, Local Office Director (LOD), and Clinical Services Specialist if he or she believes physical restraint is necessary;

6. Document in the child’s Case Plan (SF 2956) if the use of physical restraint is approved by the Central Office Foster Care Unit; and

7. Ensure the resource parent(s) receive, understand, and sign a copy of this policy.

Note: The resource parent(s) will notify the DCS local office within one (1) business day of all instances when physical restraint has been used.

The LOD will:

1. Staff the decision to add physical restraint to the child’s behavior management program with the Clinical Services Specialist, Regional Manager (RM), and the Deputy Director of Field Operations; and

2. Seek approval from the Central Office Foster Care Unit if there is agreement from all levels that it is necessary for physical restraint to be part of the child’s behavior management program.

The Central Office Foster Care Unit will:

1. Review and make a decision on the use of physical restraint utilizing these factors:
   a. The type of physical restraint approved for use on the child,
   b. The criteria and time limitations for use,
   c. The persons authorized to use the restraint on the child, and
   d. The date and type of training received.

2. Locate and arrange an appropriate provider if physical restraint is approved. No physical restraint will be used until the training is completed.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

2. Case Plan (SF 2956) – Available in the case management system
RELATED INFORMATION

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

**Guidelines for Resource Parent(s)**
When used appropriately, contracts, behavior management, and corrective action can be effective methods for encouraging internal control and self-responsibility in a child. When any form of discipline is used with a child, the following guidelines are recommended for resource parent(s):
1. Discipline should be consistent with and based on the understanding of the child's age and development;
2. Use encouragement and praise whenever possible to reinforce positive behaviors;
3. Refrain from corrective action while angry. Wait until anger subsides before implementing discipline;
4. Set clear limits, rules, and expectations and communicate these to the child;
5. Have the child take responsibility for his or her actions and correct his or her behavior or the situation, if possible;
6. Give the child choices and involve him or her in the decision-making process. This helps a child develop internal control; and
7. Consequences for inappropriate behavior should generally be more immediate for a younger child.

For more information on contracts, behavior management, and corrective action see 8.D Tool: Behavior Management Plans.

**Providing Assistance and Support to Resource Parent(s)**
The FCM should ensure the resource parent(s) receive support and guidance on creating, implementing, and enforcing discipline plans. The FCM may provide 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 (e.g., child's therapist) and refer the resource parent(s) to support groups and other community-based resources. When enlisting the help of outside sources, the FCM should provide a copy and review this policy with the resource parent(s) and the provider and ensure the provider does not recommend forms of discipline that are prohibited by DCS.

**Child Threatening Others With A Weapon**
If a child has a weapon and is threatening others with it, but not actually attacking anyone, the resource parent(s) 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 (i.e., call for assistance from the local Law Enforcement Agency [LEA]/911).
The Indiana Department of Child Services (DCS) must obtain education records for each school-aged child in out-of-home care. DCS will review the education records at a Child and Family Team (CFT) Meeting or a Case Plan Conference to determine whether an Individualized Education Program (IEP) should be considered to address the child’s educational needs. The CFT will develop a plan to ensure the child’s educational needs are met. For further guidance, 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, local DCS Education Liaison (EL) (if applicable), and other identified educational supports to participate as members of the CFT.

DCS will ensure 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 High School Equivalency (HSE) Diploma;

   **Note:** Some scholarships and grants will not be available if an HSE Diploma is completed instead of obtaining a high school diploma.

2. An alternate education plan has been recommended by the school the child attended at the time of placement and the plan has been approved by the court;
3. The youth has graduated from high school or has successfully completed an HSE Diploma;
   or
4. The youth has a physician verified medical condition which prohibits him or her from attending school.

DCS will ensure the child’s educational goals and needs, as well as the efforts to enable the child’s school to provide appropriate support and to protect the safety of the child are included in the Case Plan (SF2956). See separate policy, 5.8 Developing the Case Plan for further guidance.

DCS will ensure the child’s current school, new school (if applicable), and required school corporations are notified within 72 hours of the child’s removal from his or her home. DCS will strive to allow the child to remain in the school he or she attended while living with his or her parent, guardian, or custodian when it is in the best interest of the child.

In accordance with the Every Student Succeeds Act (ESSA), DCS, the Indiana Department of Education (DOE), and local education agencies must identify a state and local Point of Contact (POC) to collaborate in determining the best educational interests of children in out-of-home care. DCS has appointed the Education Services Director as the agency’s state ESSA POC and the Education Liaisons (EL) as the agency’s local ESSA POC. See separate policy 8.22.
School Notifications and Legal Settlement and Practice Guidance for additional information.

DCS will document plans to maintain educational stability for a child in out-of-home care on the Case Plan (SF 2956) and provide this information to the court prior to any placement change. This information should include whether the child will attend the school he or she previously attended. If the child must transfer schools, information provided to the court will include, but is not limited to:

1. Efforts made to allow the child to remain at the school he or she attended at the time of removal or any placement change;
2. The reason it is in the best interest of the child to transfer schools;
3. The distance of the new school from the child’s current placement;
4. Enrollment arrangements with the new school including transfer of educational records;
5. The child’s current placement;
6. The current residence of the child’s parent, guardian, or custodian (in order for the court to determine legal settlement);
7. The school and school corporation the child will attend while in out-of-home care; and
8. The transportation plan, which ensures the child is able to attend school.

Note: Unless educational services are provided in a residential facility where the child is placed, the child should have a transportation plan regardless of whether the child will attend the same school or change schools. The local education agency is required to provide transportation of foster youth who are removed from their home and placed outside of their school of origin when it is determined to be in the child’s best interest to remain enrolled in the school of origin. See separate policy, 8.22 School Notifications and Legal Settlement.

DCS will not authorize a child in out-of-home care to enroll in a non-accredited educational program not recognized by the Indiana DOE. For additional information, see Practice Guidance.

DCS will not pay for the cost associated with attendance at a private school unless it is included in services provided by a residential facility through a placement agreement. See Related Information for suggestions on responding to requests for private education for a child in out-of-home care.

DCS will only pay educational fees associated with the repair or replacement of textbooks, devices, or musical instruments. Indiana Public Schools may not collect other fees for a child placed in out-of-home care by DCS. Fees are paid directly to the school corporation by DCS. For additional information, see the Letter of School Textbook and Related Fees and School Invoicing Process for Repair/Replacement of Textbooks, Electronic Devices, and Musical Instruments.

Note: Resource parents are required to purchase insurance if offered by the school, for any school issued devices. DCS will reimburse resource parents for the cost of the insurance and deductible. For additional information, see Practice Guidance.

DCS will ensure every DCS ward in the 7th through 12th grade is enrolled in the 21st Century Scholars program and understands the requirements of the Scholar Success Program (SSP).

DCS will ensure youth age 17 years or older are provided with information about:

1. Pell grants;
2. Chafee funds from the John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program). This information may be provided at age 16;
3. Federal supplemental grants;
4. The Free Application for Federal Student Aid (FAFSA);
5. Individual Development Accounts (IDA); and

**Note:** If the youth will be completing high school or an HSE Diploma prior to age 17, he or she should be provided the information prior to completion.

For further guidance, see separate policies 8.21 Special Education Services, 8.22 School Notifications and Legal Settlement, 11.10 Education and Training Voucher Program, and 11.6 Transition Plan for Successful Adulthood.

**Code References**
1. IC 4-4-28 Individual Development Accounts
2. IC 20-26-11-9 Notice of Legal Settlement and Placement
3. IC 20-33-2 Compulsory School Attendance
4. IC 20-33-5 Financial Assistance for Students
5. IC 20-50-2 Tutoring and Mentoring for Homeless Children and Foster Care Children
6. IC 20-50-3 Transportation of Students in Foster Care
7. IC 20-51-1-1 List of Certified Scholarship Programs
8. IC 21-12-6-1 Twenty-First Century Scholars Program; Established
9. IC 21-12-6-5 Eligibility for Twenty-First Century Scholars Program for Foster Care Youth
10. IC 31-34-15-4 (Case Plan) Form; contents
11. IC 34-13-3 Tort Claims Against Governmental Entities and Public Employees
12. 511 IAC 7-38-1 Access to and Disclosure of Educational Records
13. 20 USC 1232g (b)(1)(E), (L): Education
14. 42 USC 675(1)(G): Definitions
15. IC 20-50-3-3: School of origin

**PROCEDURE**

The Family Case Manager (FCM) will:
1. Gather information regarding the child’s education and discuss the child’s educational best interests with the following:
   a. The child,
   b. The parent, guardian, or custodian, unless Termination of Parental Rights (TPR) has been finalized,
   c. The resource parent, and
   d. Members of the CFT.

   **Note:** The FCM should complete the Release of Education Records (SF 55228) and submit to the last school in which the child was enrolled to obtain educational records.

2. Submit a Permanency and Practice Support (PPS) referral to the Education Services Team when the child’s placement changes or there is the potential for an educational placement change;
3. Collaborate with the Education Liaison (EL) to complete the ESSA POC Checklist and determine if it is in the child’s best interest to remain in the school of origin, if applicable. For further guidance, see separate policy, 8.22 School Notifications and Legal Settlement.
Note: The EL will facilitate collaboration with the Local Education Agency POC to make a final determination regarding if remaining in the school of origin is in the child’s best interest.

4. Work with school personnel to ensure the child is registered for school;
5. Complete the School Notification (SF 47412) and provide it to the school corporation’s identified POC where the child currently attends and where the child has legal settlement within 72 hours of the child’s:
   a. Removal from his or her home and initial placement in out-of-home care,
   b. Change in out-of-home placement,
   c. Return home,

Note: The school where the child currently attends should also be verbally notified of the child’s removal or placement change as soon as possible.

d. Initial determination of legal settlement,
   e. Change in legal settlement determination,
   f. Educational placement change, or
g. DCS case closure.

6. Provide the resource parent with 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);

Note: If applicable, discuss transportation options with the resource parent while preparations are being made by the school to begin providing transportation. See Practice Guidance for more information.

7. Ensure biological parents are included in all educational meetings and decisions, unless TPR has been finalized;
8. Encourage the parent, guardian, or custodian; resource parent; or educational surrogate parent (ESP) to refer the child for testing to identify any special education needs and/or related services, if needed. If it is determined the child needs individual tutoring, contact the school regarding this service. For further guidance, see separate policy, 8.21 Special Education Services;

Note: DCS cannot refer a child for testing or sign any IEP documentation.

9. Collaborate with the CFT to minimize school disruptions and assess the effects of placement on the child’s school attendance and academic performance. For further guidance, see Related Information and separate policy, 5.7 Child and Family Team Meetings;
10. Ensure information regarding the child’s educational stability, goals, needs, and efforts to enable the child’s school to provide appropriate support and protect the safety of the child is included in the Case Plan (SF2956) and provided to the court. See separate policy, 5.8 Developing the Case Plan for further guidance;
11. Recommend and encourage the child’s parent, guardian, or custodian to include the child’s school social worker, school counselor, EL (if applicable), and other involved school representatives as members of the CFT;
12. Assist the parent, guardian, custodian, and/or resource parent in the completion of forms for free or reduced lunch and textbooks, if applicable;
13. Provide each child in the 7th through 12th grade with information about the 21st
Century Scholars program and the SSP. For further guidance, see separate policy [11.15 Post-Secondary Education].

14. Ensure an application for the 21st Century Scholars program is submitted for all youth who are in 7th through 12th grade and in out-of-home care who are not already enrolled. Applications for the 21st Century Scholars program may be completed online by visiting [www.in.gov/21stcenturyscholars]. The application process requires the FCM to:
   a. Assist the youth in completing the application, and
   b. Ensure the youth marks “yes” to the pre-application question concerning foster care status.

**Note:** For further guidance, see separate policy [11.15 Post-Secondary Education].

15. Encourage and assist all youth in 9th through 12th grades to:
   a. Update his or her address with 21st Century Scholars annually,
   b. Comply with all requirements set forth in the SSP (see [http://www.in.gov/21stcenturyscholars/2373.htm]), and
   c. Sign the 21st Century Scholars Affirmation Statement (see [www.in.gov/21stcenturyscholars]) during his or her senior year of high school.

16. Provide the youth with information regarding Pell grants, Chafee grants, federal supplemental grants, the FAFSA, and the Indiana Commission for Higher Education – State Financial Aid during a CFT Meeting held immediately prior to the youth’s 17th birthday. For further guidance, see separate policies, [11.6 Transition Plan for Successful Adulthood] and [11.15 Post-Secondary Education];

**Note:** If the youth will be completing high school or an HSE Diploma prior to age 17, he or she should be provided the information prior to completion.

17. Provide youth with information about opening an IDA. For further guidance, see separate policy, [11.15 Post-Secondary Education] and [Related Information];

18. Have the youth and caregiver sign an [Acknowledgement of Receipt of Information about Various Educational Programs (SF 55743)]. Give the youth and caregiver a copy of this form and place the original form in the youth’s case file; and

19. Ensure all education information (e.g., current grade level, school name and address, School Notification (SF 47412) forms, ESSA POC Checklist, and IEP date and specifics), decisions, and actions taken are documented in the case management system as changes occur, or at a minimum, annually.

The FCM Supervisor will provide guidance to the FCM as needed and ensure documentation is entered accurately in the case management system.

The EL will:

1. Collaborate with the FCM to complete the [ESSA POC Checklist] and assist in obtaining an official determination regarding whether it is in the child’s best interest to remain in his or her school of origin, if applicable. See separate policy [8.22 School Notifications and Legal Settlement and Practice Guidance] for additional information; and

**Note:** If an official determination cannot be made between the FCM and EL,
the FCM and EL will consult with the FCM Supervisor or the Local Office Director (LOD).

2. Assist the FCM in planning for the child’s other educational needs as requested.

The LOD will ensure that before August 1st 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 Placement in School Corporation (SF 49812) form. For further guidance, see separate policy 8.22 School Notifications and Legal Settlement.

**PRACTICE GUIDANCE**

**Minimizing School Disruptions**

School disruptions may cause extreme emotional stress for a child and affect his or her academic performance, development, and/or overall well-being. The FCM should attempt to minimize school disruptions by:

1. Placing the child with a resource parent living in the same school district;
2. Making a referral to the EL for determination of best interests regarding the child’s educational placement. See separate policy, 8.22 School Notifications and Legal Settlement;
3. Delaying a change in placement until the end of a school semester or year, when waiting does not endanger the child’s safety and/or well-being; and/or
4. Scheduling medical and court appointments during non-school hours, whenever possible.

**Every Student Succeeds Act (ESSA) and Transportation for Students in Care**

The ESSA as it pertains to foster children was implemented December 10, 2016. The ESSA requires local education agencies’ POC and child welfare agencies’ POC to collaborate on determining educational best interests for foster children when their home placement change causes the potential for their education placement to change. Foster children should remain in their school of origin unless there is justification, based on the needs of the child, to transfer to their new school of residence.

ESSA requires local education agencies’ POC and child welfare agencies’ POC to collaborate on providing transportation for foster children who attend their school of origin but have been placed outside of the district. The school of origin is required to provide transportation for a foster youth removed from his or her home and placed outside of the school of origin when it is determined to be in the child’s best interest for the child to remain enrolled in the school of origin. Best interest determinations, including a plan for transportation, between the local school POC and the child welfare POC are expected to be finalized within five (5) instructional days after receiving the request from the child welfare POC. In some situations the collaboration process may take more time to deliberate.

DCS is responsible for arranging transportation until the best interest determination is completed. If the resource parent is able and willing to provide transportation for the child, in collaboration with the school of origin, this is a suitable option to fulfill the school of origin’s obligations to ensure transportation is provided.
Note: In unique situations, DCS may pay for transportation. Please be aware the local school corporation may ask to work with resource parents to provide transportation for children placed in their home.

Documenting Educational Stability in the Case Management System
Information regarding educational stability should be documented in the Case Plan (SF 2956). 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.

Legal Settlement and Termination of Parental Rights
The court should redetermine legal settlement when parental rights are terminated. If the child is in his or her permanent placement, 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 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 may be used and the DCS local office is located within the school district the child attends.

Utilization of DCS Education Liaisons
An EL provides support to the FCM in identifying educational barriers and developing effective solutions. The FCM should submit a PPS referral to the EL through KidTraks when educational needs or concerns have been identified.

Exceptions for Home School and Private School Attendance
Education through an accredited school is optimal. However, in some unique circumstances home school or private school education may best meet the child’s educational needs. In these instances, the decision to pursue home school or private school education shall be decided in a CFT Meeting and shall not be made without the approval of the parent, guardian, or custodian (unless TPR has been finalized). A referral to the EL must be submitted, as his or her expertise will be beneficial in making this decision. A written request for exception must be reviewed for approval by the Regional Manager (RM) prior to seeking required court approval. The written request for exception will be completed by the EL.

Private Schools
The CFT should review requests for a child to attend private school. For further guidance, see separate policy, 5.7 Child and Family Team Meetings. The CFT 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 education 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. For further guidance, see separate policy, 5.7 Child and Family Team Meetings.

Resource Parent Reimbursement of Insurance for School Supplied Devices
Resource parents are required to purchase insurance, when offered by the school, for any school supplied devices provided to the child. Resource parents will be reimbursed by DCS for the cost
of the insurance and deductible if the device is damaged or lost. If a school issued device is damaged or lost:

1. The FCM will create a referral in KidTraks (Global Services > General Products > Other) for the amount of the insurance (or the amount of the deductible if the device is damaged or lost); and
2. The resource parent will request reimbursement using the Claim for Support of Children Payable from Family and Children Funds (SF 28808).

**Note:** The resource parent may contact DCSPaymentResearchUnit@dcs.in.gov for assistance.

**Tutoring Services**

In order to determine if tutoring services are needed, the FCM will:

1. Request a comprehensive copy of the child’s school records including attendance, school placements, special education evaluations, IEPs, Indiana Statewide Testing for Educational Progress (ISTEP) scores, Response to Intervention (RTI) data, and grades;
2. Determine if there are patterns documented in the records that may explain poor academic performance (e.g., several school placements, inconsistent attendance, and/or inappropriate behaviors). If assistance is needed, submit a PPS referral to the Education Services Team.

**Note:** If a child has poor attendance at school, a tutor should not be put in place until a pattern of regular school attendance is established.

3. Communicate with the school administration team to determine what tutoring services are provided through the school. If the child is placed out-of-home, the following Indiana Code applies:

   **IC 20-50-2-3: Tutoring of children who are in foster care or are homeless**
   
   This states:
   
   “Each school corporation shall provide tutoring for a child enrolled in a school operated by the school corporation who is:
   
   (1) in foster care; or
   
   (2) a homeless child;
   
   if the school corporation determines the child has a demonstrated need for tutoring;”

4. Communicate with the school’s administration team or multidisciplinary team to determine what academic interventions are being used to meet the child’s current academic needs. Ask to see data that measures the child’s progress and supports the school’s decision to use certain interventions;
5. Ask to see progress monitoring data to determine if the child is making adequate progress toward academic goals if the child receives special education services;

**Note:** For a child with an IEP, grades on the report card are not always the best measure of progress and academic performance;

6. Make a referral to an outside tutoring service, if determined to be appropriate, for a child who has received in-school tutoring and is still struggling. Ensure the tutoring service knows who to communicate with to determine what interventions and strategies are being used or have been used with the child; and
7. Request regular updates from the tutoring provider on the child’s progress toward the child’s individual goals.
Local School Point of Contact List
A list of contact information for school corporations may be found in the School Notification Point of Contact (POC) List. Best interest determinations need to be initially discussed between the FCM and the EL.

FORMS AND TOOLS

1. Case Plan (SF 2956) - Available in the case management system
2. Acknowledgement of Receipt of Information about Various Educational Programs (SF 55743)
3. School Notification (SF 47412)
4. Annual Notification of Continuation of Placement in School Corporation (SF 49812)
5. ESSA POC Checklist
6. Letter of School Textbook and Related Fees
7. School Invoicing Process for Repair/Replacement of Textbooks, Electronic Devices, and Musical Instruments
   a. Exhibit A1 (Indiana Code Including Tort Claims Description)
   b. Exhibit A2 (Tort Claim Form SF 54668)
   c. Exhibit B1 (W-9 Request for Taxpayer Identification Number and Certification)
   e. Exhibit B3 (W-9 and Direct Deposit Form Instructions)
   f. Exhibit C1 (Claim for Support of Children SF 28808)
   g. Exhibit C2 (Example Claim Form)
8. Claim for Support of Children Payable from Family and Children Funds (SF 28808)
9. School Notification Point of Contact (POC) List
10. Release of Education Records (SF 55228)

RELATED INFORMATION

High School Equivalency (HSE) Diploma
Indiana has implemented the Test Assessing Secondary Completion (TASC), a replacement for the General Education Development (GED). TASC is the HSE exam, which measures an examinee’s levels of achievement relative to that of a graduating high school senior. TASC also assesses for career and college readiness. For additional information, see http://www.in.gov/dwd/HSE.htm.

Education Records
Education records include a range of information about a student that is maintained by the school. Examples of information include, but are not limited to:
1. Date and place of birth, address of the parent, guardian, or custodian; and contact information in case of an emergency;
2. Grades, test scores, courses taken, academic specializations, activities, and official letters regarding a student's status in school;
3. Special education records;
4. Disciplinary records;
5. Medical and health records the school creates or collects and maintains;
6. Documentation of attendance, schools attended, 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.
   **Note:** 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.

**Individual Development Accounts (IDA)**
An IDA is a matched savings account program designed to assist individuals in achieving self-sufficiency through financial literacy and asset generation. There are a limited number of IDAs available in Indiana. In order to open an IDA, individuals must meet the following eligibility requirements:

1. Be an Indiana resident;
2. Have an income below 175% of the Federal Poverty Guidelines;
3. Have at least $400 per year in earned income;
4. Be able to save a minimum of $35 per month; and
5. Meet minimum screening requirements.

Youth interested in opening an IDA should visit [http://www.in.gov/ihcda/2403.htm](http://www.in.gov/ihcda/2403.htm) or call 1-317-232-7777 for county specific information.

**Virtual Schools**
A virtual school is a school in which coursework is taught primarily through online methods. Virtual schools may be public schools (traditional or charter) or nonpublic schools. Nonpublic schools may not be accredited through the Indiana DOE.

**School of Origin**
*IC 20-50-3-3* defines school of origin as the school that a student in foster care attended when the student last had a permanent residence or the school in which a student in foster care was last enrolled.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will work with the Indiana Department of Education (DOE) to ensure each child in out-of-home care receives educational services to meet his or her individual needs. A plan will be developed to address identified educational needs of each child in out-of-home care at the initial Child and Family Team (CFT) Meeting or Case Plan Conference.

DCS will ensure that a child with identified special education needs who has an Individualized Education Program (IEP) on file is receiving the services outlined in the IEP. DCS will refer each child who displays signs that a disability may exist, but has not been identified as requiring special education services, for appropriate testing.

DCS will utilize the CFT to assist the child's parent, guardian, custodian, and/or resource parent(s) with making decisions related to disabilities that may impact the child's education. In the event that the child's parent, guardian, custodian, and/or resource parent(s) 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 him or her in matters relating to education.

DCS will ensure education goals, needs, and efforts to enable the child's school to provide appropriate support and to protect the safety of the child are included in the Case Plan (SF2956). See separate policy, 5.8 Developing the Case Plan for further guidance.

Code References
1. IC 20-18-2-9: Individualized Education Program
2. IC 20-35-1-4: Division
4. IC 31-34-15-4 (Case Plan) Form; contents
5. 511 IAC 7: Special Education

PROCEDURE

The Family Case Manager (FCM) will:
1. Assist the child's parent, guardian, custodian, and/or resource parent(s) in requesting that the child's school complete an initial educational evaluation to determine if any disability exists that could impact the child's education and if special education and/or related services are needed;

   Note: Consider making a referral to your local Education Liaison (EL) to review prior IEPs or educational documents to help determine if an evaluation should be requested by the family.
2. Participate in the development and implementation of an appropriate IEP for the child if indicated by the educational evaluation;
3. Obtain hardcopies of any IEP for the child's file;
4. Discuss the need to monitor the IEP with the child's parent, guardian, custodian, and/or resource parent(s), ensure that the IEP is enforced, and ensure the overall educational needs of the child are being met;
5. Evaluate the need for an ESP for a child in a residential placement. If one is needed, work with the DCS Staff 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.

6. Encourage the child's parent, guardian, or custodian to invite the ESP, if applicable, to participate as a member of the CFT. For further guidance, see separate policy 5.7 Child and Family Team Meetings;
7. Encourage the child's parent, guardian, custodian, resource parent(s), or ESP to work with the school to coordinate the development of a Transition IEP (see Related Information), as well as, attend all educational meetings and reviews;
8. Attend the child's IEP conference and provide relevant input;
9. Obtain a copy of the finalized IEP for the child's case file;
10. Document the child's education goals, needs, and efforts to enable the child's school to provide appropriate support and to protect the safety of the child in the Case Plan (SF2956). See separate policy, 5.8 Developing the Case Plan for further guidance; and
11. Document all participants, decisions, and actions in the case management system.

### PRACTICE GUIDANCE

**Utilization of DCS Education Liaisons**
ELs provide support to FCMs in identifying educational barriers and developing effective solutions. FCMs should submit a referral for the educational liaison through KidTraks when educational needs or concerns have been identified.

### FORMS AND TOOLS

- **Case Plan (SF2956)** - Available in the case management system

### RELATED INFORMATION

**Annual Review of Individualized Education Program**
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.

**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 an Educational Surrogate Parent**
An ESP should be requested if the child's parent, guardian, custodian, and/or resource parent(s) is unable to adequately represent the child.
**Individuals with Disabilities Education Act (IDEA)**
IDEA guarantees that persons between the ages of three (3) and 22 with disabilities receive appropriate public education through the development and implementation of an IEP. The IEP is designed to meet the assessed educational needs of each student within the least restrictive environment. It ensures that testing and evaluation materials, procedures, and interpretation of results are not biased.

**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 made the request or given consent. Exceptions to the timeline exist if the child moves from one (1) district or state to another 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.

**Transition Individualized Education Program**
IDEA requires that transition planning begin at age 14 or younger, if determined appropriate by the school’s case conference committee. 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. 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). The statement of transition service needs should relate directly to his or her goals and show how planned activities are linked to these goals.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will partner with the resource parent and the Child and Family Team (CFT) to arrange for a child in out-of-home care to remain at his or her home school, when it is determined to be in the child’s best interest. See separate policy 5.7 Child and Family Team Meetings for additional information.

In accordance with the Every Student Succeeds Act (ESSA), DCS, Indiana Department of Education (DOE), and local education agencies must identify state and local Point of Contacts (POC) to collaborate on determining the best educational interests of children in out-of-home care. DCS has appointed the Education Services Director as the agency’s state ESSA POC and the Education Liaisons (EL) as the agency’s local ESSA POC. See Practice Guidance for additional information.

DCS will provide the court with the following addresses so the court may determine legal settlement:
1. The child’s current placement; and
2. The current residence of the child's parent, guardian, or custodian.

DCS will notify the school and the school corporation where the child currently attends and the school corporation where the child has legal settlement in writing within 72 hours of the child’s:
1. Removal from his or her home and initial placement in out-of-home care;
2. Change in out-of-home placement;
3. Return home;

Note: The school where the child currently attends should also be verbally notified of the child’s removal or placement change as soon as possible.

4. Initial determination of legal settlement;
5. Change in legal settlement determination;
6. Change in educational placement; or

Note: If the child's home placement change impacts the child's educational setting, the school corporation where the child will be attending will be notified per the POC collaboration required by ESSA.

7. DCS case closure.

1 Legal settlement defines which school corporation has responsibility for payment of the child's education expenses.
DCS will annually notify in writing the school corporation where the child has legal settlement and the school corporation where the child attends, 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; Transfer Tuition
2. IC 31-34-3-3.7: Notice to the child’s school
3. IC 31-34-20-5: Determination and reporting of legal settlement of child
4. IC 31-34-21-10: Review of child’s legal settlement
5. IC 20-50-3-3: School of origin

PROCEDURE

The Family Case Manager (FCM) will:
1. Gather information regarding the child’s education and discuss the child’s educational best interest with the following:
   a. The child,
   b. The parent, guardian, or custodian, unless Termination of Parental Rights (TPR) has been finalized,
   c. The resource parent, and
   d. Members of the CFT.

   Note: The FCM should complete the Release of Education Records (SF 55228) and submit to the last school in which the child was enrolled to obtain educational records.

2. Submit a Permanency and Practice Support (PPS) referral to the Educational Services team when the child’s placement changes and/or there is the potential for an educational placement change, including a child placed through an ICPC;

   Note: State statute requires immediate enrollment in school. Therefore, this process must be swift with little delay in communication.

3. Work with the Education Liaison (EL) to determine if it is in the child’s best interest to remain in the school of origin, if applicable.

   Note: The EL will facilitate collaboration with the local education agency POC to make a final determination regarding if remaining in the school of origin is in the child’s best interest. See Practice Guidance for additional information.

4. Complete the School Notification (SF 47412) and provide it to the school corporation’s identified POC where the child currently attends and where the child has legal settlement within 72 hours of the child’s:
   a. Removal from his or her home and initial placement in out-of-home care,
   b. Change out-of-home placement,
   c. Return home,
   d. Initial Determination of legal settlement,
   e. Change in legal settlement determination,

   Note: The school where the child currently attends should also be verbally notified of the child’s removal or placement change as soon as possible.
f. Change in educational placement, or
g. DCS case closure.

5. Convene the CFT to identify and plan solutions for any barriers regarding the child’s educational placement;

6. Provide the court with the following addresses: and
   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.

7. Notify the court if the parent, guardian, or custodian moves to a new address, so the court can re-determine “legal settlement”. This may be completed as part of a progress report to the court.

8. Ensure all education information (e.g., current grade level, school name, and address, School Notification (SF 47412) forms, ESSA POC Checklist, and IEP date and specifics), decisions, and actions taken are documented in the case management system as changes occur, or at a minimum, annually.

The EL will:
1. Collaborate with the FCM to complete the ESSA POC Checklist and assist in obtaining an official determination regarding whether it is in the child’s best interest to remain in his or her school of origin;

   Note: If an official determination cannot be made between the FCM and EL, the FCM and EL will consult with the FCM Supervisor or the Local Office Director (LOD).

2. Send the ESSA POC Checklist to the local education agency POC, for review and determination on the child’s best interests for school enrollment and transportation needs;

3. Obtain the signature of the local education agency POC on the ESSA POC Checklist;

4. Sign the finalized ESSA POC Checklist;

5. Upload the signed ESSA POC Checklist into the PPS referral prior to referral closure; and

6. Send the finalized ESSA POC Checklist to both the school corporation POC where the child will attend and the child’s school of origin.

The LOD will ensure before August 1st 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 (SF 49812) form.

Note: If the child attends his or her school of origin, but does not reside in the school district, a review of the child’s best interest should occur with the Education Services team prior to the annual school notification.
If the Child’s Parent, Guardian, or Custodian Moves
If the child’s parent, guardian, or custodian moves, the person completing the School Notification (SF 47412) or the Annual Notification of Continuation of Placement in School Corporation (SF 49812) should include the current address of the child’s parent, guardian, or custodian and the most recently determined school corporation of legal settlement. The school corporation of legal settlement and/or the Indiana DOE 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, 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 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 within the school district the child attends.

Date of Court Hearing
The FCM must include the date of the court hearing when the court agreed to the recommended placement on the School Notification (SF 47412) or the Annual Notification of Continuation of Placement in School Corporation (SF 49812) to the school corporations.

Every Student Succeeds Act (ESSA) and Transportation for Students in Care
The ESSA as it pertains to foster children was implemented December 10, 2016. The ESSA requires local education agencies’ POC and child welfare agencies’ POC to collaborate on determining educational best interests for foster children when their home placement change causes the potential for their education placement to change. Foster children should remain in their school of origin unless there is justification, based on the needs of the child, to transfer to their new school of residence.

ESSA requires local education agencies’ POC and child welfare agencies’ POC to collaborate on providing transportation for foster children who attend their school of origin but have been placed outside of the district. The school of origin is required to provide transportation for a foster child removed from his or her home and placed outside of the school of origin when it is determined to be in the child’s best interest for the child to remain enrolled in the school of origin. Best interest determinations, including a plan for transportation, between the local school POC and child welfare POCs are expected to be finalized within five (5) instructional days after receiving the request from the child welfare POC. In some situations, the collaboration process may take more time to deliberate.

DCS is responsible for arranging transportation until the best interest determination is completed. If resource parents are able and willing to provide transportation for the child, in collaboration with the school or origin, this is a suitable option to fulfill the school of origin’s obligations to ensure transportation is provided.

Local School Point of Contact List
A list of contact information for school corporations may be found in the School Notification Point of Contact (POC) List. Best interest determinations need to be initially discussed between the FCM and the EL.
FORMS AND TOOLS

1. School Notification (SF 47412)
2. Annual Notification of Continuation of Placement in School Corporation (SF 49812)
3. ESSA POC Checklist
4. School Notification Point of Contact (POC) List
5. Release of Education Records (SF 55228)

RELATED INFORMATION

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.

School of Origin
IC 20-50-3-3 defines school of origin as the school that a student in foster care attended when the student last had a permanent residence or the school in which a student in foster care was last enrolled.

Education Records
Education records maintained by the school include a range of information about a student. Examples of information include, but are not limited to:

1. Date and place of birth, address of the parent, guardian, or custodian; and contact information in case of an emergency;
2. Grades, test scores, courses taken, academic specializations, activities, and official letters regarding a student's status in school;
3. Special education records;
4. Disciplinary records;
5. Medical and health records the school creates or collects and maintains;
6. Documentation of attendance, schools attended, 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.

Note: 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.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will engage the child’s resource parent(s) in a discussion regarding the child’s participation in extracurricular activities, which include, but are not limited to school, community, and/or cultural activities. DCS will ensure that the activities are age-appropriate, reasonably safe, and appropriately supervised.

DCS will require the resource parent(s) to notify the child’s Family Case Manager (FCM) in writing (email is acceptable) or by phone of any extracurricular activities in which the child may participate. DCS may deny the request for the child’s participation in an extracurricular activity if it is determined that it is not in the child’s best interest. DCS will ensure the child’s parent, guardian, or custodian; members of the Child and Family Team (CFT); and the court are informed of all extracurricular activities in which the child will participate. Concerns regarding the appropriateness of an extracurricular activity should be addressed by the CFT.

Code References
1. IC 31-9-2-101.5: Reasonable and Prudent Parent Standard
2. IC 31-27-3-18.5: Use of Reasonable and Prudent Parent Standard

PROCEDURE

The FCM will:
1. Discuss with the resource parent(s), using the Reasonable and Prudent Parent Standard, the child’s participation in the extracurricular activity;
2. Ensure the resource parent has current information regarding the child’s history (medical, social, prior participation) to allow the resource parent to make informed decisions regarding the child’s participation in the activity; and
3. Ensure that any extracurricular activities the child participates in is:
   a. Age-appropriate,
   b. Reasonably safe, and
   c. Provide appropriate supervision.
4. Convene a Child and Family Team (CFT) Meeting, if concerns arise 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.
5. Inform the parent, guardian, or custodian; court; and members of the CFT of the child’s participation in an extracurricular activity; and
6. Document information regarding the activity in the case management system.

**PRACTICE GUIDANCE**

Children in out-of-home care deserve normalized childhood experiences, which may include sleepovers with friends, group meetings, participation in extracurricular activities (e.g., sports, scouting, proms), and other community and cultural activities.

Resource parents and caregivers should carefully consider the child’s participation in each extracurricular activity, and determine if the activity is appropriate given the child’s wishes, age, interests, 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, the CFT should convene to review the proposed activity and make a recommendation regarding the child’s participation.

**FORMS AND TOOLS**

8.F Tool: Reasonable and Prudent Parent Standard

**RELATED INFORMATION**

**Reasonable and Prudent Parent Standard**

A caregiver must use the Reasonable and Prudent Parent Standard when determining whether to allow a child in foster care, under the responsibility of the state, to participate in extracurricular, enrichment, social, and cultural activities. The Reasonable and Prudent Parent Standard is characterized by careful and sensible parental decisions that maintain a child’s health, safety, and best interests, while at the same time, encouraging the child’s emotional and developmental growth.
STATEMENTS OF PURPOSE

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

In-State Travel
For in-state travel that requires an overnight stay the resource parent(s) should notify the child’s Family Case Manager (FCM) either by phone (voice mail messages are acceptable) or e-mail at least seven (7) days in advance whenever possible. The resource parent(s) must have authorization from the DCS Local Office Director (LOD) 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.

Out-of-State Travel
For any overnight out-of-state travel the resource parent(s) 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(s) must have court authorization through a court order. The resource parent(s) 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 the resource parent(s) to travel out-of-state when the stay will exceed 48 hours and/or the DCS local office is closed, the resource parent(s) must call the Child Abuse and Neglect Hotline (1-800-800-5556) to obtain verbal authorization from the on call Supervisor. The resource parent(s) 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.

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

Code References
N/A

PROCEDURE

The FCM will:
1. Review this policy with the resource parent(s) to ensure that the resource parent(s) 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 parent(s) to ensure that the resource parent(s) requests permission from the FCM in addition to providing the following details if the child will be participating in any travel requiring an overnight stay 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 the FCM Supervisor;

4. Submit a court report to the FCM Supervisor for approval, if the travel will require an overnight stay exceeding 48 hours.

5. If applicable, obtain permission from the LOD or designee regarding overnight in-state travel that exceeds 48 hours;

6. If applicable, seek court authorization regarding overnight out-of-state travel that exceeds 48 hours;

7. If applicable, submit the written request for out-of-country travel to the RM prior to seeking court authorization. The RM will then forward his or her decision to the LOD (for travel lasting 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 parent(s) 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 parent(s) has more than one child in care, one (1) written request may be submitted for all of the children in that resource parent’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 parent(s) 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 parent(s) 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 parent(s) if visitation needs to be rearranged; and


The FCM Supervisor will:

1. Partner with the FCM to ensure 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 LOD 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**

Disaster Plan

**RELATED INFORMATION**

**“Blanket” Travel Requests**
The LOD or designee may 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 for 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.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will work with the resource parent(s) 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 Child and Family Team Meetings for further guidance.

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 parent(s) 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: Health Summary Records of Children Receiving Foster Care

PROCEDURE

The Family Case Manager (FCM) will ensure:

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 Child and Family Team Meetings for further guidance;
3. The child’s physical and mental health (including substance abuse, if applicable), dental, visual, and developmental history is documented and shared with the CFT and resource parent(s). See separate policies, 8.27 Maintaining Health Care Records – Medical Passport and 5.7 Child and Family Team Meetings for further guidance;
4. The resource parent(s) 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). 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 for further guidance,
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 for further guidance, and

f. Seek emergency care for the child for the following:
   i. Serious injury or illness,
   ii. Serious dental issues (e.g., broken teeth or bleeding gums),
   iii. Mental health issues that place the child at risk for harming himself, herself, or others, and
   iv. Serious vision issues (e.g., the child’s glasses/contacts are broken or lost).

5. 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 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 policy, 8.31 HIV, 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 (3) years of age. See separate policy, 8.21 Special Education Services for further guidance,
   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, 8.35 Sex Education and Family Planning Services, 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 Emergency Shelter & Urgent Residential Placement Review and Approval and 5.7 Child and Family Team Meetings for further guidance;

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 Accessing Child’s Medical, Psychological, and Substance Abuse Records for further guidance.
**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

Medical Passport (DCS Pamphlet 036)

**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(s)). See separate policy, 5.7 Child and Family Team Meetings for further guidance.

**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 are available 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/signs.html

http://www.firstsigns.org/concerns/flags.htm
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will work with the resource parent(s) and the Child and Family Team (CFT) to ensure 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).

DCS will obtain, when possible, consent of the child’s parent, guardian, or custodian prior to authorizing non-routine health care treatment for the child.

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

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

**Note:** For emergency treatment, the resource parent(s) 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.

Youth age 18 years or older may consent to their own health care. Therefore parental consent is not required.

**Exception:** For youth age 18 years or older deemed incompetent or unable to consent, DCS will obtain a court order prior to authorizing non-routine health care treatment.

Unless it is an emergency, DCS will seek court approval, prior to any treatments that require anesthesia.

**Code Reference**

IC 16-36: Medical Consent

PROCEDURE

The Family Case Manager (FCM) will complete the following steps any time a child is placed outside of his or her home:

1. Discuss the possibility of medical care for a child while in care and solicit information from the child’s parent, guardian, or custodian regarding the child’s medical history and preferences for care;
2. Complete and sign the Statement of Care and Supervision/Authorization for Health Care (SF45093) Card and/or the Authorization for Health Care (SF54247) Form;
3. Provide the resource parent(s) with a copy of the signed Statement of Care and

---

1 This refers to a child who will be unconscious during surgery.
Supervision/Authorization for Health Care (SF45093) Card and/or the Authorization for Health Care (SF54247) Form and retain one (1) copy in the child’s case file;

4. Ensure that the resource parent(s) receives and signs a copy of this entire policy (8.26 Authorization for Health Care Services). Place the signed original in the child’s file and provide the resource parent(s) with a signed copy;

5. Explain to the resource parent(s) that the Statement of Care and Supervision/Authorization for Health Care (SF45093) Card and/or the Authorization for Health Care (SF54247) Form is a “blanket” written authorization form that enables the resource parent(s) to authorize:
   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:
      i. The care is ordered by a health care professional, and
      ii. There is not enough time prior to the treatment to contact the FCM or the designated DCS local office staff person for advance permission.

6. Explain to the resource parent(s) that they must obtain authorization from DCS prior to seeking non-routine, non-emergency care, or mental health care that was not identified as part of the treatment plan in the Case Plan for the child whenever a health care provider requests it; and

7. Explain that all Medicaid and/or private insurance procedures (e.g., preauthorization before certain treatments and procedures) must be followed.

**Non-Routine, Non-Emergency Health Care**

The resource parent(s) will provide the health care 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 health care provider detailing the proposed treatment;
2. Inform the parent, guardian, or custodian of the proposed treatment and seek consent if parental rights have not been terminated;
3. Seek supervisory input regarding pursuit of court order if parental rights have been terminated or the parent, guardian, or custodian refuses to consent;
4. Ensure the health care provider receives a copy of the signed Statement of Care and Supervision/Authorization for Health Care (SF45093) Card and/or the Authorization for Health Care (SF54247) Form either directly or via the resource parent(s), if treatment is approved by the parent, guardian, or custodian or the court. Place the original copy in the child’s case file; and
5. Ensure the denial and the reasons for the denial are conveyed to the resource parent(s) and health care provider, if not approved.

**Emergency Health Care**

The FCM will ensure the resource parent(s) is advised to:

1. 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 if time permits or if directed to do so by the health care provider; or
2. Contact the child’s FCM or on call worker immediately after the treatment to relay the details, if time does not permit obtaining consent prior to the emergency treatment. If an emergency occurs after hours, contact the DCS hotline.

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 (e.g., a no-
contact order exists or parental rights have been terminated).

2. Immediately relay any verbal authorization to the resource parent(s); 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

Parental Participation in Decision-Making
Encourage the parent, guardian, or custodian to be involved in the decision-making process
regarding the child’s potential medical needs by engaging the family to actively discuss the child’s
medical history and preferences for medical services (see separate policy, 5.3 Engaging the
Family).

FORMS AND TOOLS

1. Statement of Care and Supervision/Authorization for Health Care (SF45093) Card
2. Authorization for Health Care (SF54247)
3. Case Plan (SF2956) – Available in the case management system

RELATED INFORMATION

Routine Health Care
Examples of routine health care include, but are not limited to:
1. Medical: physical examinations, well-child care, immunizations, and visits to the
doctor for cold or flu;
2. Dental: cleanings, examinations, cavity fillings, and x-rays;
3. Mental health services prescribed in the child’s Case Plan (SF2956);
4. Vision: visual exams, glasses, and/or contact lens fittings; and
5. Auditory 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. Vision: LASIK surgery to reduce nearsightedness, farsightedness, or astigmatism; and
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services
Effective Date: May 1, 2017

Section 27: Maintaining Health Records - Medical Passport
Version: 3

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will maintain written and/or electronic documentation of health care services received by children who are under the care and supervision of DCS and are in out-of-home care. A 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), and these additional forms: Statement of Care and Supervision/Authorization for Health Care (SF 45093) Card and/or Authorization for Health Care (SF54247) Form; Consent to Release Mental Health and Addiction Records (SF51128); Record of Medical Treatment (SF45092); and Log of Medical Treatment (SF45091). These forms must be included with the Medical Passport (DCS Pamphlet 036). The Medical Passport (DCS Pamphlet 036) will remain with the child and in the possession of the resource parent(s) throughout all out-of-home placements.

DCS will require that the child’s resource parent(s) keep the child’s Medical Passport (DCS Pamphlet 036) and/or electronic medical records up-to-date, with the child’s most recent health care information. Electronic medical record access information should be recorded in the Medical Passport (DCS Pamphlet 036) if applicable. Additionally, DCS will keep a separate record of the child’s health care information in the case management system.

Note: Medical records may be kept organized in a folder or binder with the child’s Medical Passport (DCS Pamphlet 036) as an alternative to recording the information directly in the Medical Passport (DCS Pamphlet 036).

When the child achieves permanency (e.g., reunification, adoption, guardianship), DCS will ensure the permanent caregiver or the child, if released from out-of-home care after his or her 18th birthday, receives the Medical Passport (DCS Pamphlet 036), access to information for any electronic medical records, and a printed copy of his or her electronic medical records (if requested).

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

PROCEDURE

The Family Case Manager (FCM) will complete the following steps prior to each 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), if one (1) has not yet been issued or the Medical Passport (DCS Pamphlet 036) is missing, and gather as much information as possible 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,
d. Other family members,
e. Previous resource parents, and
f. Existing electronic medical records.

2. Record any gathered information in the new or existing Medical Passport (DCS Pamphlet 036) and update the case management system.

   **Note:** A copy of all medical documentation must be uploaded in the case management system, including the Medical Passport (DCS Pamphlet 036) and information to access any electronic medical records.

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) to the resource parent(s);
2. Explain to the resource parent(s):
   a. The Medical Passport (DCS Pamphlet 036) must remain with the child,
   b. It is the resource parent’s responsibility to record all health care information in the Medical Passport (DCS Pamphlet 036) and/or verify that all health care information is recorded in the child’s electronic medical record. See **Related Information** for more detail, and
   c. The FCM must be provided information about every health care visit. See **Related Information** for more detail.
3. Review with the resource parent(s) information contained in the Medical Passport (DCS Pamphlet 036), calling attention to the following:
   a. Identified issues (e.g., diagnoses and allergies),
   b. Necessary treatment programs (e.g., medications and appointments),
   c. Impending examinations and appointments, and
   d. Any existing electronic medical record access information.

At each visit with the resource parent(s), the FCM should review the Medical Passport (DCS Pamphlet 036) and any other medical records. Any records not previously entered in the case management system, should be copied (a clear photograph is acceptable) and uploaded in the case management system.

Prior to a child’s transfer to a different placement or exit from out-of-home care (e.g., reunification or adoption), the FCM will meet with the current resource parent(s) to review the child’s Medical Passport (DCS Pamphlet 036) and/or electronic medical records to ensure the information is up-to-date. If needed, the FCM will collect additional health care records from providers and assist with scheduling necessary appointments. See separate policy, **8.29 Routine Health Care** for further guidance.

When the child leaves out-of-home care, the FCM will provide the permanent caregiver or the child, if released from out-of-home care after his or her 18th birthday, with a copy of the Medical Passport (DCS Pamphlet 036) and any electronic medical records at no cost. See separate policy, **8.41 Transitioning from Out-of-Home Care** for further guidance.
PRACTICE GUIDANCE

What Records are Kept?
Despite being called a “medical” passport, the child’s Medical Passport (DCS Pamphlet 036) is intended to be a record for a broad range of health care services the child receives. For the purposes of this policy, “health care” 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 health care, and must be documented in the child’s Medical Passport (DCS Pamphlet 036) and the case management system records.

Dual Record Keeping: Medical Passports and the case management system
Every child’s health care records are kept in two (2) places:
1. In the child’s Medical Passport (DCS Pamphlet 036) and/or electronic medical records; and
2. Electronically in the case management system, in the ‘Health Information’ card on the child’s person page. The records in the case management system 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) is lost.

Children Placed in another Indiana County or Out-of-State
When a child is placed in out-of-home care in a different Indiana county or out-of-state, the same policies and procedures apply. The supervising FCM will work with the resource parent(s) to ensure that the child’s Medical Passport (DCS Pamphlet 036), any electronic medical records, and the case management system records are kept up-to-date.

Delay in Obtaining Health Care Information
The FCM must provide the resource parent(s) with a blank Medical Passport (DCS Pamphlet 036), if the FCM is not able to obtain historical health care information about the child prior to the initial visit. See separate policy, 8.1 Selecting a Placement Option for additional guidance regarding the initial visit. When the historical health care information becomes available, the FCM must provide a copy of the information to the resource parent(s) and request that this information be entered into the current Medical Passport (DCS Pamphlet 036).

Medical Passports for Children in Residential Facilities
It is the policy of DCS to provide a Medical Passport (DCS Pamphlet 036) for each child in out-of-home care, including a child placed in a residential facility. It is the responsibility of the caregiver (including a residential facility) to keep the Medical Passport (DCS Pamphlet 036) updated, and the FCM must verify regularly that this occurs.

FORMS AND TOOLS
1. Medical Passport (DCS Pamphlet 036) – Also available in hard copy
2. Statement of Care and Supervision/Authorization for Health Care (SF45093) Card
3. Authorization for Health Care (SF 54247)
4. Consent to Release Mental Health and Addiction Records (SF51128)
5. Record of Medical Treatment (SF45092)
6. Log of Medical Treatment (SF45091)
7. Case Plan (SF2956) – Available in the case management system
The Resource Parent(s) Need to Update the FCM Regarding Health Care Information
The resource parent(s) must communicate to the FCM information about recent health care the child received. This exchange of information enables the FCM to update the child’s health care records in the case management system. If possible, the FCM can photocopy recent entries made in the Medical Passport (DCS Pamphlet 036) and/or print electronic medical records as a way of capturing the new information so that it may be entered in the case management system. The sharing of information between the resource parent(s) and the FCM should occur more frequently if the child has medical issues.

Updating the Medical Passport at Health Care Appointments
Each time a child receives a health care examination or treatment, which will not be recorded by the medical provider in an activated electronic medical record account, the child’s Medical Passport (DCS Pamphlet 036) must be presented to the health care professional who attends to the child. The professional must be asked to complete applicable portions of the child’s Medical Passport (DCS Pamphlet 036). If the professional is not willing or able to update the Medical Passport (DCS Pamphlet 036) onsite, the FCM or resource parent(s) must obtain a complete briefing on the details of the examination or treatment and complete applicable portions of the Medical Passport (DCS Pamphlet 036).
STATEMENTS OF PURPOSE

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, and acne treatments) not covered by private insurance or Medicaid, nor will a Family Case Manager (FCM) 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 parent(s) 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 (LOD) to authorize payment of any specialized treatment that is not covered by Medicaid or private health care insurance. The LOD may seek court approval before authorizing payment. See separate policy, 8.26 Authorization for Health Care Services for further guidance.

Code References
N/A

PROCEDURE

The Family Case Manager (FCM) will:
1. Obtain authorization from the LOD for payment of any specialized treatment that is not covered by Medicaid or private health insurance; and
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 parent(s) 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.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

N/A

**RELATED INFORMATION**

N/A
INFORMATION DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services

Effective Date: July 1, 2015

Section 29: Routine Health Care

Version: 4

STATEMENTS OF PURPOSE

For every child in out-of-home care the Indiana Department of Child Services (DCS) will ensure 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 a mental health screen is completed within five (5) days of removal or case opening for all children for whom DCS has care and supervision.

DCS will ensure 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, or acne treatments) not covered by private insurance or Medicaid, nor will a Family Case Manager (FCM) 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 health care 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. Vision exam every 12 months for a child with corrected vision (e.g., 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 a child with corrected hearing (e.g., 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 (FCM) Responsibilities**
The FCM will ensure:

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 parent(s). See separate policy, 8.27 Maintaining Health Records – Medical Passport;
3. The resource parent(s) is informed of their responsibilities, as described in Resource Parent(s) Responsibilities;
4. The resource parent(s) 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) is reviewed and updated at each visit with the resource parent(s). Refer to separate policy, 8.10 Minimum Contact; 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 Parent(s) Responsibilities**
The resource parent(s) will:

1. Schedule necessary health care 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 the child receives all initial and routine health care exams as well as follow-up exams and treatment as outlined in this policy;
3. Ensure 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 the child receives developmental screenings if developmental delays exist or are suspected;

**Note:** Developmental screenings are completed through First Steps if the child is less than three (3) years of age, and through the school corporation of 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 (e.g., 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). See separate policy, 8.27 Maintaining Health Care Records – Medical Passport;  
   Note: The Medical Passport (DCS Pamphlet 036) will remain with the child and in the possession of the resource parent(s) until the child leaves the placement or exits foster care, see separate policy, 8.27 Maintaining Health 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 and agreement with its terms.

**PRACTICE GUIDANCE**

**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 health care providers that cared for the child before he or she was removed from home. The FCM should get the health care provider contact information from the parent, guardian, custodian, or other family members.

**FORMS AND TOOLS**

- Medical Passport (DCS Pamphlet 036)

**RELATED INFORMATION**

- N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will obtain, when possible, consent of the child’s parent, guardian, or custodian prior to authorizing the use of psychotropic medications for a child under DCS care and supervision. See Practice Guidance for additional information.

DCS will provide consent for the use of psychotropic medications for a child under DCS care and supervision if:
1. A delay in order to obtain parental consent may compromise the well-being of the child;
2. Parental rights have been terminated;
3. The parent, guardian, or custodian is unable to make a decision due to physical or mental impairment;
4. The child is admitted for acute psychiatric treatment; or
5. Prior court authorization has been obtained.

DCS will require consent from the appropriate DCS Local Office Director (LOD) or designee prior to a child in out-of-home care being placed on psychotropic medication.

During an acute psychiatric stay only DCS consent is necessary for prescribing psychotropic medication. Psychotropic medication may be administered without prior consent if it is needed to address an emergency condition in which the child is a danger to himself 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.

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 psychotropic medication. See separate policy, 5.7 Child and Family Team Meetings.

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

Code References
IC 16-36-1: Health Care Consent

PROCEDURE

For Authorization for Psychotropic Medication - During Acute Psychiatric Stays ONLY
The Family Case Manager (FCM) will:
1. Obtain consent for the psychotropic medication from the DCS LOD or designee; and
2. Document the consent in the case management system.
For Authorization for Psychotropic Medication

The FCM will:

1. Engage the CFT regarding the prescribing provider’s recommendation for psychotropic medication and develop a plan for meeting the child’s mental health needs. See separate policy, 5.7 Child and Family Team Meetings;

2. Review the Authorization for Psychotropic Medication (SF53545) with the parent, guardian, or custodian and the CFT. See separate policy, 5.7 Child and Family Team Meetings;

Note: The FCM may generate a Permanency and Practice Support (PPS) Referral to the DCS Clinical Consultant to discuss any specific questions and/or concerns about a child’s psychotropic medication.

3. Obtain consent for use of psychotropic medication in one (1) of the following ways:
   a. The parent, guardian, or custodian’s signature on Section B of the Authorization for Psychotropic Medication (SF53545); or
   b. Consent from the DCS LOD or designee in Section C of the Authorization for Psychotropic Medication (SF53545) when:
      i. A delay to allow parental consent to be obtained may compromise the well-being of the child;
      ii. Parental rights have been terminated;
      iii. The parent, guardian, or custodian is unable to make a decision due to physical or mental impairment; and/or
      iv. Prior court authorization has been obtained.

4. Submit the Authorization for Psychotropic Medication (SF53545) to the DCS LOD or designee;

5. Notify the requesting prescribing provider of whether the authorization has been granted and if any further action will be needed;

6. Provide the requesting prescribing provider and the parent, guardian, or custodian with copies of the Authorization for Psychotropic Medication (SF53545) once it has been completed (fax is acceptable);

7. Ensure the resource parent(s) is aware of the purpose of the medication and the expected responses to the medication, including any possible side effects;

8. Ensure the prescription is filled; and

9. Place the original signed Authorization for Psychotropic Medication (SF53545) in the child’s case file and document all steps in the case management system.

The FCM will direct the prescribing provider to:

1. Complete Section A of the Authorization for Psychotropic Medication (SF53545);

2. Return the Authorization for Psychotropic Medication (SF53545) 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.

Upon receiving a PPS referral, the DCS Clinical Consultant may:

1. Discuss identified questions and/or concerns directly with the assigned FCM;

2. Discuss identified questions and/or concerns directly with the prescribing provider;

3. Seek a second opinion from another physician/child psychiatrist; and/or

4. Generate a referral to the Indiana University (IU) Psychotropic Medication Consultation Program.
Note: Whenever possible, conversations with the prescribing provider should include the FCM and/or FCM Supervisor.

The DCS LOD or designee will:
1. Review all requests and complete Section C of the Authorization for Psychotropic Medication (SF53545) within one (1) business day of receiving the form from the FCM; and
2. Return the signed Authorization for Psychotropic Medication (SF53545) to the FCM.

PRACTICE GUIDANCE

Parental Participation in Decision-Making
Encourage the parent, guardian, or custodian to be involved in the decision-making process regarding the use of psychotropic medications. The FCM should engage the family to participate in the development of the Case Plan (SF2956) and discuss alternative recommendations, questions, and/or concerns regarding the medication. See separate policy, 5.3 Engaging the Family for additional guidance.

Diligent efforts must be made to locate the parent, guardian, or custodian to participate in the decision-making process regarding the use of psychotropic medication. See separate policy, 5.6 Locating Absent Parents. However, obtaining the parent, guardian, or custodian’s consent must not delay or impede required treatment for the child. For example, if the parent, guardian, or custodian could not be located within 24 hours and delay would compromise the best interests of the child, then DCS will authorize the use of the psychotropic medication.

Youth Age 18 Years or Older on Psychotropic Medication
Youth age 18 years or older may consent to their own psychotropic medication. Therefore, parental consent is not required. For youth age 18 years or older deemed incompetent or unable to consent, DCS will obtain a court order prior to placing a youth on psychotropic medication if it is in the opinion of a health care professional that the youth needs the use of the psychotropic medication.

FORMS AND TOOLS
1. Authorization for Psychotropic Medication (SF53545)
2. Case Plan (SF2956) – Available in the case management system

RELATED INFORMATION

Psychotropic Medications
Psychotropic medications are those prescription drugs used to control and/or stabilize mood, mental status, behavior, and/or mental health. Psychotropic medicines generally fall into one (1) of the following categories:
1. Antidepressant/Antianxiety (e.g., Prozac, Zoloft, or Paxil);
2. Antipsychotic (e.g., Haldol, Risperdal, or Zyprexa);
3. Psychostimulants (e.g., Ritalin or Adderall); and
4. Mood Stabilizers (e.g., Lithium).
**Discussing Psychotropic Medication at the CFT Meeting and/or Case Conference**
The FCM should use the completed Authorization for Psychotropic Medication (SF53545) to focus the discussion at the CFT meeting and/or Case Plan Conference. 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.

**Psychotropic 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 parent, guardian, or custodian; primary care physician; resource parent(s); and residential care provider.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will schedule an appointment with the appropriate physician, or the physician’s authorized representative, to obtain a determination of the medical necessity of Human Immunodeficiency Virus (HIV), sexually transmitted disease (STD), and/or other communicable disease testing and/or treatment for any high-risk child in out-of-home care.

Note: The medical necessity for communicable disease testing and/or treatment shall be determined by a physician or the physician’s authorized representative pursuant to IC 16-41-6.

A child will be considered high-risk if he or she:

1. Has documented exposure to a communicable disease (e.g., infants born to mothers known to be infected with HIV, an STD, or another communicable disease) or a high-risk environment (e.g., needles, blood borne pathogens, or human trafficking);
2. Has resided with an individual who is positive for a communicable disease;
3. Has a history of high-risk behavior (e.g., intravenous drug use, multiple sexual partners, and/or has been a victim of human trafficking);
4. Has present or past sexual partners who are infected with a communicable disease;
5. Has resided in a high-risk county or region in the state, for which the Centers for Disease Control and Prevention (CDC) or the Health Department has recommended testing for the general public;

Note: Consideration should be given to an individual who has participated in documented activities in a high-risk county or region in the state.

6. Was born or has resided in a country with a high transmission rate of the communicable disease; and/or
7. Asks to be tested, if age and developmentally appropriate.

Note: Under certain circumstances the CDC does not recommend breastfeeding. DCS will recommend that any mother providing breastmilk for her child who is considered high-risk (based on the same criteria as a child above) receives appropriate testing (see Related Information).

Upon determination that communicable disease testing and/or treatment is medically necessary, DCS will seek written informed consent from the child’s parent, guardian, or custodian prior to seeking HIV, STD, and/or other communicable disease testing and/or treatment for any child in out-of-home care unless Termination of Parental Rights (TPR) has been finalized.
**Note:** Pursuant to IC 16-36-1-3(d), a minor child may elect to exercise the right to consent to his or her own care or treatment for an STD or HIV when the minor child has, suspects that he or she has, or has been exposed to a venereal disease.

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

If the parent, guardian, or custodian’s consent cannot be obtained or if TPR has been finalized, DCS may pursue court authorization for communicable disease testing and/or treatment if recommended by a physician or physician’s authorized representative.

Any documents filed with the court in conjunction with a request related to communicable disease testing and treatment will be clearly identified as confidential for purposes of the court’s in camera inspection. See Legal Procedure for further guidance.

In accordance with IC 16-41-8, if the parent, guardian, or custodian consents or a court order is received to have a child in out-of-home care tested for a communicable disease, and the child is determined to be positive for a communicable disease, DCS will inform:

1. The child, if age and developmentally appropriate;
2. The parent, guardian, or custodian, unless parental rights have been terminated; and
3. The court.

**Note:** When a minor child involved with DCS elects to exercise the right to consent to care or treatment for an STD or HIV in accordance with IC 16-36-1-3(d), the minor child’s written consent is required to release any related information, including test results, to any person (including the court). If the child refuses to consent to the release of information, DCS may file a Motion with the court and request a hearing to allow all parties (including the child) to be heard on this matter.

Additional release of medical information related to communicable disease testing and/or treatment concerning a child in out-of-home care shall be made only to the person or persons authorized through written consent of the parents or specifically authorized by court order (see Legal Procedure).

DCS will ensure that agency confidentiality procedures are followed when sharing information about children infected with a communicable disease. For further guidance, see separate policy, 2.6 Sharing Confidential Information.

**Code References**

1. IC 16-36-1-5 Persons authorized to consent for incapable parties; minors
2. IC 16-36-1-6 Delegated authority to consent on behalf of incapable party
3. IC 16-36-1-9 Disqualification of person to consent for patient or health care recipient
4. IC 16-41-6-1: HIV screening and testing
5. IC 16-41-6-2: Informed consent; court ordered examinations
6. IC 16-41-8: Confidentiality of positive HIV status
7. IC 31-32-12-1: Mental or physical examination or treatment
8. IC 31-34-1-14: Exception for failure of parent, guardian, or custodian to provide medical treatment because of religious beliefs
9. IC 34-18-12-2: Informed consent; rebuttal presumption
10. IC 34-18-12-3: Informed written consent; explanation of proposed treatment, outcome, and risks
11. **IC 16-36-1-3(d): Consent for own health care**
12. **410 IAC 1-2.5-14 "Communicable disease" defined**
13. **410 IAC 1-2.5-66 “Sexually transmitted disease” defined**
14. **410 IAC 1-2.5-75(d) and (g)**

---

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Ensure any child who meets the criteria on page one (1) of this policy is evaluated by a physician to determine the medical necessity of **communicable disease** testing;
2. Request written informed consent from the parent, guardian, or custodian prior to testing and/or treatment if testing and/or treatment is determined to be medically necessary;

   **Note:** A minor child may elect to exercise the right to consent to his or her own care or treatment for an **STD** or HIV when the minor child has or suspects that he or she has been exposed to a venereal disease.

3. Consult with the FCM Supervisor regarding any denial of written informed consent by the parent, guardian, or custodian; and

   **Note:** If the parent, guardian, or custodian’s written informed consent cannot be obtained, DCS may pursue court authorization for **communicable disease** testing and/or treatment if recommended by a physician or physician’s authorized representative.

4. Obtain the parent, guardian, or custodian’s written release of information prior to convening a Child and Family Team (CFT) Meeting to plan for the child’s testing related needs (see **Related Information** and separate policy, 5.7 Child and Family Team Meetings).

   **Note:** A child who consents to his or her own testing must provide written consent prior to discussion of the testing, results, or treatment with **any** person.

Upon written informed consent from the parent, guardian, or custodian, the FCM will:

1. Ensure any child who meets the criteria on page one (1) of this policy, and for whom **communicable disease** testing has been determined to be medically necessary, receives testing as soon as possible;
2. Ensure any child who receives an initial **communicable disease** test also receives necessary follow-up tests, as recommended by the testing facility or the child’s physician, regardless of whether the initial test result was positive or negative; and
3. Coordinate the return of the confidential **communicable disease** test results to the attention of the FCM unless a court has requested direct receipt of the results.

If a child is determined to be infected with a **communicable disease**, the FCM will:

1. Ensure the following are immediately notified:
   a. The child, if age and developmentally appropriate,

   **Note:** If it is questionable whether the child is age and/or developmentally appropriate to receive this information, DCS should seek parental consent (or a court order if required) prior to informing the child.
b. The parent, guardian, or custodian, unless parental rights have been terminated, and

**Note:** When a minor child involved with DCS elects to exercise the right to consent to care or treatment for an STD or HIV in accordance with [IC 16-36-1-3][d], the minor child’s written consent is required to release any related information, including test results, to *any* person (including the court).

c. The court.

**Note:** All documents filed with the court must be clearly identified as confidential for purposes of the court’s in camera inspection. See Legal Procedure for further guidance.

2. **Obtain a court order and/or a signed consent from the parent, guardian, or custodian for release of information prior to notifying the following additional parties that the child has a communicable disease:**
   a. The child, if age and/or development does not allow for notification without consent,
   b. The resource parent(s) or designated residential personnel,
   c. The prospective adoptive parent(s), if applicable,
   d. Persons who provide services directly to the child (e.g., the child’s therapist, child caregiver, physician, and dentist),
   e. Sexual Partners (or legal guardians of minor partners), if applicable, in conjunction with the Indiana State Department of Health (ISDH),
   f. Members of the CFT,
   g. School administrators, and
   h. School nurse.

**Note:** Obtain a signed Confidentiality Agreement (SF2956) from individuals with whom information is shared.

3. Connect the parent, guardian, or custodian; the resource parent(s); and/or the residential provider with community resources that offer education on caring for a child with the communicable disease, precautionary measures to prevent transmission, and counseling/support services;

4. Partner with the resource parent(s) or residential provider to ensure the child receives appropriate medical examinations, treatments, and medications (see Related Information);

5. Convene a CFT Meeting to plan for needs related to the child’s treatment (see Related Information and separate policy, 5.7 Child and Family Team Meetings);

6. Make necessary revisions to the child’s Case Plan (SF2956); and

**Note:** Confidentiality must be maintained when developing the case plan.

7. Follow Legal Procedure and agency policies to ensure the protection of confidential information about a child with a communicable disease (see separate policy, 2.6 Sharing Confidential Information).

**Legal Procedure**

When necessary, DCS will request a hearing and court order for the release and disclosure of medical information related to a communicable disease. DCS will request that the court examine confidential medical information related to communicable disease testing and results in
camera. In addition, DCS will recommend that any court order authorizing disclosure of medical information related to communicable disease testing and results include:

1. Permitted disclosure of only the parts of the medical information that are essential to fulfill the objective of the order;
2. Access to the medical information is restricted to persons whose need for the information is the basis of the order;
3. Appropriate measures to limit the disclosure of the medical information to protect the right of privacy of the information; and
4. Transcripts, orders, and documents filed in connection with the hearing remain confidential.

**PRACTICE GUIDANCE**

**Universal Precautions**

FCMs must utilize Universal Precautions at all times when working with children and families.

**Discussing a Child’s Communicable Disease Testing and/or Treatment at a CFT Meeting**

Discussion of a child’s communicable disease testing and/or treatment at a CFT Meeting should be handled on a case-by-case basis. If the FCM believes such discussion is relevant to the topic(s) on the agenda, he or she should contact the parent, guardian, or custodian (and child, if age and developmentally appropriate) in advance of the meeting to obtain signed consents and 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 CFT Meeting to handle the issues relating to the communicable disease testing and/or treatment.

**FORMS AND TOOLS**

1. Case Plan (SF2956) – Available in the case management system
2. Universal Precautions
3. Confidentiality Agreement (SF52736)

**RELATED INFORMATION**

**Sexually Transmitted Disease**

410 IAC 1-2.5-66 defines an STD as local or systemic communicable disease due to infectious agents, generally transmitted person-to-person by sexual intercourse or genital mucosal contact, including, but not limited to, the following:

1. HIV;
2. Hepatitis B Virus (HBV);
3. Hepatitis C Virus (HCV);
4. Gonorrhea;
5. Chlamydia;
6. Syphilis;
7. Chancroid; and
8. Granuloma inguinale.

**Communicable Disease**

410 IAC 1-2.5-14 defines a communicable disease as an illness due to a specific infectious agent or its toxic products that arises through transmissions of the agent or its toxic products from an infected person, animal, vector, plant, or inanimate environment to a susceptible host,
either directly or indirectly. For a list of Reportable Communicable Diseases see 410 IAC 1-2.5-75(d).

**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:
   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.

**Testing Costs**

The responsibility for the cost of communicable disease 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 receiving Medicaid, Medicaid will pay for testing when there is a medical need to test. This includes testing for children who are symptomatic and for children who are asymptomatic but at high-risk for a communicable disease. Communicable disease testing does not require medical preauthorization.

**Informing and Educating Resource Parents**

Clear and accurate information about communicable diseases and appropriate control measures must be given to resource parents to enable them to make informed decisions regarding their ability and willingness to provide care to infected children. If resource parent(s) make informed decisions, the possibility of needing to move the child from the placement is decreased. For more information on available educational materials and trainings, contact the Indiana State Department of Health at 317-233-7051.

**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.

**Breastfeeding Recommendations**

For recommendations regarding breastfeeding by a mother for whom certain conditions exist, consult the Centers for Disease Control and Prevention (CDC) website at: http://www.cdc.gov/breastfeeding/disease/
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. DCS will ensure 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 for further guidance.

Code References
1. IC 12-23-12: Voluntary and Involuntary Treatment by Division for Minors
2. 42 CFR Part 2: Confidentiality of Alcohol and Drug Abuse Patient Records; Subpart C 2.31 Form of Written Consent

PROCEDURE

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 parent(s);
2. Communicate with the child; parent, guardian, or custodian; and resource parent(s) 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 the assessment results are returned to the FCM;
5. Review assessment results with the child; CFT; resource parent(s); and parent, guardian, or custodian; and
6. Ensure 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 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 parent(s) 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 details.

2. Ensure 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 parent(s).

3. Consider residential treatment programs according to separate policy, **8.4 Emergency Shelter & Urgent Residential Placement Review and Approval**.

### PRACTICE GUIDANCE

N/A

### FORMS AND TOOLS

1. **Case Plan (SF2956)** – Available in the case management system
2. **Visitation Plan** - Available in the case management system

### 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 parent(s) 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 parent(s); the parent, guardian, or custodian and resource parents’ 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 may 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 parent(s) 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 of discussing the child’s substance use at a CFT Meeting should be handled on a case-by-case basis. If the FCM believes that a discussion 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 CFT 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.
STATEMENTS OF PURPOSE
This policy applies to youth under the age of 18 and those over the age of 18 who are not able to consent to their own care.

The Indiana Department of Child Services (DCS) will request authorization from the Court prior to the participation of a child in out-of-home care in a medical study or drug trial. DCS will file a motion with the Court regarding the child’s participation after all of the following criteria have been met:

1. The child’s parent, guardian, or custodian consents in writing to the child’s participation;
   
   **Exception:** A court order regarding the child’s participation should be requested when the parent, guardian, or custodian refuses to sign consent, cannot be located, or Termination of Parental Rights (TPR) has been finalized.

2. The Child and Family Team (CFT) recommends the child’s participation;
   
   **Exception:** A court order regarding the child’s participation should be requested when the parent and the CFT disagree regarding the child’s participation.

3. DCS receives written approval for the child’s participation from:
   a. The child’s physician or therapist, and
   b. The Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL) appointed to the child, if applicable; and

4. The study includes participants outside of the child welfare system.

   **Note:** Numbers 1, 3(b), and 4 above are required by federal law.

DCS must receive the authorization of the court prior to a child’s participation in a 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:

1. Notify the FCM Supervisor and Local Office Director (LOD)/Division Manager (DM) immediately when a request for a child’s participation in a medical study or drug trial is received;
2. Review the request and gather additional information if the request is not complete;
The request must contain the following information; inclusion of additional information is optional:

a. The child’s name, date of birth, and the case management system’s case 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 administered,
d. Potential side effects and/or adverse reactions that may occur,
e. The benefits of participation 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 the child’s participation, and
h. A signed statement from the child’s parent, guardian, or custodian giving his or her written consent or written refusal to consent for the child to participate or documentation of efforts to locate the parent, guardian, or custodian (unless TPR has been finalized);

3. Schedule and facilitate a CFT Meeting to discuss the child’s participation;

   **Note:** The request may be considered complete even if the parent, guardian, or custodian and the CFT disagree regarding the child’s participation; the parent, guardian, or custodian cannot be located; or TPR has been finalized.

4. Discuss the medical study or drug trial with the child, if age and developmentally appropriate, and assist the child with preparing a written statement regarding his or her wishes;

5. Verify the Institutional Review Board (IRB) working with the researchers appoints an advocate to the child involved in the research (see Related Information);

6. Provide the complete request (including all information listed above), the CFT recommendation, the child’s written statement (if age and developmentally appropriate), and any additional relevant information to the DCS Staff Attorney for review and filing of a motion with the Court;

7. Ensure the following are notified of the court’s decision:
   a. The FCM Supervisor, LOD/DM
   b. The child’s parent, guardian, or custodian, unless TPR has occurred,
   c. The child, if age and developmentally appropriate;
   d. The CFT;
   e. The child’s physician or therapist who recommends participation,
   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; and

8. Upload the court order, the original request, and documentation of all notifications to the case management system case file within five (5) business days following the receipt of the court order.
The DCS Staff Attorney will:
1. Review the request for the child’s participation in a medical study or drug trial, including the CFT recommendation, the child’s statement, and any additional information provided; and
2. File a motion with the court regarding the child’s participation.

## PRACTICE GUIDANCE

N/A

## FORMS AND TOOLS

N/A

## RELATED INFORMATION

**Drug Trial or Medical Study Advocate for the Child**
The person appointed by the IRB as the drug trial or medical study advocate for the child 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 his or her participation in the research. The U.S. Department of Health and Human Services (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.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure 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. 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

PROCEDURE

The Family Case Manager (FCM) will:

1. Ensure that all children in out-of-home care have access to appropriate medical care and sex education services;
2. Ensure that female children 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

**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. Age appropriate family planning information should be available to all children. It is important to understand that research indicates that a history of sexual abuse may increase the likelihood of early-onset sexual activity in children. If at any time a child asks for more family planning information and/or services, a referral should be made immediately.

**Human Immunodeficiency Virus (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, STDs, and Other Communicable Diseases.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure 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.

Note: Youth age 16 or older may consent to their own health care concerning pregnancy, delivery, and postpartum care for 60 (sixty) days after the birth. See Related Information for additional information regarding health care consent.

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 the child(ren) 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 for further guidance.

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
IC 16-36-1-3.5: Consent by pregnant minor for pregnancy health care; contacting minor’s parent or guardian

PROCEDURE

For all pregnant youth in out-of-home care, the Family Case Manager (FCM) will:
1. Ensure the youth’s parent, guardian, or custodian is aware that the youth is pregnant when she enters out-of-home care or if she becomes pregnant while in out-of-home care;
2. 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;
3. Ensure that a pregnant youth has access to prenatal care and pregnancy options counseling services. Youth age 16 or older may consent to their own health care
concerning pregnancy, delivery, and postpartum care for 60 (sixty) days after the birth. See Related Information for additional information regarding health care consent.

4. Hold a Child and Family Team Meeting (CFTM) 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 for further guidance.

5. Assist the youth with any necessary paperwork relating to decisions regarding relinquishment of parental rights; and

6. 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 further guidance.

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

1. Ensure the youth’s parent, guardian, or custodian is aware that the youth is an expectant father;
2. Notify the court if a youth is an expectant father;
3. Hold a CFTM to assist the youth with critical decisions 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 for further guidance;
4. Assist the youth with any necessary paperwork relating to decisions regarding relinquishment of parental rights.; and
5. 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 further guidance.

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 for further guidance;
3. Allow the minor parent to make informed decisions about the child, free from undue influences and/or coercion;
4. 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 for further guidance;
5. Ensure that the minor parent has information about child support, Medicaid, and childcare;
6. 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
7. 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**

*Visitation Plan* - Available in the case management system

**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 the case management system.

**Health Care Consent**

A health care provider must make a reasonable effort to contact the parent of a minor, age 16 and older, before providing treatment concerning pregnancy, delivery, and postpartum care. If the parent cannot be reached, the minor may consent to her treatment; however, the health care provider must act in a manner that is in the best interests of the youth and the fetus. The youth may not consent to the provision of abortion.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will continue to make foster care payments to the resource parent(s) for a maximum of five (5) days when a child in out-of-home care enters a hospital if the intent is for the child to return to the same resource parent(s).

When a child is hospitalized for more than five (5) days and the resource parent(s) maintains care of the child (as evidenced by visits), DCS may, upon approval of the Regional Manager (RM), make a determination to pay either:

1. Per diem and travel expenses exceeding 162 miles in a month; or
2. Travel only, starting at mile one (1).

Note: DCS will not pay for a five (5) day bed hold if the child is placed in any other setting (e.g., detention center, emergency shelter care facility, residential facility) unless an RM appeal is approved.

DCS will only pay a Licensed Child Placing Agency (LCPA) per diem in excess of five (5) days for a bed hold when a child is hospitalized if the extension has been approved in writing by the Deputy Director of Services.

Code References
N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Engage the CFT regarding the child’s return to the same resource home when he or she is released from the hospital;
2. Engage the CFT to discuss any possible changes to the current placement and/or the second permanency plan, if concurrent planning. For further guidance, see separate policy, 5.15 Concurrent Planning;
3. Encourage the resource parent(s) to have frequent face-to-face contact with the child during the hospitalization;
4. Ensure the resource parent(s) will have all of the necessary resources and support systems in place when the child returns to the home (e.g., counseling services and medical equipment);
5. Submit a Request for Additional Funding (SF54870) to the RM for per diem and/or travel expenses if a resource parent(s) travels and maintains visits, including overnight stays, with a child who is hospitalized for longer than five (5) days; and

Note: An LCPA must seek approval from the Deputy Director of Services when requesting per diem for a child who is hospitalized in excess of five (5) days.
6. Document all decisions and actions taken for the steps above in the Management Gateway for Indiana’s Kids (MaGIK).

The RM will approve or deny the Request for Additional Funding (SF54870) for per diem and/or travel submitted by the FCM for resource parent(s) who maintain visits, including overnight stays, with a child who is hospitalized longer than five (5) days.

**Note:** When per diem is approved to be paid for the resource parent(s), only travel exceeding 162 miles in a month may be approved for payment.

### PRACTICE GUIDANCE

**Bed Holds**

A bed hold may be utilized for a maximum of five (5) days. A bed hold will end prior to five (5) days if there is no intent for the child to return to the resource home. If the child does not return to the placement within five (5) consecutive days of absence, then the placement and per diem charge will be terminated for that child, unless otherwise approved by the RM.

**Note:** Placement and per diem payment for a bed hold in excess of five (5) days may only be made to an LCPA with written approval of the Deputy Director of Services.

If approved, the per diem may continue to be paid beyond five (5) days if it is likely that a hospitalized child will return to the placement he or she was in prior to absence.

**Note:** A bed hold may not be used for absence due to detention in a juvenile delinquency matter unless an RM appeal is approved.

### FORMS AND TOOLS

**Request for Additional Funding (SF54870)**

### RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

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 another person living in the home or facility.

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 home by the resource parent or any household member;
   
   **Note:** DCS will remove the child immediately if the safety of the child cannot be ensured in the current placement. See information below when the child has been in the same out-of-home placement for at least 12 months.

2. Appropriate placement for the child with his or her siblings becomes available;
   
   **Exception:** Unless placement with siblings is not in the best interest of one (1) or more of the children.

3. An appropriate relative caregiver is identified and placement with the relative caregiver is in the best interest of the child;
4. Disruption of a Trial Home Visit (THV);
5. A pre-adoptive home has been identified and determined to be in the best interest of the child; or
6. The child needs a more or less restrictive placement.

The resource parent must provide DCS with at least a 14 day notice if the caregiver is no longer able and/or willing to care for the child.

When a child has been in the same out-of-home placement for less than one (1) year:

1. The resource parent and the child, if age and developmentally appropriate, will be notified at least 14 days prior to a proposed change in placement, unless the child’s safety cannot be ensured; and
2. DCS will submit written notice to the court within 10 business days following a placement change (including placement of a child into a THV or into foster or relative care from a disrupted THV).

**Note:** In counties where the court requires a court order or hearing for placement changes, DCS will follow court protocol.
When DCS recommends a placement change for a child who has been in the same out-of-home placement for at least 12 months, the resource parent has a right to file an objection to the placement change. DCS will:

1. File a motion with the court to change the out-of-home placement, prior to the placement change, unless the child’s safety cannot be ensured (see below); and
2. Provide notice of the intent to change the child’s placement to the parties affected;

Note: DCS will not change the placement of the child prior to receipt of the court’s decision regarding the placement change, unless the child’s safety cannot be ensured.

When a child has been in the current out-of-home placement for at least 12 months and the child’s safety cannot be ensured, DCS will:

1. Change the placement of the child;
2. File an emergency motion with the court; and
3. Request the court to issue a temporary order for an emergency change in the child’s placement.

Note: Immediately following an emergency change in placement, DCS will provide notice to affected individuals.

DCS will notify the child’s school of all placement changes within 72 hours. See separate policy, 8.22 School Notification and Legal Settlement for further guidance.

Note: In accordance with the Every Student Succeeds Act (ESSA), DCS will collaborate with the local education agency to allow the child to remain in the school he or she attended while living with his or her parent, guardian, or custodian when it is in the best interest of the child.

Code Reference
N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Engage the Child and Family Team (CFT) to:
   a. Discuss the child’s placement needs,
   b. Assess all available alternatives for support of the child’s current placement, if placement is being disrupted,
   c. Identify a new placement type and/or resource.

   Note: When placement with a suitable and willing relative is not possible, former foster parents should be considered whenever possible and appropriate. For further guidance, see Policy 8.1 Selecting a Placement Option.

d. Develop a transition plan with assistance from the CFT, to the fullest extent possible given time constraints, and

e. Notify the child in advance of the placement change and discuss the new placement with the child to the extent that he or she is able to understand, given age and developmental level. For further guidance, see separate policy 8.8 Preparing the Child for Placement.
2. Discuss the reasons for considering a placement change, resource parent supports provided and considered to prevent a placement disruption, and alternative placement options with the FCM Supervisor;

3. When the child has been in the same out-of-home placement for less than one (1) year:
   a. Notify all relevant parties of the planned change in placement at least 14 days prior to the change, or as soon as possible given time constraints, and
   b. Provide information regarding the placement change to the Local Staff Attorney for submission of written notice to the court within 10 business days following a placement change (including placement of a child into a THV or into foster or relative care from a disrupted THV);

   **Note:** In counties where the court requires a court order or hearing for placement changes, DCS will follow court protocol.

4. When the child has been in the same out-of-home placement for at least 12 months:
   a. Ensure the resource parent is aware of the plan to change the child’s placement,
   b. Provide information regarding the recommended placement change to the Local Staff Attorney for filing a motion with the court prior to the placement change, unless the child’s safety cannot be ensured, and

   **Note:** Ensure the DCS Staff Attorney is aware that the child has been in the current placement for more than 12 months.

   c. Obtain a court order regarding the placement change prior to moving the child, unless the child’s safety cannot be ensured.

   **Note:** If an emergency placement change occurs, the FCM must immediately ask the DCS Staff Attorney to file a motion with the court.

5. Remove the child and assist in his or her transition to the new placement. For further guidance, 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. For further guidance, see separate policy 4.28 Involuntary Removals;

7. Notify the school of the placement change within 72 hours;

   **Note:** When an education placement change is considered, the FCM must submit an Education Services referral in KidTraks for assistance in obtaining an official determination of the child’s best interests regarding educational placement. See separate policy, 8.22 School Notification and Legal Settlement for further guidance.

8. Record the placement change, including the relationship of the child and the new placement, on the Placement screen in the case management system within 24 hours; and

9. Note the steps taken to preserve the placement and any reasons for placement change in the case management system within 24 hours of the placement change.

The DCS Staff Attorney will:

1. Ensure notice of a placement change is submitted to the court when a child has been in the current placement for less than 12 months; and
Note: In counties where the court requires a court order or hearing for placement changes, DCS Staff Attorneys will ensure court protocol is followed.

2. Ensure a motion to change placement is filed with the court and affected parties are notified, when a child has been in the current placement for more than 12 months and a placement change is planned.

**PRACTICE GUIDANCE**

**Request to Move a Sibling**
A resource parent may request removal of one (1) sibling rather than the removal of all the children (e.g., “We will continue to care for the baby, but would like DCS to remove the 7 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 parent is receiving and discuss service changes that may 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.

**Eligible Placements**
DCS will claim federal reimbursement (Title IV-E Foster Care, Title IV-A Emergency Assistance, and Title IV-E Waiver) on behalf of eligible children who are placed in DCS licensed placements. Eligible placement settings include, but are not limited to relative homes, resource homes, child-caring institutions, emergency shelters, group homes, and Private Secure Facility (PSF) 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.

**FORMS AND TOOLS**

N/A

**RELATED INFORMATION**

**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 in placement may have serious negative consequences for the child's sense of security and self-worth. A placement change may be another loss, rejection, or 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 priority when considering a change in placement.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 8: Out-of-Home Services
Effective Date: July 1, 2019

Section 39: Trial Home Visits
Version: 6

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will utilize a Trial Home Visit (THV) for a period of up to three (3) months. However, the THV may be extended in three (3) month increments, when the safety and well-being of the child can be reasonably ensured and the following conditions have been met:

1. The child’s permanency goal is reunification;
2. There is documented progress toward case goals;
3. Safety concerns have been addressed; and
4. 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 Permanency Services.

DCS will obtain a court order approving a THV. DCS will maintain placement and care responsibilities for the child while on a THV. DCS will seek a court order for approval of an extension of the THV, for an additional three (3) months, if needed, prior to the end of the initial three (3) months.

If DCS recommends the THV last longer than the current order, a hearing, notice, and court order authorizing each three (3) month extension is required prior to the expiration of the current order.

DCS will ensure the Safety Plan (SF53243) is reviewed and updated for all children returning to the care of their parent, guardian, or custodian on a THV.

DCS will remove a child from a THV and return him or her to out-of-home care if his or her safety and/or well-being are at risk and the provision of additional family preservation services has not reduced the risk to allow him or her to remain in the home safely. DCS will return the child to the most recent placement or a former resource placement whenever possible and appropriate. Court approval will be requested for a change in placement from a THV to any out-of-home placement.

Note: DCS will ensure any new allegations of Child Abuse and/or Neglect (CA/N) are reported to the DCS Child Abuse Hotline (Hotline). See Practice Guidance and Policy 4.38 Assessment Initiation for additional information.

Code References
1. 45 CFR 1356.21 (e): Trial Home Visits
2. IC 31-34-23-5: Placement of a child with a previous placement

PROCEDURE

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

1. Convene a Child and Family Team (CFT) Meeting and/or case plan conference to

Note: The Out-of-Home Risk and Safety Reassessment must be completed on paper and uploaded to the case management system.

3. Determine the current service level. For further guidance, see separate policy 4.26 Determining Service Levels and Transitioning to Ongoing Services;

4. Complete a home visit and examine every room of the home, paying particular attention to areas where the child may eat, sleep, play, and bathe (see Practice Guidance for information regarding Safe Sleep);

5. Review and update the Safety Plan (SF53243);

6. Obtain supervisory approval of the Safety Plan (SF53243) and recommendation of a THV to submit to the court;

7. Work with the DCS Staff Attorney to make a recommendation to the court and seek court approval for the THV if it is determined a THV is appropriate;

8. Obtain a court order approving a THV. The court order must state DCS has placement and care responsibility; and


If the THV is approved by the court, the FCM will:

1. Provide continued services to the family during the THV;

2. Facilitate a case plan conference to update the Case Plan (SF2956) and have the plan signed by the child’s parent, guardian, or custodian and the child, if age 14 or older;

3. Provide the parent, guardian, or custodian with a copy of the Case Plan (SF2956) and upload a copy to the case management system case file;

4. Ensure the parent, guardian, or custodian understands the child is still under the care and custody of DCS during the THV;

5. Ensure contact with the family is maintained in accordance with separate policy, 8.10 Minimum Contact;

6. Ensure the family has access to appropriate family preservation, family support, and rehabilitative services (see separate policy, 5.10 Family Services for further guidance);

7. Continue to monitor the family’s progress, update the Safety Plan (SF53243) as needed, staff the case regularly during clinical supervision, and assess any need to extend the THV, prior to exceeding the three (3) months. For further guidance, see separate policies 8.10 Minimum Contact and 8.43 Meaningful Contacts.

Note: 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, the child should be removed from the THV and returned to out-of-home care. DCS will return the child to the most recent placement whenever possible. Court approval will be requested to change placement from a THV to any out-of-home placement. Any new allegations of CA/N must be reported to the DCS Hotline and cannot be handled as part of the case. See Policy 4.38 Assessment Initiation for additional information.

8. Complete the Out-of-Home Risk and Safety Reassessment and CANS Assessment if it is determined at the case plan conference an extension is necessary and the child’s
safety and well-being may reasonably be ensured. For further guidance, see separate policies 8.44 Out-of-Home Risk and Safety Reassessment and 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment;

**Note:** The Out-of-Home Risk and Safety Reassessment must be completed on paper and uploaded to the case management system.

9. Obtain a court order to extend the THV or request dismissal of the Child in Need of Services (CHINS) case **prior** to exceeding three (3) months; and

The FCM Supervisor will:
1. Regularly review assessments (i.e.; Out-of-Home Risk and Safety Reassessment and CANS Assessment), service level, the Safety Plan (SF 53243), input from the case plan conference, and other case specifics during clinical supervision; and
2. Approve or deny the recommendation for the THV and any request for THV extension, removal of the child, or dismissal of the CHINS case.

### PRACTICE GUIDANCE

#### The Safety Plan for Reunification
A Safety Plan (SF 53243) must be completed prior to a THV. The plan should include, but not be limited to, the following:
1. Current referrals;
2. Services recommended as preventive measures;
3. Actions the family intends to take (e.g., continue family counseling);
4. Community resources (e.g., support groups and child care referral services); and
5. Established family support systems.

#### Preparing the Child for a THV
The necessary preparation for a THV will vary for each child. Factors impacting the preparation include, but are not limited to the child’s age, length of time in out-of-home care, and 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 role in his or her adjustment to returning home. A child may worry he or she will be subjected to abuse and/or neglect again. Some children may experience feelings of disloyalty to their resource parent for wanting to return home, while others may feel disloyal to their parents for missing their resource parent. It is important that the FCM, child’s parents, resource parent, or another trusted member of the CFT acknowledge the child’s feelings and address any fears expressed by the child. Additionally, the CFT should discuss with the child his or her expectations, responsibilities, and safeguards that will be in place to protect him or her.

#### Preparing the Parent, Guardian, or Custodian for a THV
The parent, guardian, or custodian may feel uncertain about his or her ability to adequately meet the child’s needs. To prepare for a THV, the FCM and parent should discuss anticipated issues and develop plans to address those issues. In addition, they should discuss the positive changes that have occurred and the strengths of the family.

#### Preparing the Resource Parent
The bond between some resource parents and children are so significant that both the child and adult may grieve the loss when the child returns home for a THV. The attitude of the resource parent will influence the child's view. 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.

**Documenting the Trial Home Visit**
The THV should be recorded in the Removals and Locations section in the case management system to ensure the residence of the child is accurately documented. Next to “What type of location is this?” choose “Trial Home Visit”. The parent or guardian’s profile should be chosen from the auto completer which asks “Who is responsible for the child(ren)?”.

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

1. Always place babies alone, on their backs, and in a crib (the ABCs) to sleep. The back sleep position is the safest\(^1\). Keep other caregivers informed of these safe sleep guidelines;
2. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised). These types of cribs are not permitted for children under DCS care and supervision. See the following link for a picture of the new crib: [http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/](http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/);
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on couches, car seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of the baby’s sleep area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleep area. A sleep sack is appropriate to keep the baby warm;
5. Keep baby’s sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep on any surface with adults or other children. They may sleep in the same room as the caregiver;
6. Consider using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;
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. Also, change the direction that the baby lies in the crib and avoid excessive time in car seats, carriers, bouncers, and swings. These items should be placed/used on appropriate surfaces and should not be utilized in place of a crib; and
9. There should be no smoking around the baby as babies who are around cigarette smoke have a higher risk of sleep-related deaths.\(^2\)

Additional information regarding safe sleep is available on the following websites:
1. [The American Academy of Pediatrics](https://www.healthychildren.org);
2. [Healthy Children.org](https://www.rileychildrens.org/health-info/sleep-safety);
3. [The National Institute of Health](https://www.rileychildrens.org/health-info/sleep-safety);
4. [Riley Children’s Health](https://www.rileychildrens.org/health-info/sleep-safety); and
5. [The DCS Website](https://www.rileychildrens.org/health-info/sleep-safety).

**FORMS AND TOOLS**

1. **Child and Adolescent Needs and Strengths (CANS) Assessment** – Available in the case

---

1 Riley Children’s Health: [https://www.rileychildrens.org/health-info/sleep-safety](https://www.rileychildrens.org/health-info/sleep-safety)
2 Riley Children’s Health: [https://www.rileychildrens.org/health-info/sleep-safety](https://www.rileychildrens.org/health-info/sleep-safety)
management system

2. **Out-of-Home Risk and Safety Reassessment** – Available in the case management system

3. **Case Plan (SF2956)** – Available in the case management system

4. **Safety Plan (SF53243)**

5. **Family Functional Assessment (FFA) Field Guide** – Available on the Permanency and Practice Support (PPS) SharePoint

### RELATED INFORMATION

#### Trial Home Visit Scenarios
The following are examples of THV scenarios:

1. A child returns to out-of-home care during the first three (3) months of a THV. New findings of Placement and Care, Best Interest, and Reasonable Efforts are not required if the court has not closed the CHINS case.

2. The THV is extended by the court prior to the end of the first three (3) months. The child returns to out-of-home care prior to the end of the court ordered extension. New findings of Best Interest, Reasonable Efforts, and Placement and Care are not required.

#### Trial Home Visit and Permanency Requirements
The time a child spends at home on a THV **does not count** toward the child’s 15 months (of the most recent 22 months) in placement, at which time the Adoption and Safe Families Act (ASFA) rules require DCS to file (or join in) a Termination of Parental Rights (TPR) Petition. For more information on TPR, see separate policy, 6.12 Involuntary Termination of Parental Rights.

#### Child Placed with Noncustodial 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 is not considered a placement.

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 noncustodial parent, this is considered a Trial Home Visit (THV).

#### Clinical Supervision
Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

**Example:** The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will offer transition services\(^1\) 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. Older Youth 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.

DCS will ensure the child’s permanent caregiver (or child, if he or she is being emancipated) is provided with complete information and documentation for continuity of care (see Procedure).

Code References

1. IC 31-26-5: Family Preservation Services
2. IC 31-34-21-7.6 Documents Provided to Individual Leaving Foster Care

PROCEDURE

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 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.

\(^1\) Transition services are designed to help the child, his or her family or other permanent caregiver adjust to the child’s permanent placement.
Depending upon the permanency plan the FCM will follow the procedures contained in the appropriate separate policy:

1. For reunification. See separate policy, 8.39 Trial Home Visits for further guidance;
2. For adoption. See separate policy, 10.1 Planning for Adoption - Overview for further guidance;
3. For emancipation. See separate policy, 11.6 Transition Plan for Successful Adulthood for further guidance; and
4. For guardianship. See separate policy, 14.1 Guardianship Assistance Program for further guidance.

Regardless of the child’s planned living arrangement, at the time of transition, the FCM will ensure 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/Transition Plan;

Note: A youth aging out of foster care must be provided all documents listed on the Transition Plan for Successful Adulthood (SF55166), including Foster Care Verification (SF56571).

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. A copy of the child’s Medical Passport (DCS Pamphlet 036);
   b. Child’s birth certificate,
   c. Child’s insurance records,
   d. Child’s individual medical records, and
   e. Child’s driver’s license or state identification card;

5. Clothing and other personal items accumulated during the child’s stay in out-of-home care; and
6. The child’s applicable benefits, (e.g., Medicaid, and Social Security Income [SSI]) have been transferred to the caregiver.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Case Plan (SF2956) – Available in the case management system
2. Medical Passport (DCS Pamphlet 036)
3. Transition Plan for Successful Adulthood (SF55166)
4. Foster Care Verification (SF56571)

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.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will assess safety and risk during face-to-face contacts with the parent, guardian, or custodian; resource parent; and the child placed in out-of-home care, throughout the life of the case. DCS will address safety, risk, stability, permanency, and well-being (including mental and physical health, medical care, educational status and progress toward successful adulthood transition), with the parent, guardian, or custodian; resource parent; and the child during all face-to-face contacts (see Practice Guidance for suggested questions that address each area. Safety provisions will be developed to address identified safety concerns. The face-to-face contact, findings, and implemented safety provisions must be documented in the case management system within three (3) business days.

DCS will ensure sufficient time and opportunity is given to observe and evaluate the parent-child relationship. Child safety must always be addressed. The observation and evaluation must be documented in the case management system within ‘Contacts.’ All identified safety concerns must be discussed with the parent, guardian, or custodian. A Safety Plan (SF53243) and/or Plan of Safe Care (SF56565) must be developed to address all safety concerns, and the safety concerns must be reported to the Family Case Manager (FCM) Supervisor immediately.

Note: DCS will ensure that any new allegations of Child Abuse and/or Neglect (CA/N) are reported to the DCS Child Abuse Hotline (Hotline). See Practice Guidance for additional information.

DCS will identify and address the parent, guardian, or custodian’s functional strengths and underlying needs through the Child and Family Team (CFT) Meeting. For additional details, see separate policy 5.7 Child and Family Team Meeting.

Code References
N/A

PROCEDURE

The Family Case Manager (FCM) will:
1. Assess and address safety, risk, stability, permanency, and well-being (including mental and physical health, medical care, educational status, and progress toward successful adulthood transition), during all visits with the parent, guardian, or custodian; resource parent(s); and the child. See separate policies, 11.1 Older Youth Services, 11.6 Transition Plan for Successful Adulthood, and 8.10 Minimum Contact for additional guidance and Practice Guidance for specific questions to consider;
2. Ensure sufficient time 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 his or her functional strengths to meet underlying needs and identify formal and informal supports;
5. Report safety concerns to the FCM Supervisor immediately;

Note: Any new allegations of Child Abuse and/or Neglect (CA/N) must be reported to the DCS Child Abuse Hotline (Hotline), per State reporting statutes, and may not be handled as part of the case. See Practice Guidance for additional information.

6. Develop safety provisions in collaboration with the parent, guardian, or custodian, resource parent; and/or the child, if age and developmentally appropriate;
7. Update the Safety Plan (SF53243) and/or Plan of Safe Care (SF56565) as needed;
8. Follow up at the Child and Family Team (CFT) meeting regarding adherence to the documented safety provisions. For additional details, see separate policy 5.7 Child and Family Team Meeting; and
9. Clearly and accurately document in the case management system within 3 business days the assessment of safety, risk, stability, permanency, and well-being (including physical and mental health, medical care, educational status, and progress toward successful adulthood transition). Observations, evaluations, and outcomes of face-to-face contacts with the parent, guardian, or custodian; resource parent; and/or the child must be included in the documentation and easily identified by area (i.e., safety, risk, stability, well-being, and permanency). It is also important to reflect whether the parent, guardian, or custodian; resource parent; child; and FCM to prohibit the completion of activities or objectives agreed upon by the CFT.

The FCM Supervisor will discuss the case and contacts with the child; parent, guardian, or custodian; and resource parent with the FCM during regular clinical supervision.

PRACTICE GUIDANCE

Use of the Family Functional Assessment (FFA) Field Guide
The FCM may 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 CA/N. Over time, the parent, guardian, or custodian’s functional strengths should increase with the completion of identified services, which address underlying needs. Each individual should be evaluated independently based upon its own unique conditions.

Safety, Stability, Well-Being, and Permanency Questions
When completing a face-to-face contact, the FCM should consider the following specific questions in the areas of Safety, Stability, Well-being (including physical and mental health, medical care, educational status, and progress toward successful adulthood transition), and Permanency:
1. **Safety** – Is the child free of abuse, neglect, and exploitation by others in his or her place of residence and other daily settings? Is the child’s environment free from potentially harmful objects (e.g., sanitation, pests/pest control, medication, and general home maintenance items, such as running water and functioning toilets)? Is the child’s care or supervision currently compromised by a pattern of domestic violence in the home? Are there shared protective strategies with the team? Is the family utilizing informal supports and resources to keep the child free from harm? Have all CFT members been afforded the opportunity to provide input into the development of a Safety Plan?

2. **Stability** – Does the child have consistent routines, relationships, etc.? Has the child experienced a change in placement? Is the current placement meeting the child’s needs? Has the child experienced changes in his or her school setting? Is there a shared understanding of the long-term view for the child?

3. **Well-being (including mental and physical health, medical care, educational status, and progress toward successful adulthood transition)** – Does the child display age-appropriate emotional development, coping skills, and self-control, which allows him or her to adjust to changes and maintain adequate levels of behavioral functioning in daily settings and activities with others? 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 his or her age? Is the child able to attend both school and other social functions? How is the youth (age 14 and older) working toward independence and achieving transition plan goals? Are there any concerns regarding personal hygiene practices (e.g., bathing, dental hygiene, hair care, and hand washing)? Consider the following questions when assessing the child’s health and medical status:
   a. Is the child achieving key physical (e.g., growth – height, weight, and head circumference) and developmental milestones?
   b. Is the child achieving his or her optimal or best attainable health status?
   c. Does the parent have the capacity and supports necessary to address any identified special medical needs (e.g., medication, medical equipment, compliance with physician and/or specialist appointments, and emergency procedures)?

   **Note:** If the child is on a special diet, ensure there is appropriate food and/or supplement available.

d. What is the child’s physical condition (this includes visualization of the child’s skin, teeth, hair, etc.)?

e. What is the child’s mobility status (e.g., mobile, limited mobility, or assisted mobility)?

   **Note:** If the child is immobile or has limited mobility, the child must be positioned or repositioned in order to see and assess the child’s entire body. Lighting may need to be adjusted and blankets removed in order to adequately visualize the child’s skin condition.

f. How does the child adapt to changes that affect his or her life?

4. **Permanency** – Safety, stability, sufficient caregiver functioning, and sustainability of relationships to adulthood are simultaneous conditions of permanency for a child or youth. Are the child’s daily living and educational environments stable and free from risk of disruption? Have there been changes to the composition of the home? Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the
past year? Are all CFT members aware of the child’s permanency plan? Does the child’s permanency plan include relationships which will endure lifelong? Is there a second permanency plan in place for the child, if concurrent planning? Is the pace of achieving safe, sustainable case closure consistent with the following guidelines?¹
a. Reunification: 12 months
b. Guardianship: 18 months
c. Adoption: 24 months

**Note:** Permanency may be achieved in more or less time than the guidelines listed above due to circumstances of the individual case.

Each of the areas above must be included and easily identified within the FCM’s documentation of the face-to-face contact in the case management system.

**Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline**
When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated upon face-to-face contact with all alleged child victims. See separate policy, 4.38 Assessment Initiation for additional information regarding initiation.

**Note:** If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the DCS Hotline immediately.

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See separate policy, 4.36 Linking Child Abuse or Neglect (CA/N) Reports to Open Assessments for more information regarding the receipt of an additional Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114) during an open assessment.

The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed 310 form, emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The 310 or equivalent information may be submitted via email to: DCSHotlineReports@dcs.in.gov, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.

**FORMS AND TOOLS**

1. Family Functional Assessment (FFA) Field Guide
2. Quality Service Review (QSR) Protocol (Version 5.0) – For Use by Trained QSR Reviewers
3. Safety Plan (SF53243)
4. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF114)
5. Plan of Safe Care (SF56565)

RELATED INFORMATION

**Functional Strengths**
Functional strengths are “the buildable” strengths of our families, which help build toward goal achievement. Exploring those strengths beyond the surface level provides a great deal of information when trying to match the strength (asset) to meet a need in the planning process. For example, saying someone is good at soccer does not provide much to work with; however, identifying that he or she is able to participate in group activities, follow directions from a leader, and work toward a clear goal, are strengths that may be utilized to meet the family’s goals.

**Underlying Needs**
Underlying needs are the root source of an individual and/or family's challenges, which determines the appropriate use of services or interventions. In order to identify the underlying need, the question of what the family needs or what needs to change in order to achieve the family’s outcomes should be answered. The FCM will assist the family and the team to identify these needs.

The ability to identify an underlying need is a crucial step in engaging a family and promoting safety, permanency, and well-being. Addressing underlying needs allows DCS and the CFT to understand the root of the problem and provide accurate/effective services to address the needs. This method supports safe sustainable case closure.

**Protective Factors**
Protective factors are characteristics in families that, when present, increase the safety, stability, permanency, and well-being of children and families. Protective factors are directly connected to the strengths of the family and can be used as a resource to learn new skills and solve problems. The FCM should consider the following protective factors when working with children and families:

1. Nurturing and attachment;
2. Knowledge of parenting and of child and youth development;
3. Parental resilience;
4. Social connections;
5. Concrete supports for the parents; and

See [https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/](https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/) for additional information.

**Clinical Supervision**
Clinical supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.
**Example:** The focus of clinical supervision is on the practice that directly impacts outcomes for families.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct an Out-of-Home Risk and Safety Reassessment on all open cases where at least one child is placed in out-of-home care. The Out-of-Home Risk and Safety Reassessment will be used to structure critical case management decisions for children in placement who have a permanency goal of reunification by:

1. Routinely monitoring critical case factors that affect goal achievement;
2. Helping to structure the case review process; and

**Note:** If more than one (1) household is receiving reunification services, complete one tool on each household.

The Out-of-Home Risk and Safety Reassessment will be conducted at least every 180 days and prior to completing an updated Case Plan (SF 2956). The Out-of-Home Risk and Safety Reassessment will also be conducted when reunification is recommended, when a change in the permanency planning goal is identified, and at any time if there are new circumstances or new information that affect risk.

The Out-of-Home Risk and Safety Reassessment guides decision making to:

1. Return a child to the removal household or 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:** The removal household is the household from which the child was removed. If the designation of the removal household is unclear due to joint custody, 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 (e.g., father’s home and mother’s home).

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Print the Out-of-Home Risk and Safety Reassessment and answer all questions;
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. Reference the Placement/Permanency Plan Guidelines located in the Out-of-Home Risk and Safety Reassessment 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;
11. Discuss the results of the Out-of-Home Risk and Safety Reassessment with the Child and Family Team (CFT) to develop a plan to assist in the identification and utilization of the families strengths, and informal supports to address needs; and

The FCM Supervisor will:
1. Continually monitor, coach, and mentor the FCM on use of the Out-of-Home Risk and Safety Reassessment during clinical supervision; and
2. Ensure the Out-of-Home Risk and Safety Reassessment is properly documented in the case management system.

Note: If no safety threats exists and the risk is low to moderate, consider recommending case closure.

**PRACTICE GUIDANCE**

**Out-of-Home Risk and Safety Reassessment**

Following the principles of family-centered practice, the Out-of-Home Risk and Safety Reassessment is completed in conjunction with each appropriate household. The Out-of-Home Risk and Safety Reassessment should be shared with the household when a case is first opened so that the household understands exactly what will be used to evaluate reunification potential and the threshold they must reach. Specifically, inform the household members of their original risk level, and explain that this will serve as the baseline for assessing reunification readiness. The Case Plan (SF 2956) should be shared with the household at the same time so that the household understands what is expected. Also, explain to the household members 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 visitation will also be considered when evaluating risk. Discuss the Reunification Safety Assessment within the Out-of-Home Risk and Safety Reassessment, and explain that if everything else would support reunification, the final consideration is safety. The household members must either demonstrate that no safety threats are present or there must be a plan to address any identified safety threats.

**Safety Reassessment**

A Safety Reassessment is a part of the Out-of-Home Risk and Safety Reassessment and is used by the FCM throughout the life of the case to consider the safety of the child if he/she were to be returned home at this time, as well as current conditions in the home, current caregiver characteristics, child characteristics, and interactions between caregivers and the child during visitation. Note that safety threat items are the same as on the Initial Safety Assessment but may have slight variations to reflect the decision at hand. Prior to assessing the child’s current safety, the FCM should review the safety assessment that led to removal. Indicate (mark)
whether any child vulnerabilities are present, and consider these vulnerabilities when reviewing safety items. Note that these vulnerability issues provide a context for safety assessment. The presence of one (1) or more vulnerabilities does not automatically mean the child is unsafe.

**Risk Reassessment**
The Risk Reassessment is a part of the Out-of-Home Risk and Safety Reassessment and is used by the FCM throughout the life of the case to determine the presence of risk factors that indicate the likelihood of future child maltreatment. The Risk Reassessment also assists FCMs in evaluating whether risk levels have decreased, remained the same, or have increased since the completion of the Initial Family Risk Assessment. In addition to the Risk Reassessment Tool, FCMs should reference the Family Functional Assessment (FFA) Field Guide when working with self-identified Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth. Risk assessment questions that may be helpful in determining the risk factors for LGBTQ youth may be found in the FFA Field Guide.

**FORMS AND TOOLS**

1. **Case Plan (SF 2956)** – Available in the case management system
2. **Out-of-Home Risk and Safety Reassessment** – Available in the case management system
3. **Out-of-Home Risk and Safety Reassessment Definitions**
4. **IN Guidebook**
5. **Family Functional Assessment (FFA) Field Guide** – Available on the Indiana Practice Model SharePoint
6. **Initial Safety Assessment** – Available in the case management system
7. **Initial Family Risk Assessment** – Available in the case management system

**RELATED INFORMATION**

**Safety vs. Risk Assessment**
It is important to keep in mind the difference between safety and risk when completing the Out-of-Home Risk and Safety Reassessment. The Safety Assessment assesses the child’s present danger and the interventions currently needed to protect the child. In contrast, the Risk Assessment looks at the likelihood of future maltreatment.

**Clinical Supervision**
Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

**Example:** The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will conduct a Reunification Assessment (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 Assessment (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

Note: If more than one household is receiving reunification services, complete one tool on each household.

The Reunification Assessment (Out-of-Home) will be conducted at least every 180 days and prior to completing an updated case plan. The Reunification Assessment (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 Assessment (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 Assessment (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 Reunification Assessment (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. SDM Reunification Assessment (Out-of-Home)
2. Indiana SDM Reunification Assessment Definitions
3. IN Guidebook

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.

**Risk Reassessment**
Risk Reassessment is an assessment tool used by the FCM throughout the life of the child welfare case to determine the presence of risk factors that indicate the likelihood of future child maltreatment. The Risk Reassessment also assists FCMs in evaluating whether risk levels have decreased, remained the same, or have increased since the completion of the initial Risk Assessment. In addition to the Risk Reassessment Tool, FCMs should reference the *Family Functional Assessment (FFA) Field Guide* when working with self-identified Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth. Risk assessment questions that may be helpful in determining the risk factors for LGBTQ youth can be found in the *FFA Field Guide*. 
Stated in Purpose

This policy does not pertain to concerns regarding licensing. For concerns regarding licensing see Chapter 12 Foster Family Home Licensing. For concerns regarding per diems see Policy 8.50 Determining and Reviewing Category of Supervision. For concerns regarding adoption assistance see Policy 10.20 Administrative Review for Adoption Assistance.

The Indiana Department of Child Services (DCS) recognizes the rights of each resource parent. DCS will respect and support resource parents and recognize them as a partner. The complaint resolution process is designed to give resource parents recourse when there is a disagreement with decisions made. DCS and resource parents, working together, may build and support a safe environment in which appropriate information will be shared and valued.

In the event of a disagreement with the assigned DCS employee that cannot be resolved, resource parents may initiate the complaint resolution process. See Procedure and Practice Guidance for more information.

Code References

N/A

Procedure

The complaint resolution process is as follows:

1. The resource parent contacts the Family Case Manager (FCM), Regional Foster Care Specialist (RFCS), or Relative Specialist to discuss concerns he or she may have with decisions made regarding the child’s case;

   Exception: If the resource parent is licensed through a Licensed Child Placing Agency (LCPA), the resource parent must begin the complaint resolution process by contacting the DCS Foster Parent Support and Communication Liaison via fostercaresupport@dcs.in.gov.

2. The resource parent then contacts the FCM, RFCS, or Relative Specialist’s immediate supervisor if he or she continues to have concerns after the discussion with the FCM, RFCS, or Relative Specialist. It is recommended the resource parent contact the immediate supervisor within five (5) calendar days of the discussion with the FCM, RFCS, or Relative Specialist;

3. The resource parent then contacts the DCS Local Office Director (LOD) or designee if concerns were not able to be addressed by the immediate supervisor. It is recommended the resource parent contact the LOD or designee within five (5) calendar days of contacting the immediate supervisor.
days of the response from the FCM, RFCS, or Relative Specialist’s immediate supervisor; and

4. When the complaint resolution process has been exhausted and concerns remain unresolved, the resource parent may submit the Resource Parent Complaint Resolution Form via online submission (See Practice Guidance for more information).

Note: Court orders and rulings will take precedence over any attempt to resolve the complaint.

The FCM, RFCS, and Relative Specialist will:
1. Provide all notifications to the resource parent in a timely manner;
2. Discuss any concerns with the resource parent as they arise; and
3. Inform his or her immediate supervisor of any discussions that occurred regarding the resource parent’s concerns and subsequently document the conversation in the case management system.
4. Ensure other DCS staff working with the child are aware of the identified concerns and actions taken.

The FCM, RFCS, and Relative Specialist’s immediate supervisor will:
1. Discuss upon request of the resource parent, either by telephone or in person, concerns he or she has raised;
2. Determine if the original decision was made in the best interest of the child and recognized the rights of each resource parent;
3. Notify the resource parent via e-mail or written correspondence and notify the FCM, RFCS, or Relative Specialist, within five (5) business days of the decision; and
4. Notify the LOD of the discussion held with the resource parent and the decision reached, and subsequently document the conversation in the case management system.

Note: If the original decision is changed or modified, the FCM, RFCS, or Relative Specialist’s immediate supervisor should notify the FCM, RFCS, or Relative Specialist with instructions for further action.

The LOD or designee will:
1. Discuss upon request of the resource parent, either by telephone or in person, concerns he or she has raised about the decision reached by the FCM, RFCS, or Relative Specialist’s immediate supervisor;
2. Determine if the decision made was in the best interest of the child and recognized the rights of each resource parent;
3. Discuss the concerns and determination with the RM; and
4. Notify the resource parent via e-mail or written correspondence and notify the FCM, RFCS, or Relative Specialist and the FCM, RFCS, or Relative Specialist’s immediate supervisor within five (5) business days of the decision.

Note: If the original decision is changed or modified, the LOD should notify the FCM, RFCS, or Relative Specialist's immediate supervisor with instructions for further action by the FCM, RFCS, or Relative Specialist.

The DCS Foster Parent Support and Communication Liaison will:
1. Review the Resource Parent Complaint Resolution Form submitted online by the resource parent;
Note: If the complaint is from an LCPA, the DCS Foster Parent Support and Communication Liaison will review the submitted email referenced in the complaint resolution process Exception above and will respond with further guidance.

2. Clarify information with the appropriate parties involved, if necessary;
3. Collaborate with the LOD and RM to coordinate a meeting with the appropriate parties;
4. Collaborate with all appropriate parties to attempt to resolve the complaint while recognizing the rights of each resource parent;
5. Notify the resource parent via e-mail or written correspondence of the final decision made within 10 business days of receiving the request or completion of the meeting, whichever occurs later.

Note: The LOD and RM will be copied on this correspondence.

PRACTICE GUIDANCE

Communication with the Resource Parent
DCS staff should seek and consider input from the resource parent before making final decisions concerning the care and well-being of children who are in his or her care. The FCM, RFCS, and Relative Specialist should encourage the resource parent to provide input regarding the child and any possible concerns during Child and Family Team (CFT) Meetings, Case Plan Conferences, and during their routine face-to-face, telephonic, or e-mail communications.

DCS Foster Parent Support and Communication Liaison
The role of the DCS Foster Parent Support and Communication Liaison is to help facilitate grievances from the resource parent as they relate to the FCM, RFCS, or Relative Specialist. The DCS Foster Parent Support and Communication Liaison reviews the Resource Parent Complaint Resolution Form submitted by the resource parent and works with all parties to facilitate an appropriate resolution, while supporting the best interest of the child and the rights of the resource parent.

Although the resource parent is instructed to contact the DCS Foster Parent Support and Communication Liaison as part of the complaint resolution process, DCS staff may also contact the DCS Foster Parent Support and Communication Liaison for guidance. The DCS Foster Parent Support and Communication Liaison may be reached at fostercaresupport@dcs.in.gov.

FORMS AND TOOLS

Resource Parent Complaint Resolution Form

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

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 Roundtable 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

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**

**PROCEDURE**

**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 Regional Permanency Roundtable 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 Roundtable 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 Practice Guidance).

The **Regional Permanency Roundtable 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 Roundtable 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 Permanency Roundtable 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 Roundtable Support Team for follow-up.

The **Central Office Permanency Roundtable 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 Roundtable Liaison;
4. Pull documentation for the child to be reviewed (Child and Adolescent Needs and Strengths Assessment (CANS), 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 Roundtable 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 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 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 Roundtable Liaison will:
1. Ensure follow-up is completed for each case; and
2. Provide an updated follow-up form to the Central Office Permanency Roundtable Support Team.

The Central Office Permanency Roundtable 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 Roundtable 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 second permanency plan (concurrent planning) 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 the Indiana Adoption Program.
Regional Permanency Team members may 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 Permanency 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 ensue 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.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will consider placement with a suitable and willing relative caregiver if placement with a suitable and willing noncustodial parent is not possible. See separate policies, 8.1 Selecting a Placement Option and 5.4 Noncustodial Parents for additional information on noncustodial parents.

Note: When a child is a member of an American Indian/Alaska Native tribe and eligible under the Indian Child Welfare Act (ICWA), be mindful that the ICWA placement preferences apply. See separate policy, 2.12 Indian Child Welfare Act (ICWA) for additional information.

Suitable and willing 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;

Note: The individuals must be first or second cousins to be marked as “cousin” in the case management system. All other cousins are considered other adult relatives.

5. Parents and extended family of siblings or half-siblings (i.e., adult siblings, grandparents, adult aunts or uncles, and adult cousins);
6. Former step-parents and extended family of former step-parents (i.e., adult siblings, grandparents, adult aunts or uncles, and adult cousins);
7. Other adult relatives suggested by either parent of a child including, but not limited to, extended cousins, great aunts or uncles (great or great-greats); or
8. Any other individual with whom a child has an established and significant relationship. See Practice Guidance.

The following items must be completed prior to placing a child with a relative:

1. Determination of whether the potential relative caregiver is suitable and willing to accept the placement (see Additional Information below);
2. Required background checks; See separate policies, 13.5 Conducting Background Checks for Unlicensed Placements and 13.6 Evaluation of Background Checks for Unlicensed Placements;
3. Home visit; and
4. Relative Home Environment Check List (SF55106).

Note: The Relative Home Environment Check List (SF55106) should 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. The Relative Home Environment Check List (SF55106) is not meant to be used for licensing purposes. If the relative placement is considering becoming licensed, there are additional requirements that must be met in addition to completing the checklist. This information should be communicated to the relative placement when placing a child in his or her care.

A determination of whether or not a relative caregiver is suitable and willing to take and sustain placement of a child will take place prior to or at the time of placement. Successful completion of the Relative Home Environment Check List (SF55106) is not the sole deciding factor in making a placement. It is important to make a determination based on the willingness, suitability, and sustainability of the relative placement.

When determining if a relative is suitable and willing, Family Case Managers (FCMs) should consider the following factors:

1. Child’s wishes and/or concerns (if age appropriate);
2. Ability to meet the child’s needs (including educational, cultural and language);
3. Home size and environment (suitable sleeping arrangements for the child);
4. Background checks;
5. Frequency of contact between the child and potential relative caregiver prior to placement;
6. Sustainability of placement (i.e., is the placement a permanency option);
7. Ability to provide adequate supervision;
8. Willingness to work with DCS, child, and family toward the selected permanency plan; and
9. Medical/mental health issues or concerns regarding the relative caregiver or child.

Note: This is not an exhaustive list. There may be other factors to consider depending on the needs of the child and/or family.

Relative placements will be advised of support services available to them to promote the permanency, stability, and well-being of the child at the time of placement and throughout the life of the case.

DCS may consider seeking court approval for a biological parent(s) to reside in the home of an unlicensed relative placement when the proposed situation would be in the best interest of the child and the child’s safety can be reasonably ensured. The biological parent may not reside in the placement home with the child prior to receiving approval from the court. The decision of whether to seek court approval will be based on factors including, but not limited to:

1. The relative’s ability and willingness to ensure the safety of the child;
2. The needs of the child;
3. The feelings and/or wishes of the child (if age and developmentally able to express his or her feelings and/or wishes);
4. The characteristics of the relationship between the relative caregiver(s) and the biological parent(s);
5. The strength and availability of family supports;
6. Other existing protective factors; and
7. The outcome of a Child and Family Team (CFT) Meeting.

Children placed with relative caregivers who already have obtained licensure will have a completed Individual Child Placement Referral (ICPR) consistent with his or her established level of care.
Note: A biological parent must complete background checks as required for all household members, in addition to having DCS and court approval, prior to residing in the home of a licensed relative placement. He or she must seek a waiver if necessary. For further guidance see separate policy, 13.9 Conducting Background Checks for Foster Family Home Licensing.

Code References
1. IC 31-34-6-2: Placement with a Family Member
2. IC 31-9-2-117.3: Sibling
3. IC 31-9-2-107: Relative
4. IC 31-32-2.5: Right to Intervene in Child in Need of Services Proceedings and Termination of Parent-Child Relationship Proceedings
5. IC 31-34-21: Review of Dispositional Decrees; Formal Review Hearings
6. IC 31-34-18-2: Predispositional report; participation by parent, guardian, or custodian; out-of-home placement with blood or adoptive relative caregiver
7. 42 USC 671 (a)(29) Notification of Parents of Siblings

PROCEDURE

For emergency and non-emergency relative placements, the FCM will:
1. Conduct a diligent search, including assisting the parent, guardian, or custodian in identifying possible suitable and willing relative placement options;
2. Discuss DCS expectations of a relative placement with the relative caregiver to ensure the potential relative caregiver is aware of expectations and is suitable and willing (see factors above) to accept placement of the child;
3. Ensure the Statement of Attestation Regarding Relationship (SF52727) is completed by the relative requesting placement to affirm the relationship between the relative caregiver and child;

Note: When placing a child with a relative who is not related to the child by blood, marriage, or adoption, the FCM must choose other relative to document the individual’s relationship with the child in the case management system.

4. Complete the required emergency or non-emergency background check procedures for unlicensed placements. See separate policy, 13.5 Conducting Background Checks for Unlicensed Placements and 13.6 Evaluation of Background Checks for Unlicensed Placements;

Note: FCMs may complete background checks on more than one (1) relative home, if necessary, to improve the chances of the child’s placement in relative care. See Practice Guidance for further information.

5. Complete a home visit at the relative home where the child will be placed to:
   a. Complete the Relative Home Environment Check List (SF55106), and
   b. Assess the relative’s suitability for placement by addressing any child or case specific concerns as well as any additional factors that are specific to the child or situation.

6. Obtain supervisory approval and document in the case management system any plans implemented to meet the requirements on the Relative Home Environment Check List;
7. Address all items marked for follow-up on the **Relative Home Environment Check List (SF55106)** within 48 hours unless a documented supervisory approved plan for the requirement exceeds 48 hours;

8. Ensure the relative is provided the **Financial Assistance Options for Relative Caregivers Brochure** at the time of placement;

9. Ensure the relative caregiver has read and signed the **Resource Parent Role Acknowledgment (SF54642)**;

10. Provide the relative caregiver with the **Authorization for Health Care (SF54247) (form)** or **Authorization for Health Care (SF45093) (card)**;

11. Ensure any necessary service referrals are made for the child and relative caregiver to support the placement, including an ICPR, if appropriate;

12. Ensure a plan is in place for school-aged children to be transported to school with minimal disruption of the child’s routine;

13. Advise the relative caregiver that either a Regional Foster Care Specialist (RFCS) or a Relative Support Specialist (RSS) will be in contact with him or her regarding further information about licensing, support, etc within five (5) days; and

**Note:** In non-emergency relative placements, the FCM, RFCS or RSS 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 and to develop a plan for school transportation if needed.

14. Provide the RFCS or RSS with a copy of the **Relative Home Environment Check List (SF55106)** if follow-up is needed from the RFCS or RSS on identified items. Follow up that will exceed the 48 hour timeframe requires Supervisor approval. (See Practice Guidance).

When considering whether to seek court approval for a biological parent(s) to reside in a relative placement home, the FCM will:

1. Discuss in detail the proposed arrangement with the relative and the parent(s);
2. Discuss the proposed living arrangement with the RFCS or RSS, if involved, and note any concerns he or she may have;
3. Convene a CFT Meeting to discuss the proposed arrangement and plan for any additional service needs;
4. Discuss the proposed arrangement with the child (if age and developmentally appropriate);
5. Discuss the proposed arrangement; the feelings of the relative, child, and parent(s); the recommendation of the CFT; and any concerns expressed by the RFCS or RSS with the FCM Supervisor; and
6. Notify the court of the request and the recommendation of DCS, including the reasons for the recommendation.

The RFCS or RSS will:

1. Assist the FCM, if needed, by following up on items that exceed 48 hours or other supervisory approved timeframes for items checked for follow-up on the **Relative Home Environment Check List (SF55106)** (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;
3. Advise the relative caregiver new fingerprint and background checks are required if he or she decides to pursue becoming licensed including, applying for new waivers for child protection and criminal history; and

4. 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.

**PRACTICE GUIDANCE**

**Other Relative Placements**

This refers to placement with individuals who are not related by blood, marriage or adoption. This is an individual with whom a child has an established and significant relationship. The relationship with the child will be **other relative** and **must**:

1. Have the characteristics of a family relationship. The relationship should have the same characteristics or be similar to the relationship that the child has with an individual related to them by blood, marriage, or adoption;

2. Have existed prior to the agency’s current involvement with the child or family; and

3. Be verified through interviews or attested by the written Statement of Attestation Regarding Relationship (SF52727) or oral designation of the child or of another person, including other relatives related to the child by blood, marriage, or adoption.

Former **long-term resource parents** may be considered as relative placements in cases where the child is the victim of repeat maltreatment or returning to out-of-home care. FCMs should staff with the FCM Supervisor and Local Office Director (LOD) to determine which type of placement is appropriate, Foster Care or Relative Placement. Consideration should be given to the child’s report of the relationship and the potential for permanency.

Credible evidence showing that the individual performs or has performed a substantial role in the upbringing or material support of the child should be documented in the case management system. The placement recommendation should be staffed with the FCM Supervisor and, if needed, the LOD. DCS and the court must agree with the placement.

**Note:** Placement with a suitable and willing relative related by blood, marriage, or adoption **must** be ruled out before considering any other out-of-home placement, with the first consideration being given to a suitable and willing noncustodial parent.

**Relative Home Physical Environment Checklist**

The **Relative Home Environment Check List (SF55106)** allows for a documented discussion to occur about potential safety concerns. This discussion should reinforce awareness of potential safety concerns regarding fire and water safety. The checklist indicates items that are minimum criterion for placement in a relative home. FCMs should use critical thinking skills when completing the checklist. The FCM should also assist the relative caregiver in finding solutions to any issues that may arise from the completion of the checklist. Requests for additional funding may be appropriate to assist in meeting a checklist item (e.g., carbon monoxide detector). Some items that cannot be met may be evidence that the placement is not suitable.

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.
All items marked for follow up should be reassessed by the FCM within 48 hours of the emergency placement unless there is a documented supervisory approved plan that follow through will exceed 48 hours. 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 or RSS 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.**

**Supporting Relative Caregivers**

It is important for FCMs to support all relative caregivers. FCMs must be mindful that relative caregivers may not have planned to take emergency placement of their relative’s children. This is especially true in 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 his or her home into the relative caregiver’s home. FCMs should complete timely service referrals for identified needs, such as child care assistance, individual or family counseling, home based casework, etc. for the relative caregiver or child. See separate policy, [16.2 Assistance for Unlicensed Relative Placements](#) for additional information on financial assistance for relative caregivers.

**Safe Sleep**

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

1. Always place babies alone, on their backs, and in a crib (the ABCs) to sleep. The back sleep position is the safest\(^1\). Keep other caregivers informed of these safe sleep guidelines.
2. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised). These types of cribs are not permitted for children under DCS care and supervision. See the following link for a picture of the new crib: [http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/](http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/);
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on couches, car seats, swings, pillows, bean bags, quilts, sheepekins, or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of the baby’s sleep area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleep area. A sleep sack is appropriate to keep the baby warm;
5. Keep baby’s sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep on any surface with adults or other children. They may sleep in the same room as the caregiver;
6. Consider using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;
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. Also, change the direction that

---

\(^1\) Riley Children’s Health: [https://www.rileychildrens.org/health-info/sleep-safety](https://www.rileychildrens.org/health-info/sleep-safety)
the baby lies in the crib and avoid excessive time in car seats, carriers, bouncers, and swings. These items should be placed/used on appropriate surfaces and should not be utilized in place of a crib; and

9. There should be no smoking around the baby as babies who are around cigarette smoke have a higher risk of sleep-related deaths.²

Additional information regarding safe sleep is available on the following websites:
1. The American Academy of Pediatrics;
2. Healthy Children.org;
3. The National Institute of Health;
4. Riley Children’s Health; and
5. The DCS Website.

FORMS AND TOOLS

1. Relative Home Environment Check List (SF55106)
2. Financial Assistance Options for Relative Caregivers Brochure
3. Relative Resource Guide
4. Resource Parent Role Acknowledgment (SF54642)
5. Authorization for Health Care (SF45093) (card)
6. Authorization for Health Care (SF54247) (form)
7. Statement of Attestation Regarding Relationship (SF52727)
8. Application for Criminal History Background Check (SF53259)
9. Triple I Follow-Up Action (SF53424)

RELATED INFORMATION

**Long-Term Resource Parent**

A resource parent who has provided care and supervision for a child for at least:

1. The 12 most recent months;
2. Fifteen (15) months of the most recent 22 months; or
3. Six (6) months, if the child is less than twelve (12) months of age.

² Riley Children’s Health: [https://www.rileychildrens.org/health-info/sleep-safety](https://www.rileychildrens.org/health-info/sleep-safety)
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure the death of a child is handled within acceptable standards when the child is adjudicated a Child In Need Of Services (CHINS) and is placed in out-of-home care. This includes any death that is sudden or unexpected, and those deaths due to a medical condition.

If Child Abuse or Neglect (CA/N) is suspected to be the cause of death, a report should be immediately made to the Child Abuse Hotline and to the Local Law Enforcement Agency (LEA).

DCS will notify the court in writing of the child’s death as soon as reasonably possible or within one (1) business day following the death or the following business day following a weekend or holiday.

DCS will notify the biological parents and siblings (if appropriate) and if possible coordinate this notification with LEA and the Coroner the day of the child’s death or as soon as reasonably possible, regardless of whether the death occurs on a week day or weekend. These notifications should occur in person. If the biological parents live in another county or state, DCS will request immediate assistance from the specific county or state to make face-to-face contact with the child’s parents. To the extent possible, the family should not be contacted by telephone.

Note: If Termination of Parental Rights (TPR) has been ordered, contact is not required. However, if it is determined to be in the best interest of the surviving siblings and family, the biological parents and or extended family may be notified of the child’s death when TPR has been ordered. This notification should occur in person unless unforeseen circumstances prohibit this from happening.

DCS will work with the biological family regarding funeral and/or burial/cremation arrangements and expenses. If the biological family is willing and able to assume responsibility for the burial, they should be encouraged to do so. DCS will explore resources such as insurance policies and Medicaid to assist with fees associated with funeral, burial, or cremation prior to offering any financial assistance.

Note: Children receiving Disabled (D), Blind (B), or Refugee (R) Medicaid are eligible for Medicaid funeral and burial benefits. If a child is eligible for Medicaid benefits, DCS will contribute $2,150.00 toward funeral and burial costs. DCS may provide financial assistance in the amount of $4,000.00 for children who are not eligible for Medicaid benefits. FCMs may contact the Medicaid Eligibility Unit (MEU) for Medicaid eligibility questions. See Practice Guidance for further information on Medicaid funeral and burial services.
If the biological family is unable to assume responsibility, DCS will contact local funeral homes and cemeteries to provide a basic service and burial. DCS will consider the wishes of the biological family in making arrangements for the child’s burial.

DCS and the family will obtain estimates of the following services and determine what is in the best interest of the child’s family, siblings, and/or foster parents:

1. General same day visitation with standard funeral including all fees and burial costs (including cemetery costs) with basic casket and vault selections;
2. Same day visitation with standard funeral to be followed by direct cremation after service with burial of ashes at a later date;
3. Same day visitation with standard funeral to be followed by direct cremation with remains returned to closest biological family member;
4. Direct cremation with memorial service at a later date with interment (burial) of remains; and
5. Direct cremation with memorial service at a later date with remains returned to the closest biological family member.

Code References

N/A

**PROCEDURE**

DCS will:

1. Make a report of CA/N to the Child Abuse Hotline and LEA if CA/N is suspected;
2. Notify the court in writing of the child’s death as soon as reasonably possible or within one (1) business day following the death or the following business day following a weekend or holiday;
3. Notify the biological parents and siblings of the child’s death in person on the day of the child’s death or as soon as reasonably possible;

   **Note:** If TPR has been ordered, contact is not required. However, if it is determined to be in the best interest of the surviving siblings and family, the biological parents and/or extended family may be notified of the child’s death when TPR has been ordered. This notification should occur in person unless unforeseen circumstances prohibit this from happening.

4. Contact the MEU to verify if child is enrolled in Medicaid D, B, or R and eligible for funeral and burial benefits;
5. Assist the family in making funeral, burial, or cremation arrangements for the child;
6. Explore community resources available to assist the family with funeral and burial expenses;
7. Consult with the Regional Finance Manager (RFM) regarding financial assistance;
8. Ensure surviving siblings including children under the care and supervision of DCS are able to participate in funeral services as appropriate; and
9. Assist the family in locating community resources to deal with grief or other issues identified by the family.

If the biological parents are deceased, DCS should proceed with making funeral and burial arrangements on behalf of the child and consider the wishes of extended family members and/or foster parents, if possible.
To request DCS financial assistance that exceeds the allotted amount:

1. The FCM will complete the Request for Additional Funding (SF54870) form detailing the need for assistance 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 Local Office Director (LOD) for approval or denial;
3. The LOD will approve or deny the appeal for additional funding. If the LOD 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; and
4. The RM will notify the LOD of the final determination via written correspondence.

**PRACTICE GUIDANCE**

**Medicaid Funeral and Burial Coverage**

If a child is eligible, Medicaid benefits will cover $600.00 toward funeral director expenses and $400.00 toward burial and/or cremation expenses. The maximum contribution that can be applied toward a Medicaid funeral is $1,750.00 and burial is $400.00. Medicaid will not cover the cost of a headstone. Additional funding may be available through RM appeal.

Funeral Director Expenses can include but are not limited to:

1. Reasonable expenses connected with preparation of the body, including cremation;
2. Purchase of necessary clothing;
3. Funeral services;
4. Transportation of the body; and
5. Professional services of the Funeral Director.

Cemetery & Burial Expenses can include but are not limited to:

1. Purchase of a burial plot;
2. Opening and closing the grave;
3. Purchase of a cemetery vault;
4. Purchase of a casket and flat concrete marker (in absence of a headstone) when required by the cemetery authorities;
5. The cost of renting a lowering device; and
6. Tent and artificial grass, if required by the cemetery authorities.

**Possible Additional Assistance**

DCS should assist the family in locating possible community resources or donations for the deceased child and family. Community resources that can be contacted for possible assistance include, but are not limited to:

1. Trustee’s Office;
2. Community foundations;
3. Community clubs;
4. Churches;
5. Salvation Army; and

**DCS Financial Assistance**

DCS may provide financial assistance to a family. All costs that exceed the allotted amount will require RM approval. FCMs should refrain from advising the family of funding amounts without prior approval from the RM. All approved vendors will need to complete an Automated Direct
Deposit Authorization Agreement (SF47551) and W-9 Request for Taxpayer Identification Number and Certification in order to receive payment. See Procedure for additional information.

Surviving Siblings
DCS should make efforts to notify the surviving siblings of the deceased child. These notifications should, if at all possible, occur in person. Efforts should be made to allow surviving siblings including children under the care and supervision of DCS to participate in funeral services for the deceased child. This includes but is not limited to transportation, referrals for grief counseling, and ongoing support for surviving siblings that are under the care and supervision of DCS.

FORMS AND TOOLS

1. Request for Additional Funding (SF54870)
3. W-9 Request for Taxpayer Identification Number and Certification

RELATED INFORMATION

Acceptable Standards
DCS defines acceptable standards as a basic funeral and burial or cremation services where surviving siblings, relatives, foster parents, DCS staff, service providers, school personnel, and any other pertinent individuals in the child’s life are given the opportunity to pay their respects and grieve the child’s death. DCS will make efforts to partner with the deceased child’s family (if appropriate), to provide the deceased child any combination of the following services: a visitation/viewing, funeral/memorial services, burial or cremation services (including a headstone) that fall within the parameters of requested services by the child’s family and have been agreed upon by the funeral home and cemetery of choice.

Support Services for DCS employees
Support due to a child death is available for DCS Employees. Any employee may request an individual or group Critical Incident Stress Management (CISM) Response by contacting the DCS Critical Incident Response Team (CIRT) Liaisons at (317) 407-6237. For additional information, see Administrative Policy Critical Incident Response. The Employee Assistance Program (EAP) is also available to employees by calling (800) 223-7723 or visiting anthemep.com (use “DCS” to log in).
When the Department of Child Services (DCS) places a child in an out-of-home placement, the per diem rates are based on a child’s age and category of supervision. The Child and Adolescent Needs and Strengths (CANS) Assessment plays a critical role in decision-making regarding a child’s category of supervision.

Per Diem rates are based on age groups 0 to four (4) years old, five (5) to 13 years old, and 14 and older. The categories of supervision align closely with the placement recommendations generated by the CANS Assessment explained in the table below. See Practice Guidance for more information on CANS placement recommendations.

<table>
<thead>
<tr>
<th>CANS Placement Recommendations</th>
<th>Foster Care Category of Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Foster Care</td>
<td>Foster Care</td>
</tr>
<tr>
<td>2-Foster Care with Services</td>
<td>Foster Care with Services</td>
</tr>
<tr>
<td>3-Therapeutic</td>
<td>Therapeutic Foster Care</td>
</tr>
<tr>
<td>4-or higher-Group home and Residential Care</td>
<td>Therapeutic Plus</td>
</tr>
</tbody>
</table>

Completion of the CANS is required either prior to placement or within five (5) days of placement. See separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment. If the CANS is completed after placement, DCS has five (5) days to complete the CANS. When the CANS is completed, the rate will be retroactive to the first day of placement.

DCS may, after thoroughly assessing the child’s needs, determine that the category of supervision should be higher than the CANS recommendation. When this occurs, Local Office Director (LOD) approval is needed prior to finalizing the category (see Practice Guidance for additional information on overriding the CANS placement recommendation). The LOD’s decision to finalize a higher category other than the CANS recommendation should be documented in the case management system as a note.

CANS Reassessments are required every 180 days and at case junctures. See separate policy, 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment. When a CANS Reassessment is completed and the recommendation results in a higher category of supervision, the rate will increase to match the new category of supervision. The effective date of the new rate will be the date of the CANS Assessment. If the CANS recommendation indicates a lower category of supervision, DCS will temporarily continue to pay the higher rate as a stabilization rate. DCS will not lower the rate until two (2) consecutive CANS Assessments completed six (6) months apart show the need for a lower category of supervision and the rate change is approved.
Note: If a child moves to a new foster home placement, a new CANS must be completed. The new foster home placement will begin with the updated category of supervision rate.

Review of Category of Supervision
The DCS foster parent or Licensed Child Placing Agency (LCPA) may request a review of the child’s category of supervision based on the following:

1. A case juncture;
2. The DCS foster parent or LCPA reasonably believes there is relevant, new, or changed information about the child’s supervision needs that were not adequately addressed in the CANS Assessment or during discussions about the type of placement prior to the placement being made; or
3. There are supervision, behavioral, or medical concerns that are not adequately addressed by the CANS Assessment.

A DCS foster parent or LCPA may request a review of the child’s category of supervision by submitting the review form (Child Placing Agency (CPA) and Department Managed Foster Homes Request for Review of Child’s Category of Supervision (SF55158)) to the LOD:

1. Within the first 30 calendar days of placement;
2. Within the first 180 calendar days of placement; and
3. Not more than once every 180 calendar days thereafter.

The LOD or Collaborative Care Field Manager must hold a meeting to review the child’s category of supervision within 14 business days of receiving the request. The Family Case Manager (FCM)/Collaborative Care Case Manager (3CM) should be in attendance at the meeting. It is highly recommended that the DCS foster parent or the LCPA foster parent be present.

Note: If the foster parent is licensed by an LCPA, the LCPA representative should also be present at the meeting.

Notice of the outcome of the review must be given by the LOD/Collaborative Care Field Manager or designee, in writing, to the DCS foster parent or LCPA within five (5) business days of the meeting. The LOD/Collaborative Care Field Manager or designee must use the Notice of Decision Regarding Review of Child’s Category of Supervision (SF55194) form when giving notice of the outcome of the review. The child’s category of supervision, as determined or revised by the LOD/Collaborative Care Field Manager or designee upon completion of the review, will be effective as of the date of the notice of the outcome of the review and it will not be retroactive. Any payments made by DCS after the effective date of a new rate will be adjusted in accordance with the final approved category of supervision for the child.

Code Reference
N/A

**PROCEDURE**

To establish the child’s category of supervision when he or she is placed in out-of-home care, the FCM/3CM will:

1. Complete the CANS either prior to or within five (5) days of placement;
2. Review the **CANS** scores to determine the appropriate placement recommendation and/or category of supervision for the child;

   **Note:** If concerns arise about the rating (e.g., the placement recommendation and/or category of supervision does not seem appropriate for the child), a new **CANS** should be completed with the assistance of the FCM/3CM Supervisor.

3. Generate an Individual Child Placement Referral (ICPR), which will contain the category of supervision, rate, and other information the LCPA or foster parent needs to invoice DCS;

   **Note:** If a sibling group is placed in a foster home, the FCM/3CM will complete an ICPR for each child.

4. Complete the **CANS** Reassessment a minimum of every 180 days and at case junctures. The category of supervision should be adjusted as appropriate; and

5. Generate an ICPR when there is a change in the child’s age range (i.e., age 5 [five] and age 14) or a change in the child’s category of supervision.

   **Note:** If the **CANS** recommendation indicates a lower category of supervision, DCS will temporarily continue to pay the higher rate as a stabilization rate. When the child’s placement remains the same, DCS will not lower the rate until two (2) consecutive **CANS** Assessments completed six (6) months apart show the need for a lower category of supervision, and the rate change is approved.

The FCM/3CM Supervisor will:
1. Staff the results of a **CANS** when there are concerns about the rating (e.g., the placement recommendation and/or category of supervision does not seem appropriate for the child); and

2. Approve the ICPR.

**When it is determined the ICPR should be a negotiated rate the LOD will:**
1. Staff the results of the **CANS** with the FCM and/or FCM Supervisor;

2. Make a final determination regarding the negotiated rate; and

   **Note:** If it is determined a negotiated rate exceeding the Therapeutic Plus level is necessary, a request to negotiate a resource home rate must be submitted to the Regional Manager (RM) for final determination.

3. Approve the ICPR.

**When it is determined the ICPR should be a negotiated rate exceeding the Therapeutic Plus Level, the RM will:**
1. Staff the results of the **CANS** with the FCM, FCM Supervisor, and/or LOD;

2. Make a final determination regarding the negotiated rate; and

   **Note:** Once approved, a RM Appeal must be completed.

3. Approve the ICPR.
When a Foster Parent submits a request for review of a child’s category of supervision, the LOD/Collaborative Care Field Manager or his or her designee will:

1. Meet with the FCM/3CM and FCM/3CM Supervisor to review the CANS and all other relevant information;
2. Convene a meeting within 14 business days of the receipt of the request and include the foster parent, FCM, 3CM, and the FCM/3CM Supervisor;

   Note: If the foster parent is licensed by an LCPA, the LCPA representative should also be present at the meeting.

3. Make a decision on the request for review of a child’s category of supervision and ensure the DCS foster parents or LCPA are notified within five (5) business days of the meeting. A new CANS should be completed if new information is obtained through the meeting; and

   Note: If a new CANS is completed that results in a recommendation for a change in the category of supervision, or the LOD/Collaborative Care Field Manager makes a decision to change the category of supervision, the FCM/3CM must complete a new ICPR.

4. Approve or deny the override of the category of supervision.

### PRACTICE GUIDANCE

**Overriding the CANS Placement Recommendation and Corresponding Category of Supervision**

DCS may want to consider overriding the CANS Placement recommendation to choose a higher category of supervision (and corresponding foster care rate). The guidelines below are only intended to provide general examples of common situations when DCS may want to consider overriding the CANS placement recommendation to choose a higher category of supervision (see 8.E Tool: Category of Supervision Policy to Practice).

**Youth with Complex Medical Conditions**

The highest level of placement recommended on the CANS for a child with severe medical needs is often Therapeutic Foster Care. Most medically complicated youth require a very high level of care in a home setting, nursing home, or hospital. For youth requiring nursing home or hospital care per the recommendation of a medical provider, DCS would override the CANS placement recommendation as it relates to placement of the child. When nursing home or hospital care is not necessary for medically complicated and fragile youth, DCS may also consider overriding the Therapeutic Foster Care category of supervision in order to adequately compensate the foster parent for the additional attention and medical care required to provide in their home to meet the needs of the youth.

**Youth with Developmental Disabilities/Intellectual Disabilities (DD/ID)**

Depending on each youth’s unique risk and needs, it is also possible Therapeutic Foster Care would be the highest level of placement recommended on the CANS for youth with significant developmental and intellectual disabilities. While placement in a foster home is likely the most appropriate placement option for such youth, there are times when DCS may want to consider overriding the Therapeutic Foster Care category of supervision.

**Youth with Severe Behavioral Health Conditions**
While rare, there are times when a CANS is completed for a youth with unique risks and needs such that:

1. The Placement Recommendation is for Foster Care, Foster Care with Services (Moderate Foster Care) or Therapeutic Foster Care, and/or
2. The Behavioral Health Recommendation is for Intensive Community-Based Services: Wraparound or Intensive Community Services: Community Alternative to Psychiatric Residential Treatment Facility Medicaid Grant (CA-PRTF, PRTF or State Hospital).

Each child’s complex developmental, intellectual, behavioral health, and/or medical conditions should be considered on a case-by-case basis when determining the child’s category of supervision. After a thorough review of the entire CANS Assessment along with available medical and other related information (e.g., Diagnostic Assessments, school records, additional documentation provided by the biological and foster family, etc.), if the FCM/3CM and FCM/3CM Supervisor determine the CANS placement recommendation and category of supervision should be over-ridden, the case should be staffed with the LOD/Collaborative Care Field Manager for approval of the Therapeutic Plus category of supervision. If the LOD/Collaborative Care Field Manager believes a negotiated rate may be appropriate, the case should then be staffed with the RM for a final decision. An RM appeal is required for all negotiated rates.

Note: The procedures outlined above should be followed when DCS initiates overriding the CANS placement recommendation. The above is a separate process and is independent of the process of Child Placing Agency (CPA) and Department Managed Foster Homes Request for Review of Child’s Category of Supervision (SF55158).

Review of Category of Supervision
If prior to or during the meeting on the category of supervision review, the foster parent provides information that was not taken into account in the initial CANS, the FCM/3CM, FCM/3CM Supervisor, and LOD/Collaborative Care Field Manager should determine if a CANS Reassessment is needed based on the new information. If the information provided by the foster parent was taken into account in the previous CANS, the FCM/3CM does not need to complete a new CANS. If the CANS Reassessment results in a higher category of supervision, the FCM/3CM should complete a new ICPR to adjust the foster care rate and should reevaluate the behavioral health services being provided to the child.

CANS Placement Recommendations (Levels)

Level 1- Foster Care is the minimum placement level recommended on the CANS for all children identified as removed/placed by DCS. The child’s needs may be met in a family and community setting with access to school, friends, and community-based resources. The child may have a history of mild behavioral, or emotional needs that require a low level of service, such as outpatient therapy.

Level 2- Foster Care with Services (Moderate Foster Care) indicates the child has a moderate developmental, behavioral, or emotional need. In addition to foster care in the community, the child, family, and resource family may be supported with treatment and support services to address and manage identified needs.

Level 3- Treatment Foster Care indicates the child has a severe medical, developmental, behavioral, or emotional need or a high-risk behavior that is moderate to severe. In addition to
foster care in the community, the child, family, and foster family are supported with treatment and support services to address and manage identified needs.

**Note:** A child may also have a combination of any of the above needs.

**Level 4- Group Home (15 and older)** indicates the child has a moderate developmental, physical, or medical need and/or moderately exhibits sexual aggression or delinquency that may require placement in a specialty program provided in a Group Home setting if a suitable resource home is unable to meet this level of service and supervision intensity.

**Level 5- Treatment Foster Care Plus (child age 12 and younger)** indicates the child has moderate developmental, emotional, behavioral, medical, or physical needs and/or exhibit moderate sexual aggression or delinquency that may require increased intensity of supervision and level of services.

**Level 6- Group Home/Treatment Group Home (for youth ages 12 to 14)** indicates the child has a moderate or severe emotional/behavioral or developmental need; and a physical/medical need and/or exhibits sexual aggression or delinquency that may require placement in a specialty program provided in a Group Home setting if a suitable resource home is unable to meet this level of service and supervision intensity.

**Level 7- Residential Treatment Center** indicates the child; usually age 12 or older, has a severe developmental, emotional/behavioral, physical, or medical need and/or exhibits severe sexual aggression or delinquency that may require placement in a Residential setting if a suitable resource home is unable to meet this level of service and supervision.

## FORMS AND TOOLS

1. Child Placing Agency (CPA) and Department Managed Foster Homes Request for Review of Child's Category of Supervision (SF55158)
2. Notice of Decision Regarding Review of Child’s Category of Supervision (SF55194)
3. Request for Additional Funding (SF54870)
4. 8.E Tool: Category of Supervision Policy to Practice
5. Out-of-Home Risk and Safety Reassessment – Available in the case management system
7. Case Plan (SF2956)
8. Safety Plan (SF53243)
9. Plan of Safe Care (SF56565)

## RELATED INFORMATION

**Case Junctures**

A case juncture is defined as a new awareness of significant information regarding the child or family’s strengths or needs, which may impact the Case Plan (SF2956), Safety Plan (SF53243), and/or Plan of Safe Care (SF56565). Case junctures may include, but are not limited to, transition planning and/or positive or negative changes in:

1. Placement
2. Formal or informal supports
3. Family involvement;
4. Visitation
5. Behavior;
6. Diagnosis (mental or physical)
7. Sobriety;
8. Skills acquisition; or
9. Education.
This tool may be used to assist the Family Case Manager (FCM) in identifying the needs of a particular child. This is not a formal assessment of the child's needs. Rather, it is a place to gather information about the child. There is no scoring system associated with this summary. The FCM and the Child and Family team should use the information collected on the summary to begin discussion of the child's needs and determination of the most appropriate placement and level of care. Together the Child and Family team should make a recommendation on the best possible, least restrictive and most family-like placement option.

**Instructions:** Check all boxes that apply, then complete the summary section. The summary should be based on the average abilities, behaviors and health of children in the same age group, i.e. a baby would not be expect to feed himself/herself; however, one would expect that a 6-year old could feed himself/herself.

**CHILD’S NAME:** ____________________________  **CHILD’S AGE:** _____

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Special Needs – Mild</th>
<th>Special Needs – Moderate</th>
<th>Special Needs – Severe</th>
<th>Therapeutic/Treatment Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Attention Deficit (ADD)</td>
<td>□ ADD, mild</td>
<td>□ ADD, moderate</td>
<td>□ ADD, severe</td>
<td>□ Requires specialized treatment</td>
</tr>
<tr>
<td>□ Attention Deficit – Hyperactivity (ADHD)</td>
<td>□ ADHD, mild</td>
<td>□ ADHD, moderate</td>
<td>□ ADHD, severe</td>
<td></td>
</tr>
<tr>
<td>□ Basic Care</td>
<td>□ Excessive Crying – Baby/Toddler</td>
<td>□ Excessive Crying – older child</td>
<td>□ Constant Crying – Baby/Toddler</td>
<td>□ Requires specialized treatment</td>
</tr>
<tr>
<td>□ Blood Disorders</td>
<td>□ Sickle Cell, infrequent episodes</td>
<td>□ Blood Disorder</td>
<td>□ Additional precautions must be taken</td>
<td>□ Other_____</td>
</tr>
<tr>
<td>□ Communication</td>
<td>□ Stutters</td>
<td>□ Speech is hard to understand</td>
<td>□ Will always have trouble speaking and/or being understood</td>
<td>□ Requires specialized treatment</td>
</tr>
<tr>
<td>□ □ Lisps</td>
<td>□ Child does not speak English</td>
<td>□ Uses Sign Language</td>
<td>□ Mute</td>
<td></td>
</tr>
<tr>
<td>□ □ □ Uses Sign Language</td>
<td>□ Moderate delay, 6-12 months behind</td>
<td>□ Autism, mild</td>
<td>□ Communication Disorder</td>
<td></td>
</tr>
<tr>
<td>□ □ □ Uses Sign Language</td>
<td>□ Severe delay, more than 12 months behind</td>
<td>□ Autism, severe</td>
<td>□ □ □ Requires specialized treatment</td>
<td></td>
</tr>
<tr>
<td>□ □ □ Uses Sign Language</td>
<td>□ □ □ Autism, no communication</td>
<td>□ □ □ Downs Syndrome</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DCS CW Manual/Chapter 8 Section 1/Tool 8.A: Placement Needs Summary 1 of 4
<table>
<thead>
<tr>
<th>Eating</th>
<th>Hording food</th>
<th>Over-eating</th>
<th>Binging/Purging</th>
<th>Currently being treated for an eating disorder</th>
<th>Requires specialized treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Has IEP, but participates in regular classes</td>
<td>Learning Disabilities</td>
<td>Special education program</td>
<td>Expulsion or refusal to go to school</td>
<td>Will always need supervision and/or sheltered educational environment</td>
</tr>
<tr>
<td>Failure to thrive</td>
<td></td>
<td></td>
<td>Failure to thrive</td>
<td></td>
<td>Requires specialized treatment</td>
</tr>
<tr>
<td>Feeding</td>
<td>Feeding Problems</td>
<td></td>
<td>Feeding Tube</td>
<td>Unable to feed self - older child</td>
<td>Will never be able to feed self</td>
</tr>
<tr>
<td>Fetal Alcohol/Drug Exposure</td>
<td>Drug Exposed Child</td>
<td>Fetal Alcohol Syndrome</td>
<td>Fetal Drug Addiction</td>
<td></td>
<td>Requires specialized treatment</td>
</tr>
<tr>
<td>Hearing</td>
<td>Hearing problem, hearing aid will correct</td>
<td>Hearing problem, hearing aid will not correct</td>
<td>Deaf, but able to speak</td>
<td>Deaf, unable to speak</td>
<td>May require inner ear surgery</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Wetting during day, occasionally</td>
<td>Bed wetting, nightly</td>
<td>Bed Wetting, nightly</td>
<td>Wetting during the day, more than twice per month</td>
<td>Bowel Problems</td>
</tr>
<tr>
<td>Medical - General</td>
<td>Requires weekly (or less frequent) monitoring</td>
<td>Multiple medications</td>
<td>Requires daily/hourly monitoring</td>
<td>Chronic condition</td>
<td></td>
</tr>
<tr>
<td>Medical - Chronic</td>
<td>Allergies to food, plants, medication, etc.</td>
<td>Special Diet due to medical conditions</td>
<td>Severe Allergies</td>
<td>Severe Asthma</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Section</td>
<td>Needs Summary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical</strong> - Urgent</td>
<td>□ Condition that may require surgery in the next 6 months.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>□ Counseling or therapy, two or more times per week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Depression/Anxiety Disorder, Somewhat inhibiting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Other (list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal Conduct</strong></td>
<td>□ Curfew violation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Runaway behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Fire Starting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Stealing in the home or school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ On probation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Inappropriate language</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Lying, excessive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Defiant Behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical Aggression</strong></td>
<td>□ Aggressive, low risk of injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Superficial injury to self and others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Several days a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Cruelty to animals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Fire Setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Destruction to items in the home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Placement Disruptions</strong></td>
<td>□ One disrupted placement in last 6 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Placement Transition</strong></td>
<td>□ Transitioning from a residential facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical disability</strong></td>
<td>□ Minor disability, does not affect mobility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Minor disability, does not affect self-care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sexual disorders</strong></td>
<td>□ Sex abuse victim</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social conflict</strong></td>
<td>□ Every 1-2 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Several days a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Requires specialized treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Requires specialized treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Requires specialized treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>□ Child may need hospitalization for emotional problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Depression/Anxiety Disorder, Severely inhibiting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Psychotic disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Bi-Polar Disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Placement Disruptions</strong></td>
<td>□ Requires specialized treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Placement Transition</strong></td>
<td>□ Requires specialized treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical disability</strong></td>
<td>□ Severe disability, affects mobility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Severe disability, affects self-care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sexual disorders</strong></td>
<td>□ Requires specialized treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social conflict</strong></td>
<td>□ Requires specialized treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Smokes cigarettes</td>
<td>Uses Alcohol Uses Marijuana</td>
<td>Uses Other drugs Multiple Drug Use</td>
<td>Requires specialized treatment</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicidal Tendencies</td>
<td></td>
<td></td>
<td></td>
<td>Requires specialized treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Truancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Specify:__________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Specify:__________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Specify:__________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Specify:__________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary

Carefully review the information above and then answer the following questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child have one or more moderate special needs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments/Explanation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the child have one or more severe special needs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments/Explanation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the child have any therapeutic needs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments/Explanation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is it possible to meet the child’s special and/or therapeutic needs in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a traditional resource (foster/relative) home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments/Explanation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the child have <strong>extensive</strong> special and/or therapeutic needs that</td>
<td></td>
<td></td>
</tr>
<tr>
<td>require 24-hour monitoring and/or care that indicates a need residential placement?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments/Explanation:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the identified special and therapeutic needs of the child and the answers to the questions above, the recommended placement type is:

- Traditional Resource (foster/relative) Home
- Special Needs Foster Home
- Therapeutic Foster Home
- Residential Placement
# The Child’s Reaction to Separation

Separation from persons to whom we are closely attached is always experienced as a loss. The loss of one’s parents is generally the most significant loss a child can experience. Children who have lost their parents almost always experience a crisis.

When a child is removed from his parents, his/her attachment systems are challenged in a way that may affect their relationships throughout their life span. Children who have suffered traumatic separations from their parents may also display low self-esteem and a general distrust of others.

Attachment can be defined as the enduring emotional bond that exists between a child and a primary caregiver, who could be a biological or an unrelated caregiver. Attachment disorders, which lead to the most problematic outcomes for children, include those in which children have disrupted attachments to the caregivers, display overly vigilant or overly compliant behaviors, show indiscriminate connection to every adult, or do not demonstrate attachment behaviors to any adult. Maltreated children are often exposed to inconsistent and inadequate parenting and, as a result, may experience difficulty in forming healthy attachments. Some studies suggest that upwards of three-quarters of maltreated children have disordered attachments, but that the proportion may diminish with age.

The bond between brothers and sisters is unique—it is the longest lasting relationship most people have, longer than the parent/child or husband/wife relationship. While the bonds may wax and wane, a person's lifetime quest for personal identity is undeniably interwoven with his or her siblings. This bond exists in children raised in well-adjusted families, but it is even stronger for brothers and sisters from dysfunctional families. They learn very early to depend on and cooperate with each other to cope with their common problems.

---

1. Harden, B. How Do I Help Children Adjust to Out-Of-Home Care H. Dubowitz & D. DePanfilis(Eds.), Handbook for child protection practice (pp 420 -424)


Separating siblings in foster care or through adoption adds to their emotional burden. They have already had to cope with the separation and loss of their parents. If they are then separated from their siblings, they must experience the grieving process all over again. For many children, this separation will be even more traumatic because, if they have experienced abuse and/or neglect at the hand of their parents, they will often have stronger ties to each other than to their mother or father.

Emotional responses to crisis and loss are usually predictable. Clinicians have identified a series of stages that are commonly associated with loss. These stages are referred to by theorists as the grief or mourning process. \(^5\) The stages may be predictable but the behavioral responses may vary significantly.

The stages are:

- Shock/denial
  - Description of Stage
    - Indifference
    -Disconnected from the event (stunned, shell-shocked)
    - Denial
    - Little emotional expression
  - Behavioral Expressions
    - The child often seems indifferent in affect and behavior.
    - The child may appear to make a good adjustment; “Honeymoon period;”
    - The child may be unusually quiet, compliant, and eager to please.
    - The child may deny the loss, and make statements such as “I am not staying here. Mommy will get me soon.”

- Anger/protest
  - Description of Stage
    - The loss can no longer be denied.
    - Anger may be non-directional or directed at a person or object thought to be responsible for the loss.
    - Guilt and blaming others is common.
  - Behavioral Expressions
    - The child may be oppositional and hypersensitive.
    - The child may display tantrum behaviors and refuse to participate in social activities.
    - The child may be aggressive and exhibit rough behavior with other children.
    - The child may display sleeping or eating disturbances and may not talk.

- Bargaining
  - Description of Stage
    - The child may try to “bargain” with whoever is thought to have the power to change the situation.

The child may believe that a certain way of thinking or behaving will serve to prevent the finality of the loss.

- Behavioral Expressions
  - The child may be eager to please and will make promises to be good.
  - The child may try to undo what she feels she has done to precipitate the placement.
  - The child may believe that behaving or thinking in a certain way will bring about reconciliation. The behaviors may even become ritualized.
  - The child may try to negotiate agreements with the FCM or the resource parent/staff at facility.

- Depression/Sadness
  - Description of Stage
    - Expressions of despair and futility
    - Listlessness
    - Episodes of fear and panic
    - Withdrawal
    - Generalized lack of interest in people, surroundings or activities
  - Behavioral Expressions
    - The child appears to have lost hope.
    - The child may be “touchy” or out of sorts, may cry with little provocation.
    - The child may be listless, without energy.
    - The child may exhibit regressive behaviors such as thumb sucking, toilet accidents, baby talk.

- Resolution/Acceptance
  - Description of Stage
    - The child begins to respond to the people around him/her in a more “normal” manner.
    - The child begins to invest emotional energy in the present or in planning the future rather than continually dwelling in the past.
    - The child begins to reorganize life and finds feelings of hope.
  - Behavioral Expressions
    - The child begins to develop stronger attachments in the home and tries to establish a place for him/herself in the family structure.
    - The child may begin to identify as part of the new family.
    - The intensity of emotional distress decreases and the child can once again experience pleasure in normal childhood.
    - Emotional reactions to stressful situations diminish as the child becomes more secure in the new environment.

The trauma that accompanies the placement of a child can be diminished by appropriate selection of the caregiver, involvement of the child and parent(s) in the entire placement process, pre-placement meetings between caregivers, proper planning for and regular visitation, and establishing supports for the family and child prior to and during the placement.
How Much Supervision and Why?
The level and frequency of supervision required for visitation and how the supervision is 
handled will depend on the purposes for which it is required. Supervision of visits should be 
consistent with identified case issues and supportive of case goals. Some of the major 
purposes of supervision are:

1. Protective: The FCM has reason to believe that the
   a. Parent/guardian/custodian, sibling, or others are likely to physically or 
      emotionally harm the child during the visit; or
   b. Parent/guardian/custodian or others are likely to flee from the visit with the 
      child.
2. Assessment: The FCM needs to observe and document the interactions between the 
   parent/guardian/custodian and the child. This is necessary for evaluating progress in 
   meeting Case Plan and permanency goals, modifying the Case Plan and Visitation 
   Plan, and ultimately determining if the child can safely return home.
3. Support and Treatment: Through supervision, the FCM can support the building of a 
   mutually satisfying relationship between parent and child. Supervised visits can also 
   play a role in family treatment, especially when it involves teaching skills to parents. 
   During visits, FCMs, substitute caregivers, therapists and other professionals can 
   teach child care and demonstrate ways of setting and enforcing limits. They can help 
   parents and children develop better ways of interacting and communicating.

Who Should Supervise?
Supervision of visits may be provided by a variety of persons depending upon the situation. 
Appropriate persons include the FCM, a foster parent, relative, service provider, facility staff, 
CASA, GAL or another appropriate adult. Regardless of who supervises, information about 
the visit should be placed in a visitation record or log, including: date, time and location of visit; 
names of persons in attendance; detailed examples of parent/guardian/custodian’s and the 
child’s behaviors (positive and negative) during the visit; and a summary of any activities that 
took place. Missed visits should also be documented including reasons why, if known.

Progressively Decreased Supervision
Initially, most visits are fully supervised (the person supervising is in the room at all times) to 
assure child safety and in order for the FCM to assess the parent/guardian/custodian’s 
strengths and weaknesses as it relates to adequate parenting. As visitation progresses, visits 
may transition to intermittently supervised (the supervising person need not be in same room 
as visitors at all times). Finally, visits may progress to unsupervised arrangements.
General Guidelines for Use of Discipline

When any form of discipline is used, the following guidelines are encouraged:
- Use encouragement and praise whenever possible to reinforce desired behavior.
- Wait until your anger subsides before implementing discipline.
- The use of several discipline options may be needed to deal with a specific behavior or set of behaviors.
- Attempt to de-escalate heightened emotions of the child or self before implementing any discipline techniques.
- Set clear limits, rules, and expectations and communicate these to the children.
- If possible, have the children take responsibility for their actions and correct the behavior or situation.
- Give children choices and involve them in decision-making.
- The younger the child, the more immediate the consequences should be.
- Discipline should be consistent with and based on the understanding of the child’s developmental age.

Discipline is an ongoing process of teaching children responsible behavior through example as well as through various other activities and techniques. Discipline involves teaching children that their behavior results in certain consequences and encourages children to learn self-control and responsibility. Discipline plans may include the following discipline techniques: contracts, behavior management, and corrective action.

Contracts

Contracts are statements, either verbal or written, by which the resource parents and the children negotiate a mutually acceptable agreement. Contracts may be a simple and convenient method of helping children acquire self-discipline because contracts:
1. Involve the children in making their own decisions and taking responsibility for their own actions;
2. Are flexible and may be negotiated to meet the requirements of the situation;
3. Are individual and may be tailored to meet the individual needs of the child;
4. Provide opportunities for success, which are visible to children;
5. Are tools that require children to examine themselves in terms of their capacity for self-direction;
6. Provide opportunities for interaction between children and resource parents;
7. Provide practice for adult life; and
8. Represent an investment on the part of both contracting parties.
Behavior Management

Behavior management may be an appropriate discipline technique for children who are not able to handle the responsibility of self-discipline. Behavior management uses a system of incentives or rewards. Children receive rewards for approved behavior and may work up to a level of increased self-responsibility. Any behavior management program is to be developed by a professional in consultation with the resource parent and is to be reviewed, approved, monitored, and modified as necessary by the Child and Family Team (CFT). Any significant changes to the behavior management plan must be reviewed and approved by the professional. The behavior management plan will work best if the rewards are established through mutual agreement of the members of the CFT, including the child. It is important for all members of the CFT to follow the plan consistently.

Example

- Desired Behavior: Brushing teeth before bedtime.
- Behavior Management: Offer the child a token (penny, sticker, etc.) each time the child brushes his or her teeth before bedtime.
- Reward: After the child has earned 10 tokens, the child will receive the reward (extra TV time, bonus in allowance, special activity, etc.).

Corrective Action

Before deciding to take corrective action, the resource parents must decide whether the behavior in question may be permitted or tolerated for a time or ignored in keeping with the needs and progress of the child, the needs of the resource parents, and the seriousness of the behavior. Children must be given the opportunity to recognize their behavior is inappropriate and to control it themselves. Corrective action includes the following:

1. Clarification- It is necessary to make clear exactly what the offense was, when it occurred, the identity of the person(s) who provoked it, the identity of the offender(s), and under what circumstances it took place.
2. Persuasion- Following clarification, resource parents may attempt to persuade children to correct mistakes by showing them there are other ways of achieving goals and that they have the ability to control their impulses. The resource parents’ tone must be supportive and dispassionate, emphasizing the real consequences of the offense and suggesting how it can be corrected.
3. Distraction- Distraction involves drawing a child’s attention away to a substitute activity in order to correct a child’s behavior. The choice of a substitute activity should be guided by some criteria such as the child’s age, intent, and interests as well as the capacity of the substitute activity to diminish the self-defeating aspects of the original activity.
4. Interference- Interference is used when a behavior must be stopped immediately and may be verbal, social, or physical. Physical restraint is only to be used when the resource parents have written permission from DCS to use physical restraint. In addition, resource parents must have received appropriate training and certification by a DCS approved provider in the prevention and use of physical restraints, and they have determined it to be reasonable and necessary in the given situation to:
   a. Stop a child who is threatening physical injury to him/herself, other persons, pets, and/or property; and/or
   b. Remove a weapon from the child as a matter of self-defense or defense of others.

Note: Authorized use of physical restraint must be documented in the child’s Case Plan (SF 2956). See 465 IAC 2-1.5-17 Physical Restraint for further guidance. It is
imperative for resource families to use critical thinking skills when circumstances may warrant the use of interference to ensure the safety of the child.

5. **Time-out**: Time-out involves removal of children from situations until they are able to calm down. Children are isolated by sitting on a chair or staying in parts of occupied rooms or in other unoccupied unlocked rooms under careful supervision. Under no circumstances are closets to be used for time-out. In some situations it may be more appropriate for resource parents to “take a time-out”, removing themselves from situations as long as the children’s safety is not in question.
   a. Time-out is to be used sparingly, after other techniques have failed.
   b. Time-out is to be short. A rule of thumb for the length of time-out is one minute per year of the child’s age.
   c. Once time-outs are over and the children have calmed down, they can return to other activities. It is helpful to bring the children back to something constructive that will redirect their energy.

6. **Withholding privileges**: Privileges are benefits or favors that have been granted to children. Privileges have to be given to children before they can be withheld. Examples of privileges that could be withheld include the use of the telephone, walks to the store, television time, etc. Food, shelter, and visits with parents are rights, not privileges; therefore, the child is not to be deprived of these.

7. **Restitution**: Restitution may be used in cases of property damage or theft. In cases of property damage, children may pay for repair of the property within reason in relation to the amount of money they have or receive through such sources as an allowance or a part-time job. In cases of theft, children may either return the stolen goods or pay for them.
EXAMPLES OF OVERRIDE SITUATIONS:

**Policy to Practice Example 1:** Youth with Complex Medical Conditions

Child is three (3) years old with cognitive impairments and is medically fragile. He has sleep apnea, has had seven (7) major surgeries and two (2) significant hospital stays in his short life. He is on a feeding tube and the medical staff and resource parents are trying to teach him to eat. He is unable to walk without assistance and is experiencing a number of significant developmental delays due to multiple medical conditions, surgeries and hospitalization. He has frequent doctor visits with multiple specialists and many therapy services in place to address his developmental delays.

**Policy to Practice Example 2:** Youth with Developmental Disabilities/Intellectual Disability (DD/ID)

Child is 16 years old and is not behaviorally challenging, but the child is very low functioning and requires constant supervision to keep from wandering away from home and/or school, sticking fingers in wall sockets, and/or urinating in inappropriate places (trash cans, plants, etc.).

**Policy to Practice Example 3:** Youth with Severe Behavioral Health Conditions

Child is under the age of 12 and does not meet Child and Adolescent Needs and Strengths (CANS) placement criteria for Residential Care but has behaviors that require additional services such as the following:

- **Extreme hyperactivity** - Child is constantly into everything and requires constant intensive supervision.

- **Obsessive Compulsive Disorder (OCD)** - Child needs assistance managing behavior and completing daily routines.

- **Sexually maladaptive behaviors** - Child presents moderate risk to other children and requires additional service coordination and close supervision.
### Policy to Practice Quick Reference Guide:

<table>
<thead>
<tr>
<th>Situation</th>
<th>What to do?</th>
<th>LOD Approval?</th>
<th>RM Approval?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Family Case Manager (FCM) completed a CANS for a child in a resource home, but the Placement Recommendation and Category of Supervision “just doesn’t seem right” for the child.</td>
<td>The FCM should review the CANS scores with his or her supervisor to determine if the measures are accurately rated. If there are any concerns about the ratings, a new CANS should be completed with the assistance of the FCM Supervisor. If there are any questions or concerns about how to rate the CANS, please contact <a href="mailto:DCS.CANS@dcs.in.gov">DCS.CANS@dcs.in.gov</a> for assistance.</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
| A Resource Home submits a Child Placing Agency (CPA) and Department Managed Foster Homes Request for Review of Child’s Category of Supervision. | The FCM, Local Office Director (LOD), or designee must meet with the resource parent within 14 business days of receipt of the request. Prior to the meeting, the FCM, FCM Supervisor, and LOD should review the CANS and all other relevant information.  
If the FCM, FCM Supervisor, and LOD agree the CANS scores are accurate and stand by the category of supervision, then a new CANS does not need to be completed.  
During the meeting, if the resource parent brings forth additional information which was not previously taken into consideration, a new CANS should be completed.  
If a new CANS is completed or the LOD makes a decision that results in a change to the category of supervision, the FCM will need to complete a new Indiana Child Placement Referral (ICPR). | Yes           | Only if the LOD determines the review should result in a “negotiated rate” |
<table>
<thead>
<tr>
<th>Situation</th>
<th>What to do?</th>
<th>LOD Approval?</th>
<th>RM Approval?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child is placed in a resource home. The FCM, FCM Supervisor, LOD, and Child and Family Team (CFT) have reviewed the CANS and believe it is accurate. However, the team believes the child’s needs are “very unique” and that the placement recommendation and corresponding category of supervision should be overridden.</td>
<td>The FCM and/or FCM Supervisor will review all relevant information with the LOD to determine the appropriate category of supervision. The LOD may approve the final category of supervision as long as it does not exceed the Therapeutic Plus Level. If the LOD believes a negotiated rate exceeding the Therapeutic Plus level is necessary, a request to negotiate a resource home rate must be submitted to the Regional Manager (RM) for final determination. Once approved, a RM Appeal must be completed.</td>
<td>Yes</td>
<td>Only if the LOD determines a “negotiated rate” is appropriate</td>
</tr>
<tr>
<td>A child with “very unique needs” is placed in a residential placement. The child requires special programming which is not normally provided. Therefore the FCM, FCM Supervisor, LOD, and CFT believe there is a need for a negotiated rate with the residential provider.</td>
<td>If the LOD and RM agree a negotiated rate is needed, they will contact the Deputy Director of Services who will negotiate a rate with the residential facility on behalf of the local office.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires the DCS local office wishing to place an Indiana child in another state to submit a referral packet to the DCS Interstate Compact on the Placement of Children (ICPC) Office. Contents of the referral packet are included in the procedure section of this policy. The DCS ICPC Office will notify the local DCS office of incomplete requests, which may result in a delay in processing.

DCS will not require that prospective out of state relative placements be licensed prior to placement. If the receiving state has a requirement that incoming ICPC relative referrals be licensed or meet other requirements, DCS will abide by such requirements and require a copy of the license to be sent to the ICPC Unit. If the relative becomes licensed in the receiving state, Indiana DCS will pay a per diem according to Indiana foster care per diem policy. DCS recommends that the out of state relative placement become licensed in their state. It is not a requirement for approval of the placement.

If the type of an ICPC case changes (foster to adoption; relative care to foster care), DCS will require a new ICPC referral.

DCS will not allow an Indiana child to be placed in another state without the written approval of both the DCS ICPC Office and the receiving state’s ICPC Office. If the court orders an Indiana child be placed out of state without approval of the DCS ICPC Office and the receiving state’s ICPC Office, DCS will file an objection with the court based on the rules of the ICPC. If the court orders the placement over the objection, the local office must notify the General Counsel of DCS and the DCS ICPC office.

Note: The ICPC may not apply when the court orders a child to be placed with his or her parent from whom the child was not removed and subsequently releases wardship of the child. See ICPC Regulation No. 2 for additional information.

Note: An Indiana child may visit with a proposed placement; however, a visit with the proposed placement cannot last longer than 30 days. See Practice Guidance.

Code References
1. IC 31-28-4: Interstate Compact on the Placement of Children
2. ICPC Regulation No. 2
3. ICPC Regulation No. 9

PROCEDURE

The Family Case Manager (FCM) will:
1. Meet with their FCM Supervisor and/or Child and Family Team (CFT) regarding the feasibility of an ICPC placement for the child;
2. Identify any possible ICPC placement resource. See Practice Guidance;
3. Engage the placement resource and determine their willingness and ability to have the child placed in their care;
4. Begin to assemble the contents of the referral packet within five (5) business days of identification of the placement resource. The referral packet should include:
   a. Completed Statement of Family Case Manager/Potential Placement Resource form (available in hard copy),
   b. A cover letter detailing the reason for the referral including any specific issues that need to be addressed,
   c. The child’s social history. See separate policy, 10.11 Child Social Summary,
   d. Indiana Interstate Compact on the Placement of Children- Financial/Medical Plan- If Child is Placed Out-of-State (SF 49597),
   e. The child’s medical history,
   f. Psychological reports and any other reports current within the past year,
   g. Documentation of the child’s legal status, including wardship and/or custody order or other applicable court order documenting DCS care, custody, and control over the child. This includes juveniles subject to probation for delinquent acts. If the wardship is over 18 months old, the most recent court order must be included, as well as the order granting wardship. All court orders must be signed and dated by the presiding judge,
   h. Case Plan,
   i. Copy of birth certificate,
   j. Copy of Social Security card, if available;
5. Submit three (3) identical copies of the referral packet to the DCS ICPC Office; and
6. Complete the Interstate Compact on the Placement of Children Request (SF 106) and submit five (5) copies to the DCS ICPC Office.

The FCM Supervisor will:
1. Ensure the FCM explores all in-state relative placement options prior to deciding on an ICPC placement; and
2. Ensure timely and accurate submission of the referral packet to the DCS ICPC Office.

The DCS Deputy Compact Administrator or designee will:
1. Review the packet for accuracy and ensure that all necessary documentation is included within three (3) business days of receipt;
2. Notify the FCM and their FCM Supervisor immediately via email if there is missing information; and
3. Forward the packet to the receiving state ICPC Office within three (3) business days of approval, retaining a copy for DCS ICPC Office records.

The receiving state ICPC Office will:
1. Review the Interstate Compact on the Placement of Children Request (SF 106) and the DCS ICPC referral packet; and
2. Forward the Interstate Compact on the Placement of Children Request (SF 106) and referral packet to the receiving state’s local child welfare office, requesting that a home study be completed on the proposed placement resource.
The receiving state’s child welfare local office will:
1. Complete the requested home study, including a specific placement recommendation; and
2. Return the home study to its state ICPC Office.

The receiving state ICPC Office will:
1. Review the home study, noting the specific placement recommendation; and
2. Complete the Interstate Compact on the Placement of Children Request (SF 106) and send it, along with the home study and Placement decision, to the Indiana DCS ICPC Office.

The DCS Deputy Compact Administrator or designee will forward the completed home study and Interstate Compact on the Placement of Children Request (SF 106) to the designated ICPC contact.

**PRACTICE GUIDANCE**

**Determining Placement Options**
Upon determination that a case is appropriate for an ICPC referral, the FCM should work with the family and CFT to determine if there is an appropriate, out-of-state relative with whom the child could be placed. First consideration should always be given to the non-custodial parent, even if they live out of state. Upon identification of an appropriate placement resource, the FCM should then work with the resource parent to ensure they have the necessary information regarding the placement.

**Visit With A Proposed Placement**
According to ICPC Regulation No. 9, a visit is considered to be a stay with the proposed placement that lasts no longer than 30 days. Any stay lasting longer than 30 days is considered a placement. The only time a stay longer than 30 days may be considered a visit is if it begins and ends within the period of a child’s vacation from school, as determined by the academic calendar of the school. A request for a home study or supervision made by the person or agency which sends or proposes to send a child on a visit and that is pending at the time that the visit is proposed will establish a rebuttable presumption that the intent of the stay or proposed stay is not a visit.

**FORMS AND TOOLS**

1. Interstate Compact on the Placement of Children Request (SF 106)
2. Indiana Interstate Compact on the Placement of Children- Financial/Medical Plan- If Child is Placed Out-of-State (SF 49597)
3. Interstate Compact on the Placement of Children Report on Child's Placement Status (SF 26174)

**RELATED INFORMATION**

**DCS ICPC Office**
The DCS ICPC Office is located at the DCS Central Office.
Indiana Department of Child Services
Attn: Deputy Compact Administrator
302 West Washington Street
Room E306, MS 08 ICPC Unit
Indianapolis, Indiana 46204-2739
(317) 234-5764- phone
(317) 232-2069- fax

**DCS ICPC Unit Electronic Mailbox**
The DCS ICPC Unit Mailbox [ICPCUnit.dcs@dcs.in.gov](mailto:ICPCUnit.dcs@dcs.in.gov) may be accessed in Outlook. Progress reports, [Interstate Compact on the Placement of Children Report on Child’s Placement Status (SF 26174)](https://example.com), and questions may be sent to this mailbox.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 9: Interstate Compact on the Placement of Children (ICPC)  
Effective Date: March 1, 2013

Section 2: Request to Place a Child in Indiana  
Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require any out of state agency wishing to place a child in Indiana to submit an Interstate Compact on the Placement of Children (ICPC) referral packet to the Indiana DCS ICPC Office. The contents of the referral packet are included in the procedure section of this policy.

Note: An out-of-state child may visit with a proposed placement in Indiana; however, if the visit lasts longer than 30 days an ICPC referral packet is required. See Practice Guidance.

In accordance with federal law, the ICPC referral process must be completed within 60 calendar days after the initial request is received by the DCS ICPC Office from the sending state. In order to meet this time requirement, the DCS ICPC Office will require that the DCS local office complete a home study within 50 calendar days of the date the DCS local office receives the referral packet.

The DCS ICPC Office may reject or return incomplete requests, which may result in placement delays and/or denials.

DCS will honor requests for expedited placement in accordance with the separate policy, 9.05 Expedited Placement for Out-of-State ICPC Placements.

If the type of an ICPC case changes (foster to adoption; relative care to foster care), DCS will require a new ICPC referral.

DCS does not mandate completion of Resource and Adoptive Parent Training (RAPT) or licensure as a prerequisite for relative placement as defined by the law of the sending state. DCS will honor requests from the out-of-state placing agency to provide training or licensure of the placement.

Code References
1. IC 31-19-2-7.5: Submission of information, forms, or consents for criminal history check
2. IC 31-19-7: Prior Approval of Placement of Child in Proposed Adoptive Home
3. IC 31-28-4: Interstate Compact on the Placement of Children
4. 42 USC 671 (a) (26): Time Limit on Completing ICPC Studies
5. ICPC Regulation No. 9
PROCEDURE

The sending state ICPC Office will:
1. Complete an Interstate Compact on the Placement of Children Request (SF 106);
2. Complete a referral packet, which should include:
   a. A cover letter detailing the reason for the referral, including any specific issues that need to be addressed in the home study,
   b. Interstate Compact on the Placement of Children Request (SF 106),
   c. Family Case Manager (FCM) statement,
   d. The child’s social history,
   e. The child’s medical history,
   f. Psychological reports and any other reports current within the past year,
   g. Documentation of the child’s legal status, including wardship/custody order or other applicable court order defining legal status of the child. This includes juveniles subject to probation for delinquent acts. If the wardship is over 18 months old, the most recent order must be included, as well as the order granting wardship,
   h. A copy of the child’s Case Plan, and
   i. Other pertinent records, such as school records, medical records, birth certificate, and Social Security card.

3. Forward the completed Interstate Compact on the Placement of Children Request (SF 106) and referral packet to the Indiana DCS ICPC Office.

The DCS ICPC Office will:
1. Review the request and referral packet within three (3) business days of receipt;
2. Create a resource household in the case management system. Notification will automatically be sent to the appropriate FCM Supervisor; and
3. Send a hard copy of the home study referral to the appropriate DCS local office, indicating the expected return date for the home study and placement recommendation.

The FCM Supervisor will:
1. Receive notification in the case management system and the hard copy of the ICPC referral in inter-departmental mail. If the hard copy is not received, the FCM Supervisor will contact the Central Office ICPC; and
2. Assign the home study request to an FCM or designee.

The FCM or designee will:
1. Complete the home study within 50 days of receiving the hard copy of the ICPC referral. The home study will include an assessment of the safety and suitability of the home for placement, criminal history and background check results, the extent to which the proposed placement will meet the needs of the child, and a specific placement recommendation. See separate policy, 12.11 Foster Family Home Licensing Study;

Note: If an expedited placement is requested, the home study will be completed within 20 business days of receiving the ICPC referral packet from the DCS ICPC Office. See separate policy, 9.05 Expedited Placement for Out-of-State ICPC Placements.
Note: When completing background checks as part of the home study process, the FCM or designee should follow the guidelines in separate policies, 13.5 Conducting Background Checks for Unlicensed Placements.

Note: Once the FCM or designee makes two (2) attempts (first by phone, then by sending a letter) to contact the proposed placement resource to complete the home study, they will send a letter of non-compliance to the family and the DCS ICPC Office. The FCM will also document each attempt to schedule an appointment with the family by entering a contact in the case management system.

2. Meet with their FCM Supervisor to get the home study approved; and
3. Email the signed copy of the home study (with background checks attached) to the ICPCUnit.DCS@dcsc.IN.gov mailbox. If the home study with background checks is voluminous and it is not an exigent circumstance, three (3) copies of the home study should be mailed to the DCS ICPC Office.

The FCM Supervisor will approve the home study.

The DCS ICPC Office will:
1. Review the home study and ensure that it was completed correctly; and
2. Send a copy of the home study and completed Interstate Compact on the Placement of Children Request (SF 106) to the sending state ICPC Office within the required time frame.

PRACTICE GUIDANCE

Visit With A Proposed Placement
According to ICPC Regulation No. 9, a visit is considered to be a stay with the proposed placement that lasts no longer than 30 days. Any stay lasting longer than 30 days is considered a placement. The only time a stay longer than 30 days can be considered a visit is if it begins and ends within the period of a child’s vacation from school as determined by the academic calendar of the school. A request for a home study or supervision made by the person or agency which sends or proposes to send a child on a visit and that is pending at the time that the visit is proposed will establish a rebuttable presumption that the intent of the stay or proposed stay is not a visit.

FORMS AND TOOLS

1. Interstate Compact on the Placement of Children Request (SF 106)
2. Interstate Compact on the Placement of Children Report on Child's Placement Status (SF 26174)

RELATED INFORMATION

DCS ICPC Office
The DCS ICPC Office is located at the DCS Central Office.
Indiana Department of Child Services
Attn: Deputy Compact Administrator
302 West Washington Street
Room E306, MS 08 ICPC Unit
Indianapolis, Indiana 46204-2739
(317)234-5764- phone
(317)232-2069- fax

**DCS ICPC Unit Electronic Mailbox**
The DCS ICPC Unit Mailbox ICPCUnit.dcs@dcs.in.gov may be accessed in Outlook. Progress reports, *Interstate Compact on the Placement of Children Report on Child's Placement Status (SF 26174)* and questions may be sent to this mailbox.
The Indiana Department of Child Services (DCS) will require the DCS local office to notify the DCS Interstate Compact on the Placement of Children (ICPC) Office in writing of:

1. Any changes in placement involving Indiana children; and
2. All placement changes involving children from other states.

Note: This policy also applies to changes in the placement address (including address changes across Indiana counties) and Termination of Jurisdiction. See separate policy, 9.10 Termination of Jurisdiction.

Code References
IC 31-28-4: Interstate Compact on the Placement of Children

PROCEDURE

For initial placements, placement changes, and ICPC closures involving Indiana children, the Family Case Manager (FCM) will:

1. Complete an Interstate Compact on the Placement of Children Report on Child's Placement Status (SF 26174) and retain one (1) copy for the case file; and
2. Email a copy of the Interstate Compact on the Placement of Children Report on Child's Placement Status (SF 26174) to the DCS ICPC Unit or mail two (2) copies to DCS ICPC Central Office.

Note: The date of placement must be noted on the Interstate Compact on the Placement of Children Report on Child's Placement Status (SF 26174).

For placement changes involving children from other states who have been approved for ICPC placement in Indiana, the DCS ICPC Office will:

1. Receive the emailed or mailed copies of the Interstate Compact on the Placement of Children Report on Child's Placement Status (SF 26174);
2. Review the Interstate Compact on the Placement of Children Report on Child's Placement Status (SF 26174) within three (3) business days, for completeness and accuracy, and sign the form;
3. Create a case in the Management Gateway for Indiana’s Kids (MaGIK), listing the child’s placement date;
4. Forward one (1) signed copy of Interstate Compact on the Placement of Children Report on Child’s Placement Status (SF 26174) to the DCS local office;
5. Create a resource household in MaGIK when the Interstate Compact on the Placement of Children Report on Child’s Placement Status (SF 26174) is received or when the child arrives in Indiana, whichever comes first;
6. Request supervision of the placement and Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335); and
7. Retain one (1) copy of the Interstate Compact on the Placement of Children Report on Child’s Placement Status (SF 26174) for the ICPC Office case file. See separate policy, 9.09 Placement Updates and Supervision Reports.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Interstate Compact on the Placement of Children Report on Child’s Placement Status (SF 26174)
2. Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335)

RELATED INFORMATION

DCS ICPC Office
The DCS ICPC Office is located at the DCS Central Office.
Indiana Department of Child Services
Attn: Deputy Compact Administrator
302 West Washington Street
Room E306, MS 08 ICPC Unit
Indianapolis, Indiana 46204-2739
(317)234-5764- phone
(317)232-2069- fax

DCS ICPC Unit Electronic Mailbox
The DCS ICPC Unit Mailbox ICPCUnit.dcs@dcs.in.gov may be accessed in Outlook. Progress reports, Interstate Compact on the Placement of Children Report on Child’s Placement Status (SF 26174), and questions may be sent to this mailbox.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will retain financial and medical responsibility for all DCS wards placed out of state unless jurisdiction is terminated. See separate policy, 9.10 Termination of Jurisdiction.

DCS will pay licensed resource families of Indiana children placed out of state at the same rate as licensed caregivers living in the state of Indiana.

Note: DCS will not pay a per diem to biological or adoptive parents of Indiana children placed out of state.

Code References
1. IC 31-28-4-1: Enactment; provision
2. IC 31-28-4-2: Financial responsibility for placed children

PROCEDURE

The Family Case Manager (FCM) will:
1. Complete the Indiana Interstate Compact on the Placement of Children- Financial/Medical Plan- If Child Is Placed Out-of-State (SF 49597); and
2. Ensure that upon licensure, appropriate maintenance payments for the care of the child are made during the period of the placement.

Note: The Indiana Interstate Compact on the Placement of Children- Financial/Medical Plan- If Child Is Placed Out-of-State (SF 49597) is part of the referral packet that is sent to the receiving state when an out-of-state placement is being pursued.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

Indiana Interstate Compact on the Placement of Children- Financial/Medical Plan- If Child Is Placed Out-of-State (SF 49597)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will comply with all court orders to treat an Interstate Compact on the Placement of Children (ICPC) placement as an expedited placement, in accordance with ICPC Regulation No. 7. The intent of the changes to ICPC Regulation No. 7 (Expedited Placement) is to allow a rapid placement of children with “close relatives” outside of Indiana.

DCS will obtain a court order finding the child is entitled to an expedited placement. The order will not be accepted unless it contains a specific finding that one (1) or more of the following circumstances applies to the particular case, and sets forth the facts on which the court based its finding:

1. The proposed placement resource is a relative, defined as a parent, step-parent, grandparent, adult brother or sister, adult aunt or uncle, or guardian of the child; and
   a. Unexpected dependency due to a sudden or recent incarceration, incapacitation, or death of a parent or guardian. Incapacitation means a parent or guardian is unable to care for a child due to a medical, mental or physical condition of a parent or guardian, or
   b. The child sought to be placed is four (4) years of age or younger, including older siblings sought to be placed with the same proposed placement resource; or
   c. The court finds that any child in the sibling group sought to be placed has a substantial relationship with the proposed placement resource. Substantial relationship means the proposed placement has a familial or mentoring role with the child, has spent more than cursory time with the child, and has established more than a minimal bond with the child; or
   d. The child is currently in an emergency placement.

ICPC Regulation No. 7 does not apply to any case in the sending state where:
1. The child is already in the receiving state in violation of ICPC; or
2. The request for placement of the child is for a licensed or approved resource parent or adoption; or
3. The court places the child with a parent from whom the child was not removed, the court has no evidence the parent is unfit, does not seek any evidence from the receiving state the parent is either fit or unfit, and the court relinquishes jurisdiction over the child immediately upon placement with the parent.

Note: ICPC may not apply when placing with a parent. See separate policy, 9.01 Request to Place an Indiana Child in Another State.

Code References
1. IC 31-28-4: Interstate Compact on the Placement of Children
2. ICPC Regulation No. 2
2. **ICPC Regulation No. 7**

### PROCEDURE

The Family Case Manager (FCM) will:
1. Determine if the child meets the criteria for expedited placement (see practice guidance);
2. Submit an Affidavit to the court requesting a court order for expedited placement immediately if the child meets the criteria for expedited placement. The court order should state how the child meets the criteria for expedited placement; and
3. Send a copy of the court order, completed **Statement of Family Case Manager/Potential Placement Resource Form** (available in hard copy), **Interstate Compact on the Placement of Children Request (SF106)**, and a completed referral packet to the DCS ICPC Office within three (3) business days of receiving the signed court order. See separate policy, [9.01 Request to Place an Indiana Child in Another State](#) for items to be included in referral packet.

The DCS Deputy Compact Administrator or designee will:
1. Notify the FCM of receipt of the packet and accompanying documentation via email;
2. Review the packet for accuracy and ensure that all necessary documentation is included upon receipt of the packet;
3. Notify the FCM and the FCM Supervisor immediately in writing if there is missing information;
4. Indicate on the **Interstate Compact on the Placement of Children Request (SF106)** that an expedited placement is being requested;
5. Approve and sign the **Interstate Compact on the Placement of Children Request (SF106)**, and mail a signed copy to the FCM; and
6. Forward the packet and accompanying documentation to the receiving ICPC Office within two (2) business days of receipt.

### When Indiana Children Receive an Expedited placement

The receiving ICPC Office will notify the receiving child welfare local office and request an expedited placement home study be conducted.

The receiving child welfare local office will:
1. Conduct an expedited placement home study no later than 20 business days from the date the expedited request was received; and
2. Send the completed home study to the receiving ICPC Office by the 20th business day.

The receiving ICPC Office will:
1. Review and approve the home study; and
2. Notify the DCS ICPC Office that the home study has been approved.

### PRACTICE GUIDANCE

During the assessment phase of the case, the assessment worker should collaborate with the family to determine whether there is a relative interested in having the child placed with them. A pre-screening of the prospective placement resource prior to the submission of an ICPC referral is required under **ICPC Regulation No. 2** and **ICPC Regulation No. 7**. This information will be documented on the **Statement of Family Case Manager/Potential Placement Resource Form** (available in hard copy) and gathered by the Family Case Manager in the sending state. The
FCM will be responsible for contacting the prospective placement resource in the receiving state to complete the Statement of Family Case Manager Potential Placement Resource Form (available in hard copy). The intent of this pre-screening is to prevent sending an ICPC referral to a placement resource who is not interested, lacks qualifications (based on home space or financial resources), or who has a criminal history which would preclude placement. The FCM must include this form with the ICPC 100A form when submitting an ICPC referral.

If the relative is located out of state and the case meets the criteria for an ICPC expedited placement, the assessment worker should begin the process of requesting an expedited placement.

The Affidavit submitted to the court requesting an expedited placement must contain the following language: “Based on ICPC Regulation No. 7, this case meets the criteria for an expedited placement based on the following:”, then list the specific criteria that apply to the child.

The cover letter included with the referral packet must also note that the case is entitled to expedited placement and then list the specific criteria that apply to the child.

### FORMS AND TOOLS

1. Interstate Compact on the Placement of Children Request (SF106)
2. Statement of Family Case Manager/Potential Placement Resource Form - Available in hard copy

### RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires approval by the DCS Interstate Compact on the Placement of Children (ICPC) Office of all foreign-born children who are waiting to be placed with and subsequently adopted by Indiana families. A home study and five (5) copies of the Interstate Compact on the Placement of Children Request (SF 106) must be sent to the DCS ICPC Office along with three (3) identical copies of the referral packet containing:

1. Social History of the child, which includes:
   a. Pertinent history regarding birth parents,
   b. Development information, and
   c. Documentation of availability for adoption.

2. Medical History of the child, which includes:
   a. Physical examination within the past six (6) months,
   b. Physical/emotional problems which might have an impact on the placement, and
   c. The child’s emotional ability to accept the adoption (if applicable).

3. Legal Documents, which must be in the native language of the country, accompanied by certified English translations, which includes:
   a. Attestation of the legal availability of the child for adoption; and
   b. Court order of guardianship or other legal status.

In accordance with Indiana law, a child whose adoption is finalized by an adoption decree in the country of origin is considered to be adopted. Furthermore, these children enter the United States immediately eligible to become United States citizens.

Code References

1. **IC 31-28-4: Interstate Compact on the Placement of Children**
2. **IC 31-19-28: Adoption Decrees in Foreign Jurisdictions**

PROCEDURE

See **Related Information** for steps that occur prior to DCS ICPC Office involvement for adoptions that are finalized both in or outside the United States.

The DCS ICPC Office will work with the family to coordinate all necessary action for adoptions finalized outside the United States.

For adoptions finalized in the United States, the ICPC Consultant will, within five (5) business days of receiving the referral and home study from an outside agency:

1. Review the referral and home study;
2. Determine if the referral will be approved;
3. Email a letter to the United States Citizenship and Immigration Services (USCIS), advising that the prospective adoptive requirements for the adoptive placement of the specific child have been met if the referral is approved; or
4. Notify the agency arranging the adoption and attempt to rectify the issues if the referral is not approved.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

Interstate Compact on the Placement of Children Request (SF 106)

**RELATED INFORMATION**

**For adoptions finalized in the United States**

The agency arranging the adoption will:
1. Ensure that a home study of the adoptive parents is completed. See Related Information for details on what must be included;
2. Update the home study annually until adoption occurs;
3. Conduct all necessary background checks;
4. Complete an Interstate Compact on the Placement of Children Request (SF 106), if the agency is located in a state other than Indiana;
5. Submit five (5) copies of the Interstate Compact on the Placement of Children Request (SF 106), if applicable, and the home study to the DCS ICPC Office;
6. Ensure that once the adoption is completed, the appropriate procedure is followed to ensure that a new birth certificate can be prepared; and
7. Provide verification of the child's date of birth.

**ICPC Home Study Requirements**

The summary must include all of the following information:
1. Responses by all adults in the proposed adoptive home to the following questions:
   a. Have you ever been arrested?
   b. Do you have a history of substance abuse?
   c. Do you have a history of sexual or child abuse?
   d. Do you have a history of domestic violence?
   e. Have you ever been rejected as a prospective adoptive parent or been the subject of an unfavorable adoptive family assessment?
2. Documentation of the following:
   a. The United States-based agency's name, or contact person; or
   b. Agency in the foreign country coordinating the adoption;
   c. The name of the state in which the adoption will be finalized;
   d. The proposed adoptive parents' types and amounts of insurance policies;
   e. Whether the parents have health insurance that will cover the child; and
   f. Verification of the child's date of birth.
3. Assessments of the following:
   a. The adoptive parents' motivation for adopting a foreign-born child;
b. The attitude of the adoptive family, extended adoptive family, and the community toward the parents' adoption of a child from a different race and culture;

c. The appropriateness of the adoptive parents' plans for preserving the child's cultural heritage and assisting the child in understanding and appreciating the child's own racial and cultural background;

d. How the adoptive parents plan to cope with any unanticipated behavioral and medical problems; and

e. The parents' financial stability, including specific income figures, total assets and liabilities.
The Indiana Department of Child Services (DCS) requires approval by the DCS Interstate Compact on the Placement of Children (ICPC) Office of all private, interstate adoptions by Indiana families of a child from another state.

DCS will require written verification that the child is legally free for adoption prior to approving the ICPC adoption referral. Verification should include copies of the Termination of Parental Rights (TPR) court order or copies of signed consents to adopt, and verification that a Licensed Child Placing Agency (LCPA) is involved (if applicable).

In accordance with the American Public Human Services Association (APHSA) guidelines, the child may not leave the sending state without the approval of both the sending and receiving state’s interstate offices.

DCS will not pay any costs or fees associated with private, interstate adoptions except as provided for in a fully executed adoption assistance agreement between the adoptive parents and DCS.

Note: For non-private, interstate adoptions, it is the responsibility of the state with placement and care responsibility of the child prior to the adoption to provide adoption assistance in those cases; not the state of residence of the adopted child/family. This policy does not apply to adoptions involving DCS wards or wards of other state child welfare agencies. See separate policies, 9.01 Request to Place in Another State and/or 9.02 Request to Place a Child in Indiana.

Code References
IC 31-28-4-1: Enactment; provision

PROCEDURE

The DCS ICPC Office will ensure the private agency coordinating the adoption completes a referral packet and submits three (3) identical copies of the referral packet and five (5) copies of the Interstate Compact on the Placement of Children Request (SF 106) to the sending state’s ICPC Office. The referral packet should include the following:

1. Cover letter detailing reason for the referral;
2. Child’s social history;
3. Child’s medical history;
4. Psychological and any other reports current within the past year;
5. Court order of TPR, signed consents to adoption by birth parents, or notice of publication on a missing parent regarding the adoption proceedings;
6. Native American statement included in the TPR order or the surrender attested to by both natural parents as stated below:
   a. I am not an enrolled member of an Indian Tribe or an Alaskan Village, and
   b. To the best of my knowledge, I am not eligible for membership in an Indian tribe or an Alaskan Village.

7. Proof of publication or no registration with an applicable Putative Father Registry if there is a putative father whose rights have not been terminated or no birth father is named;

8. A legal risk agreement signed by the adoptive parents;

9. A statement by the designated LCPA or licensing agency describing counseling that has been provided to the birth parents concerning their rights and the services available to them if they choose to parent instead of placing the child for adoption;

10. Legal documentation of the child’s availability for adoption in the form of either:
   a. A court order terminating parental rights, or
   b. A notarized surrender of parental rights.

11. Written background information on the birth parents; and

12. Home study including background check information regarding the adoptive family.

The DCS ICPC Office will:
1. Review the referral for accuracy and completeness within three (3) business days of receipt;
2. Sign the Interstate Compact on the Placement of Children Request (SF 106) and send it to the receiving state’s ICPC Office if the referral packet is complete; and
3. Send the Interstate Compact on the Placement of Children Request (SF 106) to the LCPA or licensing agency that originally made the referral once it is approved by the receiving state.

The receiving ICPC Office will:
1. Review the referral for accuracy and completeness; and
2. Sign the Interstate Compact on the Placement of Children Request (SF 106) and return it to the sending ICPC Office if the referral is approved.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

Interstate Compact on the Placement of Children Request (SF 106)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

Minimum Contacts with Children Placed in Indiana
The Indiana Department of Child Services (DCS) will have monthly face-to-face contact with children placed in Indiana through an approved Interstate Compact on the Placement of Children (ICPC) program. The location of the monthly visits may alternate, with one (1) visit in the child’s home and the next visit at a designated location, such as the child’s school or daycare. The Family Case Manager (FCM) will make himself or herself available to meet with the sending state interstate worker when he or she comes for a visit with the child placed in Indiana.

Minimum Contacts with Indiana Children Placed Out of State
DCS will have face-to-face contact once every four (4) months with Indiana children placed out of state through the ICPC program, and DCS 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.

Code References
IC 31-28-4: Interstate Compact on the Placement of Children

PROCEDURE

For contacts with ICPC children placed in Indiana
The FCM will:
1. Contact the resource parent to schedule the visit with the child;
2. Conduct the visit with the child in his or her home or other designated location;
3. Send an email to the sending state interstate worker, informing him or her of the date the visit occurred as well as a brief overview of the visit. The email should include any questions or concerns the child and/or resource home has as well as any concerns noted by the FCM;

Note: New allegations of Child Abuse and/or Neglect (CA/N) observed by or reported directly to the FCM who is on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment (through face-to-face contact with all alleged child victims), are reported to the DCS Child Abuse Hotline (Hotline) within 24 hours of leaving the scene (see Practice Guidance). The FCM will also notify the DCS ICPC Office of the allegations.

4. Enter the information from the face-to-face contact in the case management system; and
5. Provide a completed Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335) to the DCS ICPC Office as often as requested on the
Interstate Compact on the Placement of Children Request (SF 106), but no less then every three (3) months. See separate policy, 9.09 Placement Updates and Supervision Reports.

The FCM Supervisor will:
1. Ensure all children placed in Indiana through the ICPC are seen in their homes or a designated location monthly;
2. Ensure the FCM enters all face-to-face contacts in the case management system timely; and
3. Ensure the Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335) is completed and sent to the DCS ICPC Office timely. See separate policy, 9.09 Placement Updates and Supervision Reports.

For Contacts with Indiana Children Placed Out of State
The FCM will:
1. Contact the resource parent to schedule the visit with the child;
2. Contact the interstate worker in the receiving state, informing him or her of when he or she plans to visit with the child;
3. Obtain approval for out of state travel and contact DCS Travel Services to make travel arrangements. See separate policy, 9.11 Transportation Costs;
4. Email the interstate worker if he or she does not attend the visit, informing him or her of the date the visit occurred as well as a brief overview of the visit; and
5. Enter the contact information in the case management system upon returning from the visit.

The FCM Supervisor will:
1. Assist the FCM with obtaining out of state travel approval and travel arrangements; and
2. Ensure the information from face-to-face contacts are entered in the case management system timely.

PRACTICE GUIDANCE

If there are concerns about the frequency of visitation by the receiving state, the FCM should contact the DCS ICPC Office for assistance. If the concerns persist, it is the responsibility of the local office to ensure the child is seen as required.

Initiation of an Assessment Prior to Reporting the Allegations of CA/N to the DCS Hotline
When an FCM becomes aware of new CA/N allegations while on the scene and immediately (i.e., prior to leaving the scene) initiates an assessment, the FCM will report the allegations to the DCS Hotline within 24 hours of leaving the scene. An assessment is considered initiated upon face-to-face contact with all alleged child victims. See separate policy, 4.38 Assessment Initiation for additional information regarding initiation.

Note: If the FCM is unable to ensure safety through face-to-face contact with one (1) or more victims prior to leaving the scene, the FCM must report the allegations to the DCS Hotline immediately.

All new allegations of CA/N must be reported to the Hotline, per State reporting statutes, and may not be handled as part of the case. See separate policy, 4.36 Linking Child Abuse or Neglect (CA/N) Reports to Open Assessments for more information regarding
The FCM must specify in the report to the Hotline that the assessment has already been initiated. The exact date and time the FCM became aware of the allegations and initiated the assessment must also be specified. The FCM may report the new allegations to the Hotline by emailing or faxing the completed 310 form, emailing equivalent information (e.g., time initiated, parent names, child victim names, description of concerns, etc.), or by calling to report equivalent information. The 310 or equivalent information may be submitted via email to: DCSHotlineReports@dc.in.gov, via fax to: 317-234-7595 or 317-234-7596, or via phone to: 1-800-800-5556.

<table>
<thead>
<tr>
<th>FORMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interstate Compact on the Placement of Children Request (SF 106)</td>
</tr>
<tr>
<td>2. Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335)</td>
</tr>
<tr>
<td>3. Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATED INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

the receipt of an additional 310 during an open assessment.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require at a minimum a quarterly Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335) for all Indiana children placed out of state through the Interstate Compact on the Placement of Children (ICPC) program.

DCS will provide placement updates to the interstate worker in the sending state for all children placed in Indiana. These updates will be provided as often as face-to-face contacts occur. See Practice Guidance for information to be included in the placement updates.

DCS will comply with the sending state’s request for Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335) and the frequency with which the reports are to be submitted for all children from other states placed in Indiana.

Code References

IC 31-28-4: Interstate Compact on the Placement of Children

PROCEDURE

For Indiana Children Placed Outside of Indiana
The DCS ICPC Office will receive the Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335) from the Interstate Compact Office in the state where the child is placed.

The DCS ICPC Office will forward the Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335) to the appropriate DCS local office within five (5) business days of receipt.

For Children Placed in Indiana
The DCS ICPC Office will create a case in the case management system and will forward the Interstate Compact on the Placement of Children Report on Child's Placement Status (SF 26174) to the appropriate DCS local office.

The FCM assigned to the case will:
1. Enter information for each face-to-face contact in the case management system;
2. Email an update for each face-to-face contact to the interstate worker in the sending state child welfare local office;
3. Write the Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335) at the frequency noted on the Interstate Compact on the Placement of Children Request (SF 106) or at least quarterly; and
4. Submit the Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335) to his or her FCM Supervisor for approval.

The FCM Supervisor will:
1. Ensure the FCM submits the Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335) timely;
2. Approve and sign the Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335); and
3. Send the Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335) to the DCS ICPC Office at least quarterly or as specified on the Interstate Compact on the Placement of Children Request (SF 106).

The DCS ICPC Office will forward the Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335) to the sending state ICPC Office.

PRACTICE GUIDANCE

In an effort to provide regular and consistent information to the sending state’s interstate worker regarding children placed in Indiana, the FCM should provide regular placement updates to him or her. These updates should not be sent to the ICPC Office but instead emailed directly to the sending state interstate worker so the FCM has an accurate record of what was sent. Placement updates should provide the sending state’s interstate worker with an update on the child’s functioning in the resource home, school, mental health services (if applicable), and any other services being provided. It should also note any concerns voiced by the child and resource parent.

The Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335) should be submitted to the ICPC Office in the sending state at least quarterly, as required by the ICPC. Information contained in the placement updates can be used to complete the ICPC Supervision Report, but the ICPC Supervision Report should contain more detailed information, as indicated on the form. In addition, the FCM must consult with the resource parent to address any questions or concerns he or she may have for the sending state’s interstate worker.

FORMS AND TOOLS

1. Interstate Compact on the Placement of Children Request (SF 106)
2. Interstate Compact on the Placement of Children Report on Child’s Placement Status (SF 26174)
3. Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require approval from both the sending and receiving state Interstate Compact on the Placement of Children (ICPC) Offices prior to the dismissal of wardship of an Indiana child placed out of state. In accordance with federal law, the court of original jurisdiction (the court in the sending state) retains jurisdiction over the case. The receiving state has authority to monitor the child’s supervision and services as specified in the ICPC agreement. The sending agency shall retain jurisdiction over matters related to the child, including but not limited to, the custody, supervision, care, and disposition of the child. Such jurisdiction shall also include the authority to effect or cause the return of the child or his or her transfer to another location and custody pursuant to law.

Jurisdiction may be terminated by the court in the sending state when the child:
1. Is adopted;
2. Reaches the age of majority according to the laws of the sending state; or
3. Is discharged from the wardship of the sending state with concurrence of the ICPC Office in the receiving state.

Code References
IC 31-28-4: Interstate Compact on the Placement of Children

PROCEDURE

For an Indiana child placed out-of-state
The receiving state ICPC Office will recommend dismissal of wardship by submission of an Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335) to the DCS ICPC Office.

Upon receipt of the report, the DCS ICPC Office will forward the report to the DCS local office within five (5) business days of receipt of the report.

The Family Case Manager (FCM) will:
1. Convene a Child and Family Team (CFT) Meeting or case conference to ensure the team agrees with the receiving state’s recommendation of wardship dismissal;
2. Advise the DCS ICPC Office of the recommendation to dismiss wardship;
3. Request a court hearing to request dismissal of wardship within five (5) business days of receipt of the Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335);
4. Send an Interstate Compact on the Placement of Children Report on Child’s Placement Status (SF 26174) and any relevant court orders to the DCS ICPC Office to advise of the dismissal of jurisdiction and closure of the case; and

DCS CW Manual/Chapter 9 Section 10: Termination of Jurisdiction
5. End the placement in the Management Gateway for Indiana’s Kids (MaGiK).

The DCS ICPC Office will forward all relevant information to the receiving state ICPC Office.

**For a child from another state placed in Indiana**

The FCM will:
1. Convene a CFT Meeting or case conference to determine whether wardship dismissal is in the child’s best interests;
2. Complete an [Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335)](https://example.com) to advise the DCS ICPC Office of its recommendation to dismiss wardship by submission of the Supervision Report; and
3. Submit the [Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335)](https://example.com) to his or her FCM Supervisor for approval.

The FCM Supervisor will:
1. Approve the [Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335)](https://example.com); and
2. Immediately forward the [Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335)](https://example.com) to the DCS ICPC Office.

The DCS ICPC Office will:
1. Forward the [Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335)](https://example.com) to the sending state ICPC Office within ten (10) calendar days of receipt; and
2. Forward any relevant information to the DCS local office upon receipt of all information from the sending state ICPC Office regarding wardship dismissal.

**PRACTICE GUIDANCE**

Before the decision is made to recommend dismissal of wardship to the court for an ICPC child, the FCM should work with the resource parent to make sure he or she is prepared to assume total responsibility of the child in his or her care. The FCM should assist the resource parent by making sure the child’s medical, educational, mental health, and other specific needs will continue to be met after DCS is no longer involved. Upon receipt of the court order that dismisses wardship, the FCM should notify the resource parent within two (2) business days that the case has officially closed.

**FORMS AND TOOLS**

1. [Interstate Compact on the Placement of Children Report on Child's Placement Status (SF 26174)](https://example.com)
2. [Interstate Compact on the Placement of Children (ICPC) Supervision Report (SF 54335)](https://example.com)

**RELATED INFORMATION**

N/A
The Indiana Department of Child Services (DCS) will pay all transportation costs related to the Interstate Compact on the Placement of Children (ICPC) for out-of-state placement of a DCS ward. This includes travel costs related to the child returning to Indiana for visits with parents and/or siblings as well as travel costs for the Family Case Manager (FCM) to visit an Indiana child placed out of the state through the ICPC program.

**Note:** All out-of-state travel requires prior approval from the Indiana Department of Administration (IDOA).

DCS will **not** pay any transportation cost associated with:
1. The ICPC placement of a child from another state being placed in Indiana;
2. Private interstate adoptions; or

For DCS wards, DCS will pay for the return of the child to the state of Indiana should the placement fail or no longer be in the child’s best interest.

**Code References**
1. [IC 31-28-4: Interstate Compact on the Placement of Children](https://laws.in.gov/codetext/Documents/ic/IC-31-28-4.htm)
2. [IC 4-13-14: Duties and functions](https://laws.in.gov/codetext/Documents/ic/IC-4-13-14.htm)

**PROCEDURE**

For all travel needs, please see [DCS Employee Travel](#).

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

N/A

**RELATED INFORMATION**

DCS Travel Services can be contacted at [DCSTravellnquiries@dcs.in.gov](mailto:DCSTravellnquiries@dcs.in.gov). The e-mail address for DCS Out of State Travel is [OutofStateTravel@dcs.IN.gov](mailto:OutofStateTravel@dcs.IN.gov).
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 9: Interstate Compact on the Placement of Children (ICPC)
Effective Date: December 1, 2013
Section 12: Violations of ICPC Procedures
Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will adhere to the laws that govern interstate placement of children. Failure on the part of DCS staff to follow the Interstate Compact on the Placement of Children (ICPC) policies and procedures may result in disciplinary action, up to and including termination.

DCS staff will report any known or suspected ICPC violations, including illegal ICPC placements by another state, to the DCS ICPC Office, who will then report it to the other state’s ICPC Office. DCS reserves the right to contact the Administration for Children and Families (ACF) regarding ICPC violations.

If an Indiana court orders a child to be placed out of state without a completed ICPC, DCS will file an objection on the record with the court based on the rules of the ICPC and notify the DCS ICPC Office of said placement.

If a DCS local office is aware they have violated the Interstate Compact, the DCS ICPC Office should be notified so that efforts can be taken to correct the circumstances that caused the violation.

Code References
IC 31-28-4-1: Enactment; provision

PROCEDURE

ICPC Illegal Placements
If a DCS local office becomes aware of a child who is illegally placed in Indiana, the Family Case Manager (FCM) or staff who becomes aware of the placement, will:
  1. Notify his or her FCM Supervisor and/or DCS Local Office Director (LOD) of the violation within 24 hours; and
  2. Ensure the safety of the child.

The FCM will schedule a meeting with his or her Supervisor and LOD to discuss placement options for the child while ensuring the child’s safety.

The FCM Supervisor or LOD will notify the Regional Manager (RM) immediately of the illegal placement.

The RM will:
  1. Notify the DCS ICPC Office of the illegal placement; and
  2. Notify the DCS Director of the illegal placement.
The DCS ICPC Office will contact the ICPC Office in the sending state to notify them of the illegal placement and request that the state correct the placement decision or come to Indiana to pick up the child.

The DCS Director or his or her designee will:
1. Contact the Agency Head in the sending state regarding the circumstances of the illegal placement; and
2. Request assistance with compliance with the ICPC.

Other ICPC Violations
Indiana DCS staff suspecting or knowing of ICPC violations will:
1. Write a letter that indicates how the other state has violated the ICPC and request compliance by the state; and
2. Submit the letter to the Deputy Compact Administrator at the DCS ICPC Office.

If it is determined that a violation occurred, the Deputy Compact Administrator will:
1. Forward the letter to the other state ICPC Office within five (5) business days of receipt of the letter;
2. Request a response regarding the violation from the other state’s ICPC Office within 10 business days; and
3. Notify the DCS local office of the action that will be taken to rectify the situation upon receipt of a response from the other state’s ICPC Office.

If a DCS local office is found to be in violation of the ICPC, the staff person responsible for the violation will:
1. Submit a letter to the Deputy Compact Administrator, explaining the noncompliance with the ICPC; and
2. Work with the Deputy Compact Administrator to ensure future compliance.

PRACTICE GUIDANCE

When a DCS local office becomes aware of an ICPC illegal placement, steps should be taken to ensure the safety of the child involved. However, an illegal placement should not be the sole reason a child is removed from the home while waiting for the sending state to retrieve him or her. When DCS is notified of an illegal placement, the home should be assessed to determine if there is an immediate threat to the safety of the child. If there is no immediate threat to the child’s safety and the child can remain in the home until the sending state arrives, DCS should work with the child and family by making appropriate referrals to voluntary community resources and other services the child and/or family may need during that time. Such referrals may include Temporary Assistance for Needy Families (TANF), Medicaid, or Workforce Development, subject to the rules and policies of program eligibility.

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will convene a Child and Family Team (CFT) Meeting and/or Case Plan Conference to discuss adoption planning and identify any needed services for a child in out-of-home care with a permanency plan of adoption. See Practice Guidance and separate policy, 5.7 Child and Family Team Meetings for additional information.

The process of adoption planning for a child in out-of-home care with a permanency plan of adoption may be initiated:
1. When a court rules that reasonable efforts to reunify the family are not required;
2. When a child has been under a dispositional decree for at least six (6) months with no significant progress toward a plan of reunification. See separate policy, 6.12 Involuntary Termination of Parental Rights (TPR) for further guidance; or
3. At the filing of Termination of Parental Rights (TPR). See 10.A Tool: Termination of Parental Rights (TPR) Adoption Checklist for further guidance.

Note: DCS will not sign the Consent to Adoption (SF 12582) until a prospective adoptive parent has been identified and:
   a. The period of appeal for the TPR has passed, or
   b. Any final appellate opinion related to the TPR has been certified and the period for appeal has passed on any issues remanded to the juvenile court, and
   c. The negotiations for Adoption Subsidy have been negotiated and finalized.

In accordance with the Multiethnic Placement Act of 1994, as amended by the Interethnic Adoption Provisions of 1996 (MEPA-IEP), DCS will not delay or deny the adoptive placement of a child based on the race, color, or national origin of the adoptive resource family or the child involved. If a Native American child is involved, refer to the Indian Child Welfare Act (ICWA). See separate policy, 2.12 Indian Child Welfare Act for further guidance.

DCS will ensure that all children in out-of-home care with a permanency plan of adoption receive age appropriate services (e.g., individual counseling and homebased services) from a service provider in order to prepare the child for the adoption process.

DCS will conduct a diligent search throughout the life of the case to locate all possible family members to discuss adoption, followed by searching for a non-relative potential adoptive family for all children with a permanency plan of adoption.

Code References
1. IC 31-34-21-4: Notice of case review; testimony in periodic case review
2. IC 31-34-21-5.7: Permanency plan; requirement; approval; reports and orders not required
3. IC 31-9-2-99.2 Prospective Adoptive Parent
5. 25 U.S.C. §1911: Indian tribe jurisdiction over Indian child custody proceedings
8. 42 U.S.C. Sec. 1996b: Interethnic Adoption

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Update the Case Plan (SF 2956) to reflect the new court approved permanency plan;
2. Ensure the following persons are notified of the court’s ruling regarding the permanency plan:
   a. The child (if age and developmentally appropriate),
   b. Child’s parent, guardian, or custodian, and attorney of record,
   c. Resource parent(s),
   d. Mental health provider or therapist, if applicable,
   e. Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA), if applicable,
   f. Members of the CFT,
   g. Any fit and willing relative or person who DCS knows has a significant relationship to the child, and
   h. Prospective adoptive parent(s), named in an adoption petition, if consent has been received or TPR has been filed. See separate policies, 6.4 Providing Notice and 6.11 Permanency Hearing for further guidance;
3. Begin the legal process for TPR. See separate policies, 6.12 Involuntary Termination of Parental Rights and 6.13 Voluntary Termination of Parental Rights for further guidance;
4. Identify the steps necessary to move the child to permanency by adoption. Utilize 10.A Tool: Termination of Parental Rights/Adoption checklist for additional guidance.
5. Discuss with the resource parent(s) their role in helping prepare the child for the adoption process. See separate policy, 10.4 Resource Parent’s Role in Preparing the Child for Adoption for further guidance;

**Note:** This discussion should take place whether or not the resource parent(s) is the prospective adoptive family.

6. Prepare the child for adoption. See separate policy, 10.3 Preparing the child for Adoption for further guidance;
7. Determine the child’s eligibility for the Indiana Adoption Program. See separate policy, 10.6 Making an Indiana Adoption Program Referral for further guidance;
8. Complete the Child Social Summary within 45 days of changing the permanency plan to adoption. See separate policy, 10.11 Child Social Summary for further guidance;
9. Contact the Adoption Liaison regarding recruiting, interviewing, and selecting a prospective adoptive family, if a home has not been identified;
10. Start the process for determining eligibility for adoption assistance benefits. See separate policy, 10.14 Indiana Adoption Assistance Program Overview (AAP and SAS) for further guidance;
11. Complete a written adoption summary for the court within 60 days of the date the adoption petition is filed, whether or not consents have been signed. See Practice Guidance for information to be included in the adoption summary:

**Note:** The adoption summary may not contain information concerning the financial circumstances of the prospective adoptive parent or any recommendation regarding a request for subsidy by the prospective adoptive parent.

12. Ensure the prospective adoptive parent has contact information for the Adoption Liaison to access post adoption services (PAS). See Practice Guidance for additional information;

**Note:** The FCM should provide the prospective adoptive parent with the PAS brochure and Adoption Liaison map. This information is also available on the DCS website.

13. Explain the **Explanation of Adoption Summary (SF 56527)** and obtain required signatures; and

14. Upload all documentation into the case management system.

The FCM Supervisor will:
1. Staff the case with the assigned FCM and make recommendations regarding the permanency plan;
2. Ensure the **Case Plan (SF 2956)** has been updated to reflect the new permanency plan;
3. Ensure the **10.B Tool: Child Social Summary** has been completed and forwarded to the Adoption Liaison in a timely manner, if applicable;
4. Ensure the **Explanation of Adoption Summary (SF 56527)** has been explained and all necessary signatures obtained;
5. Assist the FCM as needed with the adoption process;
6. Review and approve, if necessary, any services needed for the child or the prospective adoptive family; and
7. Ensure all documentation is uploaded into the case management system.

**PRACTICE GUIDANCE**

**Child and Family Team Meetings and the TPR Process**
1. CFT Meetings may be used to determine transitional services, planning, and to address closure. Two (2) separate CFT Meetings may be necessary, one for parents whose rights might be terminated and another one for the prospective adoptive parent(s). Separate CFT Meetings are not required if parents and prospective adoptive parents are willing to meet together;

**Note:** It is best practice to have an identified prospective adoptive parent(s) prior to TPR.

2. Following completion of TPR, parents whose rights have been terminated may be included in the CFT Meeting process, if they are deemed appropriate by the team; and
3. Other appropriate family members and supports to the child may also be included in the CFT Meeting following the completion of a TPR.
Adoption Summary
The adoption summary is submitted to the court and provides the court with the following information:
1. FCM’s name;
2. Petitioner’s name;
3. Child’s name;
4. Adoption Cause Number;
5. Wardship date;
6. TPR/Consents (Date);

Note: It is important to include this information for all identified alleged fathers.
7. DCS Consents for Adoption (document the status of consent if not yet signed);
8. Adoption staffing date;
9. Adoptive placement date;
10. Adoptive placement approval (by whom/date);
11. Summary about the child. (talk about the former environment of the child and the child’s health in this section);
12. Summary about the child’s sibling(s);
13. Summary about the biological parent(s);
14. Summary about the adoptive family. (talk about the suitability of the home for the child in this section):
   a. Adoptive parent(s),
   b. Children of adoptive parent(s),
   c. Parenting and discipline,
   d. Home and community, and
   e. Substantiated reports of CA/N of adoptive parent(s).
15. DCS’ evaluation and recommendations for placement, including the strengths, needs, and concerns for the placement and any information about substantiated reports of CA/N;
16. FCM’s signature;
17. FCM Supervisor’s signature; and
18. Signature of the Local Office Director (LOD) or designee.

Post Adoption Services (PAS)
The adoptive parent may, at any time, submit a request to DCS for a PAS referral on behalf of the adoptive child or family. The adoptive parent(s) must contact the DCS Adoption Liaison in the region of his or her residence to initiate a referral for services. The Adoption Liaison will complete a referral to an appropriate service provider for purposes of an assessment and creation of a service delivery plan tailored to the particular needs of the adoptive child and family. See Post Adoption Services for further guidance.

Note: A request for PAS may not be submitted prior to the finalization of adoption.

FORMS AND TOOLS
1. 10.A Tool: Termination of Parental Rights (TPR)/Adoption Checklist
2. 10.B Tool: Child Social Summary
3. Case Plan (SF2956) – Available in the case management system
4. Explanation of Adoption Summary (SF 56527)
5. Consent to Adoption (SF 12582)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure that any child with a permanency plan of adoption will be assessed to determine his or her readiness and willingness to be adopted. This assessment will include, but is not limited to:

1. A review of the child’s case record including the birth family history; and
2. Personal interviews with the following:
   a. The child, if age and developmentally appropriate,
   b. The child’s siblings, if applicable,
   c. The child’s resource parent(s),
   d. Educational, medical, and mental health professionals who have worked with the child,
   e. The child’s Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL), and
   f. Other individuals who have a significant relationship with the child.

DCS will utilize the Child and Family Team (CFT) meeting and/or the Case Plan Conference to assess a child’s readiness for adoption and address issues of separation and attachment.

DCS will ensure the child’s Lifebook is reviewed and will assist with updating the information and/or prospective adoptive family with any pertinent family history and pictures, if available, of the child’s birth family or any other significant places or individuals important in the child’s life.

Code Reference
N/A

PROCEDURE

The Family Case Manager (FCM) will (based on the child’s age and developmental level):

1. Develop an individualized plan for the child to ensure services are implemented to help prepare the child and/or adoptive family for adoption. This plan will be developed during a CFT meeting and may include, but is not limited to the child, mental health provider, resource parent, informal supports, and CASA/GAL;
2. Utilize the resource parent(s) and CFT to assist with assessing the child’s knowledge of adoption, explain termination of parental rights and the adoption process with the child, and answer any questions the child may have.
3. Ensure a referral is completed for a mental health assessment by an independent provider specializing in adoption, if appropriate;
4. Assess the need for a therapist or counselor to help the resource parent(s) address any concerns related to the adoption of the child;
5. Refer the child and/or resource parents to a therapist or counselor that specializes in adoption, if the assessment indicates a need;
6. Ensure the child has the opportunity to review and update his or her Lifebook (see Related Information);
7. Discuss with prospective adoptive family the possibility of post-adoption visitation privileges for the child with the child’s biological family and significant others;
8. Assess whether it is appropriate for the child to have a good-bye visit with his or her birth parents and/or other significant relatives if post-adoption visitation is not appropriate;
9. Assess the child’s needs and prepare a 10.B Tool: Child Social Summary that gives a comprehensive and balanced picture of the child; and
10. Document all assessment results in the child’s case file and in contacts in the case management system.

The FCM Supervisor will:
1. Assist the FCM in ensuring that all necessary assessments are completed and documented in the case management system in a timely manner;
2. Ensure that all necessary referrals are made in a timely manner; and
3. Provide the FCM with guidance and recommendations regarding post-adoption services.

### PRACTICE GUIDANCE

#### Importance of Preparation and Assessment of the Child

In an effort to reduce the number of adoption disruptions and dissolutions, DCS must adequately assess and prepare children and prospective adoptive parent(s) for the adoption process and assist them in establishing and maintaining strong support systems.

Children need to grieve the loss of the birth family, therefore the FCM should discuss termination and adoption with the child, if age and developmentally appropriate, to give the child an opportunity to openly discuss his or her feelings. The FCM should consult with the child’s therapist, if applicable, to determine the best approach for such a conversation with the child. Involving the resource parent(s) and the CFT, if applicable, to help support the child’s feelings of loss may also be helpful in this process.

#### When a Teen Says “No” to Permanency

When a Teen Says "NO" to Permanence, what he may be really saying is:
- "Adoption is for babies, I am not a baby"
- "I am ready for independence, I don't need more adults telling me what to do"
- "I need to protect myself from being hurt again"
- "I don't want to change my name"
- "I don't want to lose my connections with my birth family, foster families, etc."
- "I'm scared to death"

When adults give teens the power to say "NO" to permanent family connections, what the teen hears is:
- "You are not lovable"
- "No one would want you anyway"
- "There is no hope for your future"
- "You are not important enough for me to exert myself trying to find you a family"

---

1 Adapted from Casey Family Programs and Sue Hoag Badeau (2009). Permanency Values Training: Who Wouldn’t Want a Family? Handout 8: When a Teen Says No, Adapted from NY Longest Waiting Children Project.
If a teen says "NO" to permanency, this is an excellent starting point to help the teen begin to understand what his needs and fears are and to work with him or her on a plan for permanency. Teens need to be reassured they do not have to give up their past in order to get a future. Things to think about include:
- Issues around names
- Open adoption or other avenues to maintain birth family connections
- Connections with foster families

**Goodbye Visits**
A decision as to whether or not a good-bye visit should be scheduled should be made after consulting with the CFT and the child’s counselor/therapist (if applicable). The child’s age and emotional development should be considered in the decision.

**FORMS AND TOOLS**

1. Lifebook – Available in Hard Copy
2. 10.B Tool: Child Social Summary

**RELATED INFORMATION**

Lifebooks and/or Adoption Workbooks come pre-packaged and may be ordered by contacting the Program Manager for Adoption. The FCM may also contact his or her Regional Adoption Liaison to place an order for Lifebooks and/or Adoption Workbooks. The Lifebooks and/or Adoption Workbooks will be mailed to the FCM in the DCS local office.

**Note:** The pre-packaged Lifebooks and/or Adoption Workbooks are not mandatory for the FCMs to use. The FCM, therapist, family member or foster parent may create a unique Lifebook and/or Adoption Workbook for a child using a photo album, scrapbook materials, or any creative idea that would be most meaningful for that child.

DCS currently has the following types of pre-packaged Lifebooks and Adoption Workbooks (described by Adoption World Publishing²):

**My Adoption Workbook** is a kid-friendly workbook that guides the social worker and child through the adoption process. This workbook provides a sensitive, but forthright explanation of separation, followed by hands-on activities to help prepare a child for change and work through the process.

Nothing raises a child's anxiety more than the unknown. *"My Adoption Workbook"* carefully guides the child and social worker through the entire process from separation to post-adoption. Exercises are designed to reduce the fears and to promote a healthy child-to-parent relationship. Special emphasis is given to helping the child:
- Explore fears or fantasies;
- Work through abuse, trust and love issues;
- Build self-esteem;
- Handle new situations; and
- Adjust to change.

---

² Adoption World Publishing (2014)
The One & Only Me is a book that helps foster, adoptive, and other troubled children connect to their current situation, as well as, their beginnings. This book creates a living history for children dealing with a chaotic past.

The Real Me teen Lifebook is a tool to use when working with teens. The teenage years are a challenge even in the best situations. For teens in foster care or living in a group setting, the uncertainties about the future can cause additional stress and worry. The chapter What My Future Holds provides a framework that youth can use to process the many issues they face. It also prompts them to gather the necessary documentation for job hunting.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will prepare a child for adoption based on the child’s age and developmental level. DCS will utilize one-on-one discussion, provide an opportunity for the child to speak with other adopted children, and make a Lifebook in an effort to:

1. Help the child understand the termination of his/her parents’ parental rights;
2. Help the child understand and embrace the adoption process;
3. Involve the child in planning for the adoption;
4. Help the child with the transition from foster care to adoption; and
5. Reduce the possibility of disruption.

DCS will seek input and participation from adults important to the child, when preparing the child for adoption. These may include but are not limited to the following:

1. Birth parent(s), if deemed appropriate;
2. Members of the Child and Family Team (CFT);
3. Resource parent(s);
4. Therapists and/or other service providers;
5. Guardian ad Litem (GAL) and/or Court Appointed Special Advocate (CASA); and
6. Other family members or individuals who have a significant relationship with the child.

DCS will document the process of preparing the child for adoption in contacts in the case management system.

DCS will discuss informed consent with any child aged 14 years and older and explain that written consent must be obtained from the child for the adoption to be completed in accordance with Indiana law.

Code Reference
IC 31-19-9-1: Consents required

PROCEDURE

The Family Case Manager (FCM) will have a one-on-one conversation with the child to explain the following (if age and/or developmentally appropriate):

1. The reasons the child cannot return home;
2. The child’s right to have a parent;
3. The meaning of adoption;
4. The adoption process and how the child will be involved;
5. Placement of siblings, if applicable;
6. Visitation with siblings, if applicable
7. Preplacement visits, if applicable;
8. Whether there is a possibility that the child will be able to remain in contact with members of his or her birth family or other individuals who have had a significant role in his or her life after being adopted;
9. Whether adoption by the child’s resource family is an option; and
10. Who will make the final decision about the adoption.

For all children over the age of 14 years, the FCM will:
1. Ask the child if he or she wants to be adopted;
2. Explore the reason behind the child’s decision;
3. Help the child to understand the adoption process, as well as, the other alternate permanency options available;
4. Explain to the child that his or her written consent is required for the adoption to proceed;
5. Refer the child for services to help prepare the child for adoption (e.g., individual counseling, home-based services, etc.);
6. Obtain the child’s signature on the adoption consent form;
7. Obtain the child’s signature on the Indiana Adoption Program Informed Consent for Recruitment (SF 54901) if the child is being referred to an Adoption Liaison for recruitment. See separate policy 10.7 Adoption Services.
8. Pursue an alternate permanency option if the child will not consent in writing to adoption and it is in the best interest of the child. See separate policy, 6.10 Permanency Plan and Practice Guidance, and
9. Periodically revisit the topic of adoption to determine if the child’s feelings about adoption have changed.

**PRACTICE GUIDANCE**

**When a Teen Says “No” to Permanency**

When a Teen Says "NO" to Permanence, what he may be really saying is:
- "Adoption is for babies, I am not a baby"
- "I am ready for independence, I don't need more adults telling me what to do"
- "I need to protect myself from being hurt again"
- "I don't want to change my name"
- "I don't want to lose my connections with my birth family, foster families, etc."
- "I'm scared to death"

When adults give teens the power to say "NO" to permanent family connections, what the teen hears is:
- "You are not lovable"
- "No one would want you anyway"
- "There is no hope for your future"
- "You are not important enough for me to exert myself trying to find you a family"

If a teen says "NO" to permanency, this is an excellent starting point to help the teen begin to understand what his needs and fears are and to work with him or her on a plan for permanency.

---

1 Adapted from Casey Family Programs and Sue Hoag Badeau (2009). Permanency Values Training: Who Wouldn’t Want a Family? Handout 8: When a Teen Says No, Adapted from NY Longest Waiting Children Project.
Teens need to be reassured (and it needs to be true) that they do not have to give up their past in order to get a future. Things to think about include:

- Issues around names
- Open adoption or other avenues to maintain birth family connections
- Connections with foster families

**Use of Lifebooks**

One of the best ways to prepare children for adoption is the development of a Lifebook. The child’s FCM, therapist, or resource parent(s) may assist the child, if necessary, in developing a Lifebook. This process may be therapeutic and help the child address the core issues of the child's life (e.g., birth family history, abuse issues, placement history, emotional transitions, adoptive family, etc.). The Lifebook may contain, but is not limited to:

1. Photographs of the child;
2. Photographs of persons and places that were significant in the child’s life prior to placement in foster care and/or adoptive placement, including siblings;
3. Items related to school and extracurricular activities, (e.g., report cards, certificates, artwork, awards, etc.);
4. Positive messages to the child from important adults including, but not limited to his or her birth parents and resource parent(s); and
5. Short summaries of significant events that have occurred in the child's life.

**Note:** Lifebooks are property of the child and should remain with the child through any placement changes.

**FORMS AND TOOLS**

1. Consent To Adoption (SF 12582)
2. Lifebook – Available in Hard Copy
3. Indiana Adoption Program Informed Consent for Recruitment (SF 54901)

**RELATED INFORMATION**

Lifebooks and/or Adoption Workbooks come pre-packaged and can be ordered by contacting the Program Manager for Adoption. The FCM may also contact his or her Regional Adoption Liaison to place an order for Lifebooks and/or Adoption Workbooks. The Lifebooks and/or Adoption Workbooks will be mailed to the FCM in the DCS local office.

**Note:** The pre-packaged Lifebooks and/or Adoption Workbooks are not mandatory for the FCMs to use. The FCM, therapist, family member or foster parent may create a unique Lifebook and/or Adoption Workbook for a child using a photo album, scrapbook materials, or any creative idea that would be most meaningful for that child.

DCS currently has the following types of pre-packaged Lifebooks and Adoption Workbooks (described by Adoption World Publishing2):

**My Adoption Workbook** is a kid-friendly workbook that guides the social worker and child through the adoption process. This workbook provides a sensitive, but forthright explanation of

---

2 Adoption World Publishing (2014)
separation, followed by hands-on activities to help prepare a child for change and work through the process.

Nothing raises a child's anxiety more than the unknown. "My Adoption Workbook" carefully guides the child and social worker through the entire process from separation to post-adoption. Exercises are designed to reduce the fears and to promote a healthy child-to-parent relationship. Special emphasis is given to helping the child:

- Explore fears or fantasies;
- Work through abuse, trust and love issues;
- Build self-esteem;
- Handle new situations; and
- Adjust to change.

**The One & Only Me** is a book that helps foster, adoptive, and other troubled children connect to their current situation, as well as, their beginnings. This book creates a living history for children dealing with a chaotic past.

**The Real Me** teen Lifebook is a tool to use when working with teens. The teenage years are a challenge even in the best situations. For teens in foster care or living in a group setting, the uncertainties about the future can cause additional stress and worry. The chapter What My Future Holds provides a framework that youth can use to process the many issues they face. It also prompts them to gather the necessary documentation for job hunting.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will partner with the resource parent to help prepare a child for the adoption process.

DCS will communicate with and include the resource parent in the planning and implementation of the adoptive placement process.

DCS will support the resource parents’ decision regarding their pursuit of adoption, if DCS agrees that it is in the best interest of the child.

DCS will complete a Lifebook for each child in preparation for adoption.

Code References

IC 31-9-2-99.2 Prospective Adoptive Parent

PROCEDURE

The Family Case Manager (FCM) will:

1. Discuss with the resource parent if they wish to pursue adoption of the child. See 10.A Tool: Termination of Parental Rights (TPR)/Adoption Checklist for additional guidance;
2. Include the resource parent in the planning and implementation of the adoptive placement process, regardless if they wish to pursue adoption;
3. Assist the resource parent in explaining the decision regarding adoption to the child in a manner that is appropriate based on the child’s age and developmental level;
4. Utilize the Child and Family Team (CFT) Meeting and/or Case Plan Conference when appropriate;
5. Seek a recommendation from the child’s therapist, if applicable, regarding the appropriate time and setting to discuss with the child, the resource parents’ decision regarding adoption; and
6. Document all discussions and actions taken in the case management system.

If the resource parent is not pursuing adoption of the child, the FCM will:

1. Assist the resource parent in encouraging the child to accept the decision;
2. Allow the resource parent to express his or her feelings relating to the child’s new placement;
3. Prepare the resource parent for possible changes in behavior in the child prior to the adoption placement; and
4. Help the child prepare a Lifebook. See Related Information for additional information.
The FCM Supervisor will:
1. Assist the FCM and provide input and recommendations whenever necessary; and
2. Ensure actions are documented in the case management system.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

Lifebook – Available in Hard Copy
10.A Tool: Termination of Parental Rights (TPR) / Adoption Checklist

RELATED INFORMATION

Prospective Adoptive Parent: A prospective adoptive parent is a person who has filed a petition for adoption of a child under IC 31-19.2.2.

Lifebooks and/or Adoption Workbooks
Lifebooks and/or Adoption Workbooks come pre-packaged and can be ordered by contacting the Adoption Program Manager. The FCM may also contact his or her Regional Indiana Adoption Program Liaison to place an order for Lifebooks and/or Adoption Workbooks. The Lifebooks and/or Adoption Workbooks will be mailed to the FCM in the DCS local office.

Note: The use of pre-packaged Lifebooks and/or Adoption Workbooks is not mandatory. The FCM, therapist, family member or foster parent may create a unique Lifebook and/or Adoption Workbook for a child using a photo album, scrapbook materials, or any creative idea that would be most meaningful for that child.

DCS currently has the following types of pre-packaged Lifebooks and Adoption Workbooks (described by Adoption World Publishing)¹:

My Adoption Workbook
*My Adoption Workbook* is a kid-friendly workbook that guides the social worker and child through the adoption process. This workbook provides a sensitive, but forthright explanation of separation, followed by hands-on activities to help prepare a child for change and work through the process.

Nothing raises a child's anxiety more than the unknown. *My Adoption Workbook* carefully guides the child and social worker through the entire process from separation to post-adoption. Exercises are designed to reduce the fears and to promote a healthy child-to-parent relationship. Special emphasis is given to helping the child:
- Explore fears or fantasies;
- Work through abuse, trust and love issues;
- Build self-esteem;
- Handle new situations; and
- Adjust to change.

¹ Adoption World Publishing (2014)
The One & Only Me

*The One & Only Me* is a book that helps foster, adoptive, and other troubled children connect to their current situation, as well as, their beginnings. This book creates a living history for children dealing with a chaotic past.

The Real Me

*The Real Me* teen Lifebook is a tool to use when working with teens. The teenage years are a challenge even in the best situations. For teens in foster care or living in a group setting, the uncertainties about the future can cause additional stress and worry. The chapter *What My Future Holds* provides a framework that youth can use to process the many issues they face. It also prompts them to gather the necessary documentation for job hunting.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will to the extent possible attempt to place a sibling group in the same adoptive home, including:
1. Any additional sibling or siblings taken into care at a later date; or
2. A sibling or siblings of a child in a previously finalized adoption that becomes free.

Except Where:
1. There are documented reasons from a Qualified Mental Health Provider (QMH P), therapist, or counselor why placement together would not be in the best interest of one or more of the children, and why it cannot be rectified by intensive family services;
2. A court ordered separation of the siblings; or
3. One of the siblings is in a residential placement, hospitalized, or in a juvenile detention center.

DCS will assure that children who are not initially placed together have face-to-face contact within five (5) days of removal, unless one of the children is in a:
1. Residential placement;
2. Hospital; or

See separate policy, 8.12 Developing the Visitation Plan.

DCS will not accept the following reasons as justification for not attempting to place siblings together in the same adoptive home:
1. The children are placed in separate resource homes;
2. One or more of the children is too young to have developed a sibling bond;
3. Sibling rivalry and/or dislike;
4. A lack of homes willing and/or able to accommodate a large sibling group; and
5. One or more of the children has perpetrated on a sibling "and no treatment has been sought."

When it is not possible or appropriate to place siblings together in the same adoptive home, DCS will make every effort to place a child with adoptive parents who are committed to helping the child maintain his or her sibling connections through regular visitation and phone contact.

Code References
N/A
PROCEDURE

The Family Case Manager (FCM) will:
1. Determine if all siblings are legally free for adoption;
2. Interview each sibling if appropriate based on the child’s age and developmental level, and discuss:
   a. Any concerns the child may have, and
   b. The child’s feelings about maintaining the sibling relationship, through visitation and phone contact.
3. Interview the resource parent(s), therapists, and other service providers to gain insight on each child’s sibling relationships;
4. Engage the Child and Family Team (CFT) and assess the needs of the child. See separate policy, 5.7 Child and Family Team Meetings;
5. Forward the recommendation of the CFT to his or her Supervisor if applicable; and
6. In the event that the CFT cannot reach consensus, submit a list of pros and cons to the Supervisor.

The Supervisor will:
1. Review any recommendations; and
2. Assure that a Case Conference or staffing with the regional Adoption Liaison is scheduled if applicable. See separate policy, 10.8 Adoption Team Meetings.

PRACTICE GUIDANCE

Siblings should be placed together, but if they are not placed together, a Visitation Plan should be implemented to ensure that the siblings are having face-to-face contact on a regular basis. If face-to-face contact is not possible, phone contact between siblings is acceptable.

FORMS AND TOOLS

Visitation Plan - Available in the case management system

RELATED INFORMATION

The Importance of Placing Siblings Together
The bond between siblings is often the longest lasting relationship most people have and these bonds help children develop their own unique personal identity throughout their life. Biological siblings share the same genetic makeup; this becomes very important as children move into resource and adoptive families where they differ in appearance, medical predisposition, talents, and intellectual capabilities. When siblings are placed together, they are less likely to feel isolated, and they are able to share experiences and familiar family history. The complex bonds linking brothers and sisters are universal and among the most important in life. These relationships form the blueprint for later relationships with peers, friends, marriage partners, and their own children. A sibling is the only person who knows how things were in the family of origin and the subsequent history of foster care placement. Children need to integrate their past with their future in order to have continuity, as well as an understanding of their own identity.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will determine eligibility for the Special Needs Adoption Program (SNAP) services for children who are in out-of-home care, with a case plan goal of adoption and meet one (1) of the following criteria:

1. A child who is two (2) years of age or older;
2. A child who is a member of a sibling group of two (2) or more children of which at least one (1) is two (2) years of age or older and who will be placed with the sibling group in the same home; or
3. A child with a medical condition or physical, mental, or emotional disability as determined by a physician or psychiatrist licensed to practice in Indiana or another state.

Code Reference
IC 31-19-27: Program for Adoption of Hard to Place Children
IC 31-9-2-51: "Hard to place child" or "hard to place children"

PROCEDURE

To initiate the Indiana Adoption referral, the Family Case Manager (FCM) will:

1. Determine if the child is eligible for adoption services;
2. Determine if the child was previously referred to the Indiana Adoption Program; if yes, contact the Regional Adoption Liaison to discuss the child’s previous involvement with SNAP;
3. Secure a recent (i.e., within the past six (6) months) color photo of the child or arrange for a photo to be taken; See Related Information for information on obtaining a photo.

Note: If the child has been previously referred to the Indiana Adoption Program, speak with the Regional Adoption Liaison to determine if a recent color photograph of the child is needed and/or an updated Child Social Summary. See separate policy, 10.11 Child Social Summary.

4. Complete and forward the Child Registration: Indiana Special Needs Adoption Program (SNAP) Picture Book and Website Form (SF 11840/CW 1440) and Child Social Summary, to the Regional Adoption Liaison for each child.

5. Any child 14 years of age or older must sign the Indiana Adoption Program Informed Consent for Recruitment (SF 54901) form and designate which forms of media they would like to be featured in; See policy 10.7 Adoption Services.

Note: Children whose parents’ rights have not yet been terminated may be featured on the private portion of the website, accessible by other adoption professionals for recruitment purposes.
6. Document in the case management system that the information has been forwarded to Regional Adoption Liaison.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. Child Registration for Adoption Recruitment (SF 11840)
2. Tool 10.B Child Social Summary
3. SNAP Informed Consent for Recruitment (SF 54901)

**RELATED INFORMATION**

**Safe Haven Criteria**

If a child meets the Safe Haven criteria, the child may be placed in an unlicensed, adoption prepared home provided the family has completed all of the home study requirements and their home study has been given a favorable recommendation by the SNAP Council. However, the home approved for prospective adoptive placement cannot be the same home that was used for the emergency foster care placement, unless otherwise approved by the Deputy Director of Field Operations or ordered by the court. See separate policy, 4.34 Safe Haven.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will utilize Indiana Adoption Program services to assist with finding an adoptive family for every child who meets eligibility requirements. Available services will include, but are not limited to:

1. Posting information about the child to the internet photolisting;
2. Submitting the child’s information for publication in the “Opening Hearts, Changing Lives” picture book;
3. Identifying qualified prospective adoptive families for every child who is legally free for adoption;
4. Interviewing families to determine the best prospective adoptive family match for the child;
5. Making referrals and coordinating the provision for post-adoptive services for the child and the adoptive families in Indiana.

Code References
N/A

PROCEDURE

The Family Case Manager (FCM) will:
1. Begin preparing the child for adoption services within 14 days of the court’s finalization of Termination of Parental Rights (TPR), if a suitable prospective family has not already been identified:
   a. Show children age five (5) and older a copy of the adoption picture book, and explain about internet photolisting;
   b. Explain the purpose of the adoption picture book and internet photolisting, and how it will be used, and
   c. Review the Indiana Adoption Program Informed Consent for Recruitment (SF 54901) and obtain a signature from youth ages 14 and older prior to featuring them in the adoption picture book and internet photolisting. Allow the youth to designate which forms of media may be used; and
   d. Sign the Indiana Adoption Program Informed Consent for Recruitment (SF 54901) form.
2. Maintain monthly contact with the Regional Adoption Liaison to learn of potential adoptive matches;
3. Alert the Regional Adoption Liaison of any prospective adoptive families so the match may be explored.

Note: Prospective adoptive parents are not required to hold a foster parent license to be matched with a child who is legally free for adoption (TPR has been granted).
If the prospective adoptive placement disrupts, contact the Regional Adoption Liaison to request that recruitment efforts resume.

When one (1) or more prospective adoptive matches has been identified, the FCM will:
1. Coordinate the date and location of the family interview(s) with the Regional Adoption Liaison;
2. Invite the prospective adoptive families and members of the child’s team (i.e. FCM Supervisor, Regional Adoption Liaison, Court Appointed Special Advocate (CASA), therapist, foster parent, etc.) to the interviews;
3. Involve children age 14 and older (younger children can be included if age appropriate) in the family interview process to facilitate compatible and successful adoptive matches;
4. Conduct individual interviews with each prospective adoptive family and allow the interviewing team to ask questions;
5. Discuss with the interview team, each prospective adoptive family’s ability to meet the child’s needs and all the team to make a recommendation;
6. Secure a written copy of the interview team’s final recommendation at the end of the meeting; and
7. Within 72 hours of receiving the final recommendation, forward a written copy to the DCS Local Office Director (LOD) or designee.
8. Within five (5) days after the final decision is made, notify each prospective adoptive family of the final decision.

Note: The DCS LOD or designee must make the final recommendation for the prospective adoptive placement.

If the child’s permanency goal changes to something other than adoption, the FCM will:
1. Notify the Regional Adoption Liaison of the permanency goal change; and
2. Ask for the child’s information to be removed from the internet and/or picture book within seven (7) business days of court approval of the new permanency goal.

The Regional Adoption Liaison will:
1. Submit the child’s photo and 10.B Tool: Child Social Summary within seven (7) business days of receipt from the FCM for publication in the “Opening Hearts, Changing Lives” picture book;
2. Ensure that the child’s information is posted to the internet on the internet photolisting website;
3. Attempt to identify three (3) qualified prospective adoptive families for every available child;
4. Coordinate the scheduling of family interviews with the FCM to review and discuss the family preparation study;
5. Participate in the interview team’s discussion about the quality of the match between the child and the prospective adoptive family, for every prospective adoptive family-child-match.
6. Make referrals for Indiana children that have been adopted and their families for post adoption services.

<table>
<thead>
<tr>
<th>PRACTICE GUIDANCE</th>
</tr>
</thead>
</table>

N/A
## FORMS AND TOOLS

1. Child Registration for Adoption Recruitment (SF 11840)
2. 10.B Tool: Child Social Summary
3. Internet Photolisting
4. Picture Book
5. Indiana Adoption Program Informed Consent for Recruitment (SF 54901)

## RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will hold regional Indiana Adoption Program meetings on a monthly basis to review home studies and make recommendations on families eligible for Indiana Adoption Program services.

The Indiana Adoption Program Council will include the following:
1. All Regional Adoption Liaisons
2. The Indiana Adoption Program Manager
3. A DCS Family Case Manager (FCM) and/or FCM Supervisor from each region.

Only Indiana Adoption Program Council members are allowed to vote on recommending a family.

**NOTE:** The homestudy preparer must email the homestudy two (2) weeks prior to the Indiana Adoption Program Council meeting date.

Code References
465 IAC 2-7-2 Special needs child; criteria

PROCEDURE

Indiana Adoption Program Council members will:
1. Make all recommendations and decisions based on the best interest of the child receiving adoption services;

   **Note:** This includes, but is not limited to, focusing on reducing the length of time a child spends waiting to be adopted without sacrificing the quality of the adoptive match.

2. Inform member of policy changes and updates;

The Regional Adoption Liaison will:
1. Organize and coordinate all monthly Indiana Adoption Program Council meetings;
2. Send home studies to all Indiana Adoption Program Council members;
3. Send the Indiana Adoption Program Council meeting agenda to all Council members, including those scheduled to present home studies; and
4. Complete the Indiana Adoption Program Council recommendations form to document homestudy recommendations, pending’s, and/or denials.

Each Regional Adoption Liaison will:
1. Notify all families in their region that have been recommended by the Indiana Adoption Program Council; and
2. Enter the Indiana Adoption Program recommended family’s information into the adoption database

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

N/A

**RELATED INFORMATION**

**Definition of a Special Needs Child for Purposes of the Special Needs Adoption Program (SNAP)**

Special needs children include:

1. A child two (2) years of age or older;
2. A child who is a member of a sibling group of two (2) or more children and who must be placed together with the sibling group in the same home. (Note: At least one (1) child in a sibling group must be two (2) years of age); or
3. A child with a medical condition or physical challenge, as determined by a physician licensed to practice medicine in Indiana or another state or territory; or a child with a mental, emotional, developmental, or educational challenge as determined by a psychiatrist or a clinical licensed to practice in Indiana or another state.

**Homestudy submission and review:**

To submit a homestudy for review, the homestudy preparer should email the homestudy to DCSAdoption@dcs.IN.gov two (2) weeks prior to the Indiana Adoption Program Council meeting date. The homestudy preparer will present the homestudy on a first come first serve basis and he or she must have the ability to present in person or by teleconference.

**Homestudy Presentation Guidelines consist of the following requirements:**

1. The homestudy preparer must present the homestudy to the Indiana Adoption Program Council;
2. The homestudy preparer should ensure the homestudy is in the Foster/Adoptive Family Preparation Assessment format as outlined in Chapter 12, including annual reports and updates-licensed and unlicensed.
3. The homestudy presenters must be able to answer questions from the Indiana Adoption Council regarding concerns and/or clarification on the family;
4. The homestudy presenter must be able to recommend the family for adoption or licensure, or the homestudy should not be presented to the Indiana Adoption Program Council; and
5. A homestudy should be presented every other year for a recommendation and to have updated information placed on the adoption family database.

**NOTE:** Recommendations are based on the decision of the Indiana Adoption Program Council vote.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will facilitate pre-placement visits between the child, the current caregiver, and the prospective adoptive family. DCS will provide an opportunity for the pre-adoptive family and child to bond with one another and initiate the child’s integration into the prospective adoptive family.

The purpose of pre-placement visits is to:
1. Diminish the child’s and prospective adoptive family’s fears and worries of the unknown;
2. Encourage the child to form new attachments;
3. Help the child through the grieving process; and
4. Promote healthy interaction between the current caregiver, child, and prospective adoptive family.

DCS will ensure the child and prospective adoptive family have as many pre-placement visits as necessary. These visits will progress to include overnight and weekend visits based upon the age and the needs of the child.

DCS will pay the prospective adoptive parent, who is licensed for foster care, for travel expenses incurred when the prospective adoptive parent travels at least one (1) mile for pre-placement visits with a child when overnight visits are not included. Mileage will be paid starting at mile one (1).

DCS will pay the prospective adoptive parent, who is licensed for foster care, a per diem for each overnight pre-placement visit with a child. In addition, DCS will also pay properly claimed mileage incurred if the child’s foster parent travels over 162 miles for the visits.

Note: Pre-placement expenses for a prospective adoptive parent would be paid through a global services referral in KidTraks.

Code References
N/A

PROCEDURE

The Family Case Manager (FCM) will:
1. Develop a structured Visitation Plan with input from the Child and Family Team (CFT), current caregivers, the prospective adoptive parents, and the child’s therapist, if applicable. The plan should:
   a. Establish a projected placement date that remains flexible depending on the developmental needs of the child and the general adjustment of the child and prospective adoptive family, and
b. Be progressive with visits increasing over time, thus allowing for increased exposure of the child and family to one another, with increased responsibility being given to the prospective adoptive family for the child’s care.

2. Document the plan for pre-placement visits in contacts in the case management system;
3. Have weekly contact with the child during the transition to the adoptive placement and for the first 30 days after placement. Then resume regular monthly contacts until dismissal of the case;
4. Document all face-to-face visits in the case management system; and
5. Review visit outcomes with the CFT.

### PRACTICE GUIDANCE

N/A

### FORMS AND TOOLS

N/A

### RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) has established the following guidelines for an unlicensed relative who wants to become a prospective adoptive parent for the purpose of adopting a DCS ward in his/her care:

1. Efforts to reunite the child with either parent have not been successful;
2. The child has lived in the home for six (6) continuous months or longer;
3. The permanency plan is adoption and there is a significant emotional attachment between the child and the unlicensed relative as assessed by a counselor, therapist, or other professional specializing in attachment;
4. Completion of pre-service adoption training and six (6) hours of “Adoption” training. See policy 12.5 Pre-Service Training Requirements for further guidance;

Note: The pre-service adoption training and six (6) hours of “Adoption” training may be waived with a written exception from the DCS Local Office Director (LOD).

5. Submission of a written adoption summary to the court detailing DCS’ recommendation for adoption. See Practice Guidance for additional information.

Note: A complete home study is not required for unlicensed relative adoptions.

DCS requires background checks on all persons who live in a prospective adoptive home when a DCS ward is being adopted. See separate policies, 13.7 Conducting Background Checks for Adoption and 13.8 Evaluating Background Checks for Adoption for further guidance.

DCS will ensure that the prospective adoptive parent is made aware of the ability to apply for Medicaid, Non-Recurring Adoption Expenses (NRAE), adoption assistance periodic payments, and Post Adoption Services (PAS). See separate policy 10.14 Indiana Adoption Assistance Program Overview.

Code References

1. IC 31-19-8-5 Agency report and recommendation; filing requirements; waiver of report
2. IC 31-19-8-6 Contents of report
3. IC 31-19-2-2 Adoption of minor child; petition; venue; substituting petitioner
4. IC 31-19-2-7.5 Submission of information, forms, or consents for criminal history check
5. IC 31-19-26.5: Adoption Subsidies
6. IC 31-9-2-99.2 Prospective Adoptive Parent
7. IC 31-19-2-15 Information provided to current foster parent and prospective adoptive parent; explanation of information; signature
8. 42 USC 673: Social Security Act
PROCEDURE

The Family Case Manager (FCM) will:

1. Complete the **10.B Tool: Child Social Summary**. See separate policy, **10.11 Child Social Summary** for further guidance;

2. Explain the adoption process, including the Adoption Assistance Program to the unlicensed relative and the child, if applicable. See separate policies, **10.1 Planning for Adoption (Overview)**, **10.14 Indiana Adoption Assistance Program Overview**, and **10.A Tool: Termination of Parental Rights (TPR)/Adoption Checklist** for further guidance;

3. Initiate the background check process of all individuals living in the home. See separate policy, **13.7 Conducting Background Checks for Adoption** for further guidance;

4. Conduct an agency staffing to discuss the approval of the unlicensed relative as a prospective adoptive parent after the child has been in the home for six (6) months;

5. Complete a written adoption summary for the court within 60 days of the date the adoption petition is filed. The adoption summary should include the following information. See Practice Guidance for information to be included in the adoption summary;

   **Note**: The adoption summary may not contain information concerning the financial circumstances of the prospective adoptive parent or any recommendation regarding a request for subsidy by the prospective adoptive parent.

6. Provide and explain the **Explanation of Adoption Summary (SF 56527)** and ensure necessary signatures are obtained;

7. Ensure that the prospective adoptive parent has contact information for the Regional Adoption Liaison to access PAS. See Practice Guidance for additional information; and

   **Note**: The FCM should provide the prospective adoptive parent with the PAS brochure and Adoption Liaison map. This information is also available on the DCS website.

8. Upload all documentation into the case management system.

The FCM Supervisor will:

1. Ensure that the FCM has completed all required background checks in a timely manner. See separate policies, **13.7 Conducting Background Checks for Adoption** and **13.8 Evaluating Background Checks for Adoption** for further guidance;

2. Participate in the staffing and provide input as necessary;

3. Ensure the **Explanation of Adoption Summary (SF 56527)** has been explained and all necessary signatures obtained; and

4. Ensure that all required information and documentation is in the child’s adoption file and uploaded into case management system. See separate policy, **10.14 Indiana Adoption Assistance Program Overview** for further guidance.

PRACTICE GUIDANCE

**Adoption Summary**

The adoption summary is submitted to the court and provides the court with the following information:
1. FCM’s name;
2. Petitioner’s name;
3. Child’s name;
4. Adoption Cause Number;
5. Wardship date;
6. Termination of Parental Rights (TPR)/Consents (Date);

**Note:** It is important to include this information for all identified alleged fathers.

7. DCS Consents for Adoption (document the status of consent if not yet signed);
8. Adoption staffing date;
9. Adoptive placement date;
10. Adoptive placement approval (by whom/date);
11. Summary about the child. (talk about the former environment of the child and the child’s health in this section);
12. Summary about the child’s sibling(s);
13. Summary about the biological parent(s);
14. Summary about the adoptive family (talk about the suitability of the home for the child in this section):
   a. Adoptive parent(s),
   b. Children of adoptive parent(s),
   c. Parenting and discipline,
   d. Home and community, and
   e. Substantiated reports of Child Abuse or Neglect (CA/N) of adoptive parent(s).

15. DCS’ evaluation and recommendations for placement, including the strengths, needs, and concerns for the placement and any information about substantiated reports of CA/N;
16. FCM’s signature;
17. FCM Supervisor’s signature; and
18. Signature of the Local Office Director (LOD) or designee.

**Post Adoption Services (PAS)**
The adoptive parent may, at any time, submit a request to DCS for a PAS referral on behalf of the adoptive child or family. The adoptive parent(s) must contact the DCS Adoption Liaison in the region of his or her residence to initiate a referral for services. The Adoption Liaison will complete a referral to an appropriate service provider for purposes of assessment and creation of a service delivery plan tailored to the particular needs of the adoptive child and family. See [Post Adoption Services](#) for further guidance.

**Note:** A request for PAS may not be submitted prior to the finalization of adoption.

**FORMS AND TOOLS**

1. Tool 10.B: Child Social Summary
2. Explanation of Adoption Summary (SF 56527)
3. 10.A Tool: Termination of Parental Rights (TPR)/Adoption Checklist
**RELATED INFORMATION**

**Prospective Adoptive Parent:** A prospective adoptive parent means a person who has filed a petition for adoption of a child under [IC 31-9-2-99.2](#).

**Changes in Dynamics – When a Unlicensed Relative Resource Parent Adopts**
Adoption means the unlicensed relative:

1. Is making a commitment to provide permanency for the child; and
2. No longer shares decision making responsibility and liability with DCS or the court.

He or she is solely responsible, legally and financially, for the parenting, care, growth, and development of the child. This includes ensuring that the long-term developmental, therapeutic, social, medical, educational, and emotional needs of the child are met.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will complete a Child Social Summary for every child in out-of-home care with a permanency plan of adoption. The Child Social Summary will be completed within 45 days of changing the permanency plan to adoption and updated annually until the child’s adoption is final.

DCS will provide the prospective adoptive parent with the Child Social Summary in order to ensure the prospective adoptive parent is aware of, and able to provide for, the child’s needs.

Code References
NA

PROCEDURE

The Family Case Manager (FCM) will:
1. Gather the following to complete the child’s social summary
   a. All available social, educational, psychological, medical, and genetic information for the child and family,
   b. Information about the child’s strengths, likes, dislikes, needs, personality, and behavioral patterns, and
   c. The anticipated expectations for the future development and functioning of the child, if the child has any physical, developmental, or psychological challenges.

2. Complete the Child Social Summary within 45 days of changing the permanency plan to adoption and update annually until adoption is finalized;

   Note: The Child Social Summary should be completed by the FCM. A referral to a contracted provider may be completed only when the child is referred to the Adoption Program for active recruitment of a pre-adoptive family. The FCM must contact the Adoption Liaison for assistance if a completion of a Child Social Summary is being requested and the child has not been referred to the Indiana Adoption Program for active recruitment. See Practice Guidance for more information regarding the provider completed child summary.

3. Provide the prospective adoptive parent with a copy of the Child Social Summary and answer any questions he or she may have;
4. Assist the prospective adoptive parent in determining his or her ability to meet the child’s needs; and
5. Submit the current Child Social Summary (if available) to the regional Adoption Liaison for recruitment when an adoptive parent has not yet been identified for the child. See Policy 10.06 Making an Adoption Program Services Referral.
The FCM Supervisor will review the Child Social Summary and provide the FCM with any necessary feedback.

PRACTICE GUIDANCE

Provider Completed Child Summary
Any child who is being referred to the Indiana Adoption Program for active recruitment of an adoptive family may utilize the provider-completed Child Social Summary if Termination of Parental Rights (TPR) has been finalized.

A signed Consent to Release Confidential Case File Information for Child Summary Completion (SF 56662) is required from the birthparents to utilize the provider completed Child Social Summary when TPR has not been finalized.

FORMS AND TOOLS

1. 10.A Tool: TPR Checklist
2. 10.B Tool: Child Social Summary
3. Consent to Release Confidential Case File Information for Child Summary Completion (SF 56662)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Adoption Assistance Program can provide three (3) types of adoption assistance benefits:

1. Medicaid: Indiana’s Title XIX Medicaid Program;
2. Non-Recurring Adoption Expenses (NRAE); and
3. Periodic Payments through either the Title IV-E Adoption Assistance Program (AAP) or State Adoption Subsidy (SAS).

DCS will determine the child’s eligibility for adoption assistance. All AAP eligible children are also eligible for Medicaid and NRAE. Children eligible for SAS will receive NRAE and a separate determination will need to be made to evaluate the child’s Medicaid eligibility. See separate policy, 10.15 Eligibility Requirements for Adoption Assistance and the CEU Eligibility Binder for eligibility requirements of periodic payments through AAP and SAS.

Note: Adoption assistance will not be provided for international adoptions.

Once a child’s permanency plan has been changed to adoption, and a prospective adoptive home has been identified, DCS will meet with the prospective adoptive parent to explain the following:

1. Indiana Adoption Assistance Program;
2. Needs and history of the child;
3. Availability of potential tax credits upon adoption; and
4. Background check process required for adoptions. See separate polices, 13.07 Conducting Background Checks for Adoption and 13.08 Evaluating Background Checks for Adoption.

At the conclusion of this meeting, the prospective adoptive parent will sign the Explanation of Indiana Adoption Program (AAP & SAS) and Background Information (SF 54352), and DCS will place the signed form in the case record.

Note: The prospective adoptive parent must complete and sign the Explanation of Indiana Adoption Program (AAP & SAS) and Background Information (SF 54352) form even if the prospective adoptive parent states he or she does not want to apply for any adoption assistance benefits. If circumstances change before the child is adopted and the adoptive parent would like to apply for benefits from the Indiana Adoption Assistance Program, the adoptive parents should submit an application to DCS. If the child is found to be eligible for benefits, the adoption assistance agreement must be signed by all parties before the decree of adoption is finalized.

DCS will initiate the background check process. See separate policy 13.07 Conducting Background Checks for Adoption for additional information.
The DCS Central Eligibility Unit (CEU) will review a child’s eligibility for adoption assistance benefits once all of the information required for the determination has been received. See CEU Adoption Assistance Eligibility Checklist for additional information.

A DCS Central Office Attorney will negotiate the amount of the Adoption Assistance periodic payment for each eligible child with the prospective adoptive parent or his or her attorney. See policy 10.17 Negotiations for Adoption Assistance for more information.

**Note:** The negotiated adoption assistance periodic payment amount may be for $0, but it may not exceed the standard applicable foster care per diem amount the child would receive if the child were in foster care.

**Code References**

1. IC 31-19-9-8(a)(10) Consent to adoption not required
2. IC 31-19-26.5: Adoption Subsidies
3. 42 USC 673: Social Security Act
4. 45 CFR 1356.41: Nonrecurring Expenses of Adoption
5. 45 CFR 1356.40: Adoption Assistance Program: Administrative Requirements to Implement Section 473 of the Act
6. 465 IAC 3 Administrative Reviews and Hearings
7. 465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs

**PROCEDURE**

The Family Case Manager (FCM) will

1. Meet with the prospective adoptive parent to:
   a. Review the needs and history of the child,
   b. Explain the Indiana Adoption Assistance Program and discuss the child’s potential eligibility for Medicaid, NRAE, and adoption assistance periodic payments,
   c. Gather verification of completion of the Resource and Adoptive Parent Training (RAPT) IV,
   d. Review the Explanation of Indiana Adoption Program (AAP & SAS) and Background Information (SF 54352) with the prospective adoptive parent,
   e. Request that the prospective adoptive parent sign the Explanation of Indiana Adoption Program (AAP & SAS) and Background Information (SF 54352),
   
   **Note:** The prospective adoptive parent’s signature will provide the FCM with documentation that the program has been explained and that the prospective adoptive parent has been provided an opportunity to review the child’s file.

   f. Sign the Explanation of Indiana Adoption Program (AAP & SAS) and Background Information (SF 54352) and place it in the adoption file, and
   g. Inform the prospective adoptive parent that he or she must complete and obtain the following background checks on members of the household as part of the adoption process. See separate policy, 13.07 Conducting Background Checks for Adoption for more information.

   i. Qualified fingerprint letter for all household members age 18 and older dated within one (1) year of the signature date on the adoption assistance application;
   ii. Child Protection Services (CPS) check for all household members age 14 and older signed or initialed and dated by the individual that performed the check.
within one (1) year of the signature date on the adoption assistance application; and

iii. Sex Offender Registry check for all household members age 14 and older and signed or initialed and dated by the individual that performed the check within one (1) year of the signature date on the adoption assistance application.

2. Send the following documentation necessary for the DCS CEU to determine adoption assistance eligibility.
   a. Signed Indiana Adoption Program Application (SF 54351) and Explanation of Indiana Adoption Program (AAP & SAS) and Background Information (SF 54352).

   **Note:** The application and all supporting documentation must be received for DCS CEU to review a child’s eligibility for adoption assistance benefits.

b. Verification that the child cannot or should not be returned to the home of either parent which consist of **at least one** of the following for each, legal or alleged, parent identified in the case management system;
   i. Court ordered Termination of Parental Rights (TPR);
   ii. Signed consent of the parent, including a Consent to Adoption (SF 12582), Voluntary TPR, or consent to termination;
   iii. Death Certificate or obituary for the parent; Petition for TPR;
   iv. If father is unknown, an Affidavit from the Putative Father Registry indicating a father has not be registered; or
   v. Order from the court citing IC 31-19-9-8 that consent to adoption is not required.

c. Background check results for the prospective adoptive parent and all appropriate household members, including waivers if applicable. See separate policy 13.08 Evaluating Background Checks for Adoption for additional information.

   **Note:** If the prospective adoptive parent resides in another state, submit the adoption home study. The home study should indicate the results of the fingerprint, CPS, and Sex Offender Registry (SOR) checks (or the applicable background checks required by the state in which the prospective adoptive parent resides).

d. Signed letter from a licensed physician, psychiatrist, or psychologist If the child is under age two (2) and not a member of a sibling group being adopted by the same prospective adoptive parent, to document a disability that requires continued treatment; and

e. Completed and signed CEU Adoption Assistance Eligibility Checklist.

3. Complete all of the following items in the child welfare system **prior to submitting an application to DCS CEU**.
   a. Complete the Pre-Adoption Plan;
   b. Ensure the family relationships for the child are accurate; and
   c. Ensure the child’s household reflects the household composition on the day of removal (not the child’s current placement.)
4. Submit the Indiana Adoption Program Application (SF 54351) and all of the supporting documentation to DCS CEU (centralized.eligibility@dcs.in.gov);
5. Submit a letter or statement, if requested by DCS CEU, detailing the child’s mental, emotional, medical, or physical disabilities (including those conditions that may be inherited) for the child’s Medicaid eligibility determination (only for the children DCS CEU determines are eligible for SAS);
6. Notify the DCS Local Office Director (LOD) and the DCS Staff Attorney when the petition for adoption is filed and the adoption hearing court date has been set;
7. Notify the prospective adoptive parent and the Staff Attorney of the child’s eligibility for adoption assistance benefits and provide him/her with the Payment Request Information (PRI) form required for the negotiation of the Adoption Assistance periodic payment amount, if appropriate.
8. Inform the prospective adoptive parent that it is extremely important that they carefully and accurately report their income and expense information on the PRI, that they may utilize additional paper to do so as needed, and that they will likely be asked to provide proof of reported income and expenses;
9. Ensure the Adoption Assistance Agreement is signed by all parties prior to the Final Decree of Adoption date; and
10. Send the signed Adoption Assistance Agreement and Final Decree of Adoption to the DCS CEU inbox (centralized.eligibility@dcs.in.gov). See CEU Adoption Assistance Finalization Checklist for more information.

The FCM Supervisor will:
1. Review the child’s adoption file to ensure the required documentation is included and the Explanation of Indiana Adoption Program (AAP and SAS) and Background Information (SF 54352) and Indiana Adoption Program Application (SF 54351) are signed.
2. Confirm the FCM has received all of the supporting documentation and completed the required information in the child welfare system prior to submitting the application to DCS CEU at centralized.eligibility@dcs.in.gov;
3. Ensure the DCS Central Office Attorney has received the completed PRI and any related documentation;
4. Verify that the Adoption Assistance Agreement is signed by all parties prior to the Final Decree of Adoption date; and
5. Ensure the DCS Staff Attorney is advised of the completed/signed Adoption Assistance Agreement.

The DCS LOD or Designee will:
1. Receive the completed PRI and supporting documentation from the prospective adoptive parent or his or her attorney. See separate policy 10.17 Negotiations for Adoption Assistance for more information;
2. Ensure the completed PRI and supporting documents are forwarded to the Adoption Assistance Negotiation Unit for a DCS Central Office Attorney to negotiate a periodic payment amount;
3. Staff with the DCS Central Office Attorney to determine the appropriate periodic payment amount;
4. Sign the Adoption Assistance Agreement after the adoptive parent has signed the agreement but before the adoption is finalized;
5. Sign the Consent to Adoption (SF 12582) after the Adoption Assistance Agreement is fully executed; and
6. Provide signed agency consent(s) to the DCS Staff Attorney.
The DCS Staff Attorney will:
1. Notify the attorney for the adoptive parent(s) that a CEU determination has been made;
2. Consult with the DCS Central Office Attorney, FCM and FCM Supervisor as necessary; and
3. File necessary court documentation as needed.

The DCS CEU will:
1. Review the completed CEU Adoption Assistance Eligibility Checklist and documentation submitted by the FCM;
2. Return the application and supporting documentation to the FCM if all of the information on the CEU Adoption Assistance Eligibility Checklist was not provided;
3. Review the child’s eligibility for adoption assistance benefits once a completed application and supporting documentation has been received;
4. Provide the Final Adoption Program Eligibility Determination form to the FCM for review with the prospective adoptive parents. See policy 10.15 Eligibility Requirements for Adoption Assistance for more information; and
5. Review the case when the Final Decree of Adoption and signed Adoption Assistance Agreement are received to ensure the agreement was signed by all parties on, or prior to, the date of the Final Decree of Adoption.

PRACTICE GUIDANCE
NA

FORMS AND TOOLS
1. Indiana Adoption Program Desk Guide- Available in CEU Eligibility Binder
2. CEU Adoption Assistance Eligibility Checklist
3. Explanation of Indiana Adoption Program (AAP & SAS) and Background Information (SF 54352)
4. Indiana Adoption Program Application (SF 54351)
5. Final Adoption Program Eligibility Determination – Available via CEU
6. Title IV-E Adoption Assistance Agreement – Available via CEU
7. State Adoption Subsidy Agreement – Available via CEU
8. Consent to Adoption (SF12582)
9. Payment Request Information (PRI) – Available via CEU
10. CEU Adoption Assistance Finalization Checklist – Available in the CEU Eligibility Binder
11. CEU Eligibility Binder
12. Pre-Adoption Plan – Located in Tools in the child welfare system

RELATED INFORMATION
NA
The Indiana Department of Child Services (DCS) will ensure the child and adoptive parent(s) meet all of the following general criteria to qualify for any assistance:

1. The child is a ward of DCS at the time the prospective adoptive parent(s) files a petition for adoption or otherwise meets all of the Title IV-E or State Adoption Subsidy (SAS) adoption assistance program eligibility requirements;

2. The adoptive child meets the special needs requirements:
   a. The DCS local office or juvenile court having jurisdiction over the child has determined that the child cannot or should not be returned to the home of the child’s parent,
   b. There exists a specific factor or condition which makes it reasonable to conclude that the child cannot be adopted without providing financial assistance or Title XIX Medicaid, and one (1) of the following criteria exists:
      i. A child that is two (2) years of age or older;
      ii. A child who is a member of a sibling group of two (2) or more children and who must be placed together with the sibling group in the same home;

   Note: At least one (1) child in a sibling group must be two (2) years of age or older.
   iii. A child with a medical condition or physical, mental, or emotional disability, as determined by a physician licensed to practice in Indiana or another state or territory.

   c. A reasonable, but unsuccessful effort must be made to place the child in an appropriate adoptive home without providing adoption assistance, unless it is contrary to the child’s best interests due to:
      i. Significant emotional ties with prospective adoptive parent(s) where the child was placed while in foster care; or
      ii. Other specific factors or circumstances documented in the child’s case file and approved by the Indiana Adoption Program Liaison.

3. The child is a US citizen or qualified alien. See separate policy 2.9 Verifying Identity;

4. The results of the required criminal background checks show no record of a felony conviction for a crime described in 42 USC 671(a)(20)(A) that would disqualify the adoptive parent(s) from receiving adoption assistance payments under 42 USC 673. See separate policies, 13.07 Conducting Background Checks for Adoptions and 13.08 Evaluating Background Checks for Adoptions; and

5. A written Title IV-E Adoption Assistance Agreement or SAS Agreement between DCS and the prospective adoptive parent(s) must be signed on or before the date that the court enters the final Decree of Adoption for the child or as otherwise stated in an administrative review decision. An agreement may not be entered into after the adoption
is finalized. If the adoption is finalized before an agreement is fully executed, the child will not be eligible for adoption assistance under the Indiana Adoption Assistance Program.

Code References
1. 42 USC 673 Adoption and Guardianship Assistance Program
2. 42 USC 671(a)(20) State plan for foster care and adoption assistance
3. IC 31-19-26.5-2 Child with special needs
4. IC 31-19-26.5-3 Conditions for payment of adoption subsidies
5. IC 31-19-9-8 Consent to adoption not required; written denial of paternity precludes challenge of adoption
6. IC 31-9-2-51 Hard to place “child” or “hard to place children”
7. 465 IAC 3 Administrative Reviews and Hearings
8. 465 IAC 4 Indiana Adoption Assistance and Guardianship Assistance Programs

PROCEDURE

The Family Case Manager (FCM) will:
1. Submit the completed Indiana Adoption Program Application Title IV-E Adoption Assistance Program (AAP) or State Adoption Subsidy (SAS) (SF 54351) and supporting documentation to DCS Central Eligibility Unit (CEU);
   a. Check the file for additional supporting documentation, and
   b. Add any additional documentation from the child’s case file that is needed to support the general or specific eligibility requirements.

2. Send a copy of the Final Adoption Program Eligibility Determination and the Request for Administrative Review- Indiana Adoption Program (SF 54348) (if applicable) to the prospective adoptive parent(s) or their attorney;
   Note: If the adoptive parent(s) disagrees with the Final Adoption Program Eligibility Determination, the adoptive parent(s) may submit a Request for Administrative Review- Indiana Adoption Program (SF 54348) within 30 calendar days of the date on the Final Adoption Program Eligibility Determination.

3. Contact the DCS LOD or designee in the event the child is determined by CEU to be eligible for adoption assistance. See separate policy 10.17 Negotiations for Adoption Assistance;

4. Provide the DCS LOD or designee with the Final Adoption Program Eligibility Determination, the proposed adoption assistance agreement, the completed and signed Payment Request Information (PRI) form, and any additional information that may assist in the negotiation; and

5. Return the signed adoption assistance agreement and final Decree of Adoption to the DCS CEU for processing once the prospective adoptive parent(s) agrees to the terms of the adoption assistance agreement. See separate policy 10.17 Negotiations for Adoption Assistance.

The FCM Supervisor will:
1. Ensure that the FCM submits all required documentation to DCS CEU; and
2. Ensure that the DCS LOD or designee has been contacted in the event the child is eligible for a periodic payment. See separate policy 10.17 Negotiations for Adoption Assistance.

The DCS LOD or designee will:
1. Work with the FCM to obtain any information needed for adoption assistance agreement negotiations. See separate policy section 10.17 Negotiations for Adoption Assistance;

Note: If the prospective adoptive parent(s) disagrees with the Final Adoption Program Eligibility Determination, the prospective adoptive parent(s) may submit a Request for Administrative Review- Indiana Adoption Program (SF 54348) within 30 calendar days of the date on the Final Adoption Program Eligibility Determination.

2. Ensure that the adoptive parent(s) sign the agreement prior to the finalization of the adoption once an agreement is reached; and
3. The LOD shall sign or the designee shall obtain the DCS LOD’s signature on the Adoption Assistance Agreement.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Indiana Adoption Program Application Title IV-E Adoption Assistance Program (AAP) or State Adoption Subsidy (SAS) (SF 54351)
2. Final Adoption Program Eligibility Determination – Available via CEU
3. Request for Administrative Review- Indiana Adoption Program (SF 54348)
4. Title IV-E Adoption Assistance Agreement – Available via CEU
5. State Adoption Subsidy Agreement – Available via CEU
6. Indiana Adoption Program Desk Guide
7. Payment Request Information (PRI) Form – Available via CEU

RELATED INFORMATION

Adoption Program Assistance
The Indiana Adoption Program includes the child's potential eligibility for:
1. Adoption periodic payments through AAP or SAS;
2. Medicaid coverage; and
3. Non Recurring Adoption Expenses (NRAE).

SAS Eligibility
In addition to meeting the general criteria, the child must meet both of the following eligibility requirements to be eligible for periodic payments under a SAS agreement:
1. Is age two (2) or older, or is a member of a sibling group placed in the same adoptive home if at least one of the children is age two (2) or older; and
2. Is eligible for adoption services provided by DCS through the Indiana Adoption Program, as a hard to place child.
AAP Categorical Eligibility
In addition to meeting the general criteria, the child must meet one (1) of the four (4) categorical eligibility requirements to be eligible for AAP, the only exception is if the child meets the 'applicable child' eligibility as defined below:
  1. AFDC Eligible (see separate policy, [15.1 Title IV-E Foster Care-Overview]);
  2. Supplemental Security Income (SSI) Eligible;
  3. Title IV-E Eligible in a prior adoption; or
  4. Living with a Title IV-E eligible minor parent.

Applicable Child
The following outlines the eligibility requirements for ‘applicable child’:
  1. A child who is an eligible age in a given federal fiscal year (or will turn the eligible age within the current federal fiscal year by September 30th);
  2. A child who has been in foster care 60 consecutive months;
  3. The sibling of an ‘applicable child’ who will be adopted by the same adoptive parent as the sibling;
  4. A child who meets one (1) of the other categorical eligibility requirements:
     a. A finding of Contrary to the Welfare was in the removal order,
     b. Meets all medical and disability requirements for SSI,
     c. Title IV-E eligible in a prior adoption, or
     d. Living with a minor parent who was removed from home and living in a foster family home or child care institution.

The eligible age for an applicable child is based on the child’s age at the time of entry of the Final Decree of Adoption, as follows:
  1. Age 12 and older in Federal Fiscal Year (FFY) 2012 (or will turn 12 within FFY 2012)
  2. Age 10 and older in FFY 2013 (or will turn 10 within FFY 2013)
  3. Age 8 and older in FFY 2014 (or will turn 8 within FFY 2014)
  4. Age 6 and older in FFY 2015 (or will turn 6 within FFY 2015)
  5. Age 4 and older in FFY 2016 (or will turn 4 within FFY 2016)
  6. Age 2 and older in Federal Fiscal Year 2017 through FFY 2023;
  7. All children beginning July 1, 2024.

See the [Indiana Adoption Program Desk Guide] for more detailed information.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will provide ongoing financial and other assistance through the Indiana Adoption Assistance Program for the benefit of eligible children. The goal of this program is to promote permanency for children who may otherwise have their permanency delayed due to their special needs. Some eligible children may receive a periodic payment, as negotiated between the adoptive parents and DCS. Eligibility for Medicaid and the reimbursement of appropriate Nonrecurring Adoption Expenses (NRAE) are not negotiated.

DCS will work collaboratively with families to understand and determine the current and ongoing needs of the child being adopted and the costs of those needs in order to assist the family in integrating the child into the adoptive family. This policy outlines how such levels of assistance should be negotiated to determine the periodic payment amounts for adoption assistance applicants who are determined to be eligible for the Title IV-E Adoption Assistance Program (AAP) after January 1, 2012. In the event that funds are available within the DCS Adoption Assistance Account to fund State Adoption Subsidy (SAS) periodic payments, this policy will also apply to negotiations regarding the level of SAS periodic payments.

Upon the approval of a Final Adoption Program Eligibility Determination that a child is eligible for AAP or SAS (whichever is applicable), DCS will meet with the prospective adoptive parent(s) to discuss the steps and procedures for completing and finalizing the adoption assistance agreement and the adoption of the child. DCS will provide a copy of the following documents:

1. The notice of Final Adoption Program Eligibility Determination;
2. An adoption assistance agreement currently approved by DCS for use in AAP or SAS cases (whichever is applicable);
3. The Payment Request Information (PRI) form describing the information needed from the prospective adoptive parent(s) for consideration and discussion with DCS in negotiating and determining any periodic payment to be paid by DCS under the agreement;
4. The Request for Administrative Review- Indiana Adoption Program (SF 54348) for children who have been determined for AAP or SAS, or eligible for SAS due to the determination that the child is not eligible for AAP; and
5. Other information prepared by DCS staff for consideration in determining the periodic payment amount.

Note: Other information includes, but is not limited to, information about the availability of post-adoption services that may be requested and provided by DCS and the ability of the prospective adoptive parent(s) to renegotiate certain terms of the agreement in the event the child’s or family’s circumstances change.
Within 30 calendar days of receiving the Final Adoption Program Eligibility Determination and accompanying documents, the prospective adoptive parent(s) will submit to the DCS Local Office Director (LOD) all information and supporting documentation identified in the PRI, plus any additional information that the prospective adoptive parent(s) consider relevant to determining the periodic payment. The prospective adoptive parent(s) may request a reasonable extension of this deadline in order to gather and assemble information relevant to this submission. An extension requested by the prospective adoptive parent(s) may be approved by the DCS LOD or designee.

The amount of the periodic payment to be included in the agreement will be determined by negotiation between the prospective adoptive parent(s) and DCS. Negotiations will occur through the DCS local office in the county where the child’s Child in Need of Services (CHINS) or other juvenile court case is pending. During the negotiation, the DCS LOD or designee and DCS Local Office Attorney will represent DCS, and the prospective adoptive parent(s) may choose to be represented by an attorney or to participate directly in the negotiation.

Note: A face-to-face meeting will not be conducted if the attorney for the prospective adoptive parent is not present.

DCS will negotiate the periodic payment based on an initial request submitted by the prospective adoptive parent(s). If an agreement is not reached concerning the periodic payment amount within 30 days from the time after DCS receives the PRI response, then the Local Office Attorney will offer to conduct a face-to-face meeting to negotiate the periodic payment. The DCS Local Office Attorney, the attorney for the prospective adoptive parent(s), prospective adoptive parent(s) and DCS representative will discuss the information in order to negotiate the periodic payment amount.

Negotiation of the periodic payment amount will occur and be completed within 45 calendar days after the date the DCS LOD receives the PRI response unless an extension of the negotiation deadline has been approved by the DCS LOD or designee.

The following factors and information will be considered in negotiating the periodic payment amount:

1. The anticipated special needs of the child after the finalization of the adoption;
2. The circumstances of the adoptive family, including its ability to provide for the child’s current and reasonably anticipated future needs, to the same extent that the family currently provides or would be able to provide for the needs of other children in the family;
3. Resources available to the adoptive family to provide for the current and anticipated needs of the child, such as health care, post-adoption services, public education, activities related to child development and transition to independent living, sources of income, and availability of extended family and community resources;
4. The extent to which identified and anticipated needs of the child may be met through services covered by Medicaid or other resources;
5. The ability of the adoptive family to seek renegotiation of the periodic payment amount based on unanticipated changes in the child’s needs or the family’s circumstances, as provided in this policy; and
6. Any other specific facts pertaining to the child or adoptive family that either DCS or the prospective adoptive parent(s) consider relevant to the goal of integrating the child into the adoptive family.
If negotiation of the periodic payment amount has not resulted in an approved agreement within 45 calendar days of DCS’ receipt of the completed PRI, or other approved deadline, DCS will send a Final Offer letter to the prospective adoptive parent(s), and/or his or her attorney, stating the periodic payment amount that DCS agrees to pay. If the prospective adoptive parent(s) has not submitted to DCS the completed PRI form within 45 calendar days of the date the PRI was provided to the prospective adoptive parent(s) or any approved extension of time, the DCS Local Office Attorney will send a $0 Final Offer letter to the prospective adoptive parent(s) and/or his or her designated attorney. The Final Offer letter will include the Request for Administrative Review- Indiana Adoption Program (SF54348) and information about the availability of an administrative review process. A prospective adoptive parent(s) may sign an adoption assistance agreement, which includes the periodic payment amount identified in the Final Offer letter, and pursue administrative review of the amount. See separate policy 10.20 Administrative Review for Adoption Assistance.

Except for determination of the periodic payment amount and completion of any other specific information relating to the adoptive child or family, the provisions of the adoption assistance agreement form approved by DCS shall not be altered or amended. Any change of a specified term or condition must be approved by both the DCS Deputy Director of Permanency and Practice Support and the DCS General Counsel or their respective designees. Approval or disapproval of any requested content or format change in the agreement form is not subject to administrative review or administrative appeal.

The agreement must be signed by both DCS and the prospective adoptive parent(s) before entry of the Final Decree of Adoption. If the decree is entered before the agreement has been signed by both DCS and the prospective adoptive parent(s), the child is not eligible for adoption assistance under the Indiana Adoption Assistance Program.

Code References
42 USC 673 (a)(3) Adoption and Guardianship Assistance Program

PROCEDURE

The Family Case Manager (FCM) will:
1. Meet with the prospective adoptive parent(s) within 15 calendar days after receipt of the Final Adoption Program Eligibility Determination for a child who is eligible and who could potentially receive periodic payments under a signed agreement;
2. Provide the prospective adoptive parent(s) with a copy of the pertinent documents, including the PRI, and discuss the procedure for completing the agreement;
3. Explain the other steps and procedures needed for purposes of finalizing the adoption of the child, including the opportunity to negotiate the amount of the periodic payment. See separate policy, 10.14 Indiana Adoption Assistance Program Overview;
4. Provide the prospective adoptive parent(s) with information about the availability of post-adoption services that may be requested and provided by DCS;
5. Explain to the prospective adoptive parent(s) that he or she has the ability to request a change in the periodic payment amount in the event that circumstances change; and
6. Send the signed Adoption Assistance Agreement and Final Decree of Adoption from the court to the DCS Central Eligibility Unit (CEU) inbox, centralized.eligibility@dcs.in.gov.

The DCS LOD or designee will:
1. Approve or deny a written request to extend the deadline to submit the completed PRI made by the prospective adoptive parent(s);
2. Approve or deny a written request to extend the negotiation deadline after receipt of the PRI;

3. Provide the DCS Local Office Attorney with information necessary to negotiate the appropriate periodic payment amount; and

4. Sign the completed adoption assistance agreement on behalf of DCS.

The DCS Local Office Attorney or designee will:
1. Review information from the DCS LOD and the prospective adoptive parent(s) necessary to negotiate the appropriate periodic payment amount;
2. Document and retain how the information provided was evaluated to calculate a periodic payment range;
3. Meet with the prospective adoptive parent(s) and/or their attorney to discuss the periodic payment range and negotiate the amount for the adoption assistance agreement;
4. Present the agreement for signatures from the prospective adoptive parent(s) and the DCS LOD or designee when the negotiations result in agreement; and
5. Prepare and send a Final Offer letter that includes information about the availability of administrative review (enclose the appropriate form with instructions concerning submission of the Request for Administrative Review- Indiana Adoption Program (SF54348) to the prospective adoptive parent(s) and/or his or her designated attorney when the negotiations do not result in agreement within 45 calendar days.

The DCS CEU will send a packet to the FCM which includes:
1. Notice of Final Adoption Program Eligibility Determination;
2. The agreement in the form currently approved by DCS for use in AAP or SAS cases (if either is applicable);
3. Any other information prepared by DCS to inform DCS staff and prospective adoptive parent(s) concerning the determination and duration of periodic payments of assistance or subsidies;
4. Request for Administrative Review- Indiana Adoption Program (SF54348) if the child is determined ineligible for AAP or SAS; and
5. PRI (if applicable) to the FCM.

PRACTICE GUIDANCE

Post Adoption Services
The adoptive parent(s) may at any time submit a request to DCS for a post adoption service referral on behalf of the adoptive child or family. The adoptive parent(s) must contact the DCS Special Needs Adoption Program (SNAP) Specialist in the region of their residence to initiate a referral for services. The SNAP Specialist will complete a referral to an appropriate service provider for purposes of an assessment and creation of a service delivery plan tailored to the particular needs of the adoptive child and family.

FORMS AND TOOLS

1. Title IV-E Adoption Assistance Agreement – Available via CEU
2. State Adoption Subsidy Agreement – Available via CEU
3. Final Adoption Program Eligibility Determination – Available via CEU
4. Payment Request Information (PRI) – Available via CEU
5. Request for Administrative Review- Indiana Adoption Program (SF54348)

### RELATED INFORMATION

**Periodic Payment**
A periodic payment is a monthly per diem amount to be specified in a written adoption assistance agreement.

**Final Offer Letter**
The Final Offer Letter is a letter sent by the DCS Local Office Attorney stating the final offer of DCS for the amount of the periodic payment under an adoption assistance agreement. The letter will include information about the availability of an administrative review process and the appropriate form with instructions concerning submission of a request for administrative review of the proposed periodic payment amount.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will process a request for modification of a current adoption assistance agreement providing ongoing financial assistance through the Indiana Adoption Assistance Program. An adoptive parent(s) who has signed an agreement and is receiving periodic payments may, during the term of the agreement, submit a request to change the periodic payment amount.

The request must be submitted to the DCS local office that handled the Child In Need of Services (CHINS) case or Juvenile Delinquency (JD) case at the time the child was adopted. If there was no CHINS or JD case when the original adoption assistance agreement was signed, the request must be sent to the DCS local office that serves the county of the child’s residence. The request must include the information and documentation required, or that the adoptive parent(s) would consider relevant for an initial Payment Request Information (PRI) response. The request shall also include a detailed explanation of the change in circumstances of the child or adoptive family that was not known or anticipated at the time the current periodic payment was negotiated or most recent amendment to the agreement was determined. A request for modification may not be submitted more frequently than once in a consecutive 12 month period.

In considering a request for a change in the periodic payment amount, DCS may request from the adoptive parent(s), or any other source, additional information that is determined to be relevant. Any information that DCS receives from a source other than the adoptive parent(s) will be shared with the adoptive parent(s). The information will be subject to redaction of personally identifiable information that DCS determines should be kept confidential for protection of the persons involved. Within 60 calendar days of the date that DCS receives the requested information, DCS will decide whether to grant or deny the request to modify the agreement and will advise the adoptive parent(s) by letter of its decision.

Note: The amount of the modification cannot exceed the amount that would have been payable for the child if the child were in foster care.

If the DCS decision regarding a change to the periodic payment amount is not acceptable to the adoptive parent(s), the right to request administrative review of the decision may be available. See separate policy 10.20 Administrative Review for Adoption Assistance.

DCS may approve a temporary change in the periodic payment. The expiration date of the temporary change may be extended or renewed if the adoptive parent(s) submits a modification request and DCS determines that the circumstances on which the approved change was based continue to exist. All changes must be reflected in a written amendment to the agreement.

If the adoptive child is placed outside the home of the adoptive parent(s) and the adoptive parent(s) are not financially responsible for the placement (e.g. JD, foster care, etc), DCS may
request the adoptive parent(s) renegotiate the periodic payment amount for the duration of the out-of-home placement. Any change in the periodic payment amount will only be made by a written amendment to the agreement signed by DCS and the adoptive parent(s).

**Note:** If DCS determines that the adoptive parent(s) is not providing financial support to or for the benefit of the child, or the parent(s) is no longer legally responsible for the support of the child, DCS may administratively suspend the periodic payments for the duration of the out-of-home placement or terminate the adoption assistance agreement. Payments may also be suspended under the SAS agreement during the time a child is in out-of-home placement. See separate policy 10.19 Continuations, Terminations and Suspensions of Adoption Assistance.

If DCS is paying for the cost of an out-of-home placement of the adoptive child through a CHINS or JD case, and DCS and the adoptive parent(s) are unable to come to an agreement concerning any change in the periodic payment amount that DCS will pay during the out-of-home placement, DCS will seek a child support court order for the adoptive parent(s) to pay DCS. DCS may offset the amount payable under a support order against the amount of the periodic payment otherwise payable to the adoptive parent(s) under the adoption assistance agreement. DCS may, if appropriate for purposes of determining the amount of any modification of the periodic payment amount payable to the adoptive parent(s) during the child’s out-of-home placement, seek a child support court order if a person or entity other than DCS or the adoptive parent(s) is paying for care and maintenance of the child in the out-of-home placement.

**Code References**
1. **IC 31-40-1-5 Obligation of parent or guardian for costs of institutional placement of child**
2. **42 USC 673(a)(4)**

**PROCEDURE**

The Family Case Manager (FCM) will:
1. Notify the DCS Local Office Attorney when a child receiving adoption assistance has been removed from an adoptive home; and
2. Coordinate with the DCS CEU staff and other entities in obtaining and providing to the DCS Local Office Attorney documents such as the adoption assistance agreement, previous modifications, the adoption decree, and information on subsequent removals and out-of-home placements.

The DCS Local Office Director (LOD) or designee will:
1. Obtain a copy of the original agreement from the adoptive parent(s), DCS CEU, or the DCS local office adoption file when a request for modification of an existing adoption assistance agreement is received;
2. Gather information from relevant sources, including the adoptive parent(s), within 30 calendar days of the request to appropriately consider the request for a modification of the agreement; and complete the following steps:
   a. Decide whether or not a prior request for modification has been received from the adoptive parent(s) within the previous 12 months. If so, deny the request for modification and include the [Request for Administrative Review- Indiana Adoption Program (SF54348)](https://www2.dcs.in.gov/services/child_protection/documents/Request%20for%20Administrative%20Review-%20Indiana%20Adoption%20Program%20(SF54348).pdf) form with the denial,
   b. If no request has been received within the previous 12 months, decide whether or not a change in circumstances exists that was not known or anticipated at the
time the periodic payment was negotiated. If not, deny the request for modification and include the Request for Administrative Review- Indiana Adoption Program (SF54348) form with the denial, or

c. If no request was received within the previous 12 months and the request documents a change in circumstances warranting review of the current periodic payment amount, submit the documentation and information to the DCS Local Office Attorney to negotiate any appropriate change in the periodic payment.

The DCS Local Office Attorney will:
1. Contact the adoptive parent(s) and negotiate any appropriate change in the periodic payment amount with regard to the modification request that has been received. This should occur within 60 calendar days of receipt of the currently effective adoption assistance agreement, the modification request, any additional information requested, and any other relevant information received from the DCS LOD or designee;

2. Contact the adoptive parent(s) and request that they renegotiate the periodic payment for the duration of the out-of-home placement. See separate policy 10.19 Continuations, Terminations and Suspensions of Adoption Assistance Periodic Payments;

   Note: Any change in the periodic payment amount will be reflected in an amendment to the agreement that must be signed by both the adoptive parent(s) and DCS CEU.

3. Prepare an amendment reflecting the revised terms if an agreement is reached;
4. Obtain the signature on the amendment by the adoptive parent(s) and the DCS LOD, or designee, and return the signed amendment to DCS CEU for processing;
5. Send a notice to the adoptive parent(s) stating that there is no agreement to the modification requested and include the Request for Administrative Review- Indiana Adoption Program (SF54348) form if no agreement can be reached within 60 calendar days of the receipt of the documents and information described above, or an approved extension of time; and
6. Request an appropriate child support order under IC 31-40-1-5 if the child is in an out-of-home placement for which DCS is making payment, and no agreement has been reached with the adoptive parent(s) regarding an amendment to the periodic payment amount.

The DCS CEU will:
1. Terminate an adoption assistance agreement, or administratively suspend periodic payments under an adoption assistance agreement, if it is determined that the adoptive parents are not legally responsible or are not providing current support for the adoptive child;
2. Provide a copy to the appropriate DCS local office of the original adoption assistance agreement and any amendments, when a parent or DCS is requesting a modification; and

PRACTICE GUIDANCE

Post Adoption Services (PAS)
The adoptive parent(s) may at any time submit a request to DCS for a post adoption service referral on behalf of the adoptive child or family. The adoptive parent(s) must contact the Indiana Adoption Liaison in the region of their residence to initiate a referral for services. The Indiana Adoption Liaison will complete a referral to an appropriate service provider for purposes of an assessment and creation of a service delivery plan tailored to the particular needs of the adoptive child and family.

**FORMS AND TOOLS**

1. Title IV-E Adoption Assistance Agreement – Available via CEU
2. State Adoption Subsidy Agreement – Available via CEU
3. Payment Request Information (PRI) form – Available via CEU
4. Request for Administrative Review- Indiana Adoption Program (SF54348)
5. Amendment to Adoption Agreement – Available via CEU
6. Adoption Program Status Report (SF 54345) – Available via CEU
7. Notice of Termination of Adoption Assistance Agreement – Available via CEU

**RELATED INFORMATION**

**Definition of Financial Support for the Purposes of Adoption Assistance**

If a parent(s) is no longer providing a form of financial support to or for the child, adoption assistance benefits may be terminated. DCS may determine that if the parent is maintaining regular visitation with the child and is cooperating with the child’s case plan to return home while the child is in out-of-home care, and if that one (1) of the following are met, the parent(s) should be considered as providing financial support to the child:

1. The parent(s) is making regular payments, or otherwise providing support for the child for:
   a. Family therapy,
   b. Tuition,
   c. Clothing,
   d. Maintenance of special equipment in the home, or
   e. Services for the child’s special needs, such as occupational, physical, or speech therapy;

2. The parent(s) is providing support for the child while the child is in out-of-home care, in the form of regular monetary payments of not less than $100.00 per month or provision of materials, supplies or services having an equivalent monetary value; or

3. The parent(s) is paying child support pursuant to a court order.
Continuation of Adoption Assistance Agreements after a Youth Becomes 18 Years of Age

The Indiana Department of Child Services (DCS) will determine if youth remains eligible for adoption assistance after turning 18 years old. Ninety (90) calendar days prior to the youth’s 18th birthday, the DCS Central Eligibility Unit (CEU) will send an Application for Continuation of Adoption Agreement Beyond Age Eighteen (18) to the adoptive parent. This application will also provide instructions for applying for a continuation of the periodic payment past the youth’s 18th birthday. Adoption assistance is not automatically continued when the youth turns 18 years of age, but adoption assistance may be available upon approval of a completed application and demonstration of certain criteria as specified within this policy.

A completed Application for Continuation of Adoption Agreement Beyond Age Eighteen (18) must be received by DCS CEU at least 30 calendar days prior to the youth’s 18th birthday. The application includes the statutory eligibility requirements for the continuation of adoption assistance, depending on the type of adoption subsidy the youth receives. The application also includes instructions for documentation the adoptive parent must provide DCS to support continued periodic payments.

DCS CEU will process any continuation requests during the month of the youth’s 18th birthday. A Notice of Continuation Beyond Age 18 or Termination of Adoption Agreement will be sent to the adoptive parent indicating whether the youth is eligible or ineligible for a continuation of adoption assistance. Approved continuations will include the continuation of periodic monthly payments and Medicaid.

If the application for continuation is received after the month of the youth’s 18th birthday, he or she is no longer eligible for a continuation of periodic payments. The Notice of Continuation Beyond Age 18 or Termination of Adoption Agreement letter and the Request for Administrative Review Indiana Adoption Program (SF 54348) will subsequently be sent to the adoptive parent to notify the parent of the youth’s ineligibility.

The youth or adoptive parent shall promptly notify DCS of any change in the youth’s circumstances as it relates to the need for continuation of periodic payments, including but not limited to:

1. Any change in the nature or scope of legal, financial, or other support the adoptive parent provides for the youth (e.g., living expenses, medical needs, and/or
necessary care and level of supervision); or
2. Termination of enrollment in any school or educational program before graduation or completion of the program (if applicable to the youth’s subsidy type); and
3. Termination of employment or participation in a program or activity designed to promote or remove barriers to employment (if applicable to the youth’s subsidy type).

Continuation of County Adoption Subsidy (CAS) and State Adoption Subsidy (SAS) Adoption Assistance
CAS or SAS and Medicaid may be continued up to age 21 if a youth is enrolled in a secondary or post-secondary school.

Continuation of Adoption Assistance Program (AAP)
AAP and Medicaid may be continued up to age 21:
1. If the youth has “a mental or physical handicap which warrants the continuation of assistance” because it significantly limits his/her self-supporting capability; or
2. Under the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351) if:
   a. The adoption was finalized on or after the child’s 16th birthday (but before the child’s 18th birthday); and
   b. The youth continues to meet at least one (1) of the following educational or employment conditions:
      i. Enrolled in secondary education or a program leading to an equivalent credential;
      ii. Enrolled in an institution which provides post-secondary or vocational education;
      iii. Participation in a program or activity designed to promote or remove barriers to employment;
      iv. Employed at least 80 hours per month; or
      v. Is incapable of doing any of the previously described educational or employment activities due to a documented medical condition.

Termination or Administrative Suspension of Adoption Assistance
The adoptive parent is required to promptly notify DCS CEU, in writing, of the occurrence of any event that is or could be grounds for termination or suspension of the adoption assistance agreement. If the adoptive parent fails to notify DCS CEU within 30 calendar days of the occurrence of the event, DCS may require the adoptive parent to refund DCS for any payments received for any month after the date of the occurrence.

Unless otherwise determined by DCS CEU, all periodic payments provided under an adoption assistance agreement shall cease when one (1) of the following occurs:
1. The child turns 18 years of age;
2. The child is emancipated;
3. The adoptive parent is no longer legally responsible for supporting the child;
4. The adoptive parent is no longer providing financial support for the child;
5. The child is married;
6. The adoptive parent or the child dies;
7. The child’s adoption is terminated;
8. The youth is on active duty in the United States armed services or National Guard for
more than 30 consecutive calendar days in a calendar year;
9. The adoptive parent requests termination of the periodic payment; or
10. The adoptive youth no longer meets the criteria for the continuation of adoption assistance periodic payments past the age of 18.

**Note:** Adoption Agreements continued beyond age 18 will terminate the day prior to the youth’s 21st birthday, unless otherwise determined by CEU that the requirements of continuation are not being met. Sixty (60) days prior to the youth’s 21st birthday, DCS CEU will send a notification to inform the adoptive parent the periodic payments and Medicaid will end.

All parents who have entered into adoption assistance agreements shall periodically submit a fully completed Adoption Program Status Report, at the request of DCS, to verify the youth remains eligible for assistance. The Adoption Program Status Report shall be submitted to DCS CEU by the due date listed on the report.

DCS will administratively suspend payments provided under an adoption assistance agreement if:
1. A determination is made that the adoptive parent is no longer providing legal or financial support for the child; or
2. DCS requests information based on circumstances not related to the periodic adoption program status report process and DCS is not able to establish contact with the parent to determine if the parent remains legally or financially responsible for the child. See Related Information for indicators of financial support.

DCS will mail a Notice of Administrative Suspension of Adoption Assistance Periodic Payment and Request for Administrative Review Indiana Adoption Program (SF 54348) to suspend the adoption assistance payment at least 10 days before suspending a payment.

If the adoptive parent resumes regular legal or financial support of the child, DCS will end the suspension and continue payments as provided in the adoption assistance agreement.

**Code References**
1. 42 USC 673(a)(4): Adoption and guardianship assistance program
2. IC 31-19-26.5-9: Adoption Subsidies
3. 465 IAC 4-1-30 Terminations
4. 465 IAC 4-1-32 Continuations

### PROCEDURE

**Continuation of Adoption Agreements after Youth Becomes 18 Years of Age**

The DCS CEU will:
1. Send a copy of the appropriate Application for Continuation of Adoption Agreement Beyond Age 18, based on the type of adoption assistance the youth receives, to the youth’s adoptive parent 90 calendar days prior to the youth’s 18th birthday;
2. Review the Application for Continuation of Adoption Agreement Beyond 18 and the documentation received, and determine if the youth continues to be eligible for a periodic payment;
3. Complete the Notice of Continuation Beyond Age 18 or Termination of Adoption Agreement form;
4. Send the determination to the parent along with the Request for Administrative Review (SF 54348) form if the request for continuation beyond age 18 is denied;
5. Change the end date in KidTraks to the day before the youth’s 21st birthday based on the youth’s continued eligibility for assistance; and
6. Send an email to the DCS Medicaid Enrollment Unit (MEU) at MedicaidUnit@dcs.in.gov to advise if Medicaid should remain open or should be closed.

Termination or Administrative Suspension of Adoption Assistance
The DCS CEU will:
1. Review the Adoption Program Status Report or other updated information on the youth’s current circumstances to determine whether the youth continues to be eligible for adoption assistance;
2. Complete and send the Notice of Continuation Beyond Age 18 or Termination of Adoption Agreement or Notice of Administrative Suspension of Adoption Assistance Periodic Payment (whichever is applicable) and the Request for Administrative Review (SF 54348) form (if applicable) to the adoptive parent;
3. Stop the payments in KidTraks if the youth is no longer eligible for adoption assistance or the payment is administratively suspended;
4. Send an email to the DCS MEU at MedicaidUnit@dcs.in.gov to inform them that the youth is no longer eligible for Medicaid (MA8) if the adoption assistance payment is terminated. See Related Information for indicators of financial support; and

NOTE: If the adoption assistance payment is administratively suspended, the child will remain eligible for Medicaid.

5. Maintain the Adoption Program Status Report or information provided by the adoptive parent or youth, which supports terminating or administratively suspending the adoption assistance.

PRACTICE GUIDANCE
N/A

FORMS AND TOOLS

1. Adoption Program Status Report - Available via CEU
2. Application for Continuation of Adoption Agreement Beyond Age 18 for Recipients of Adoption Assistance Program (AAP) - Available via CEU
3. Application for Continuation of Adoption Agreement Beyond Age Eighteen (18) for Recipients of Adoption Assistance Program (AAP-Older Youth) - Available via CEU
4. Application for Continuation of Adoption Agreement Beyond Age Eighteen (18) for Recipients of Adoption Assistance Program (AAP) and County Adoption Subsidy (CAS) Combined Subsidies - Available via CEU
5. Application for Continuation of Adoption Agreement Beyond Age Eighteen (18) for Recipients of State Adoption Subsidy (SAS) or County Adoption Subsidy (CAS) - Available via CEU
6. Notice of Continuation Beyond Age 18 or Termination of Adoption Agreement –
Application for Continuation

The documents necessary to determine eligibility for continuation of adoption assistance beyond age 18 are based on the type of assistance the youth is receiving and are listed on the Application for Continuation of Adoption Agreement sent to the parent 90 days prior to the youth’s 18th birthday.

Indicators of Financial Support for the Purposes of Adoption Assistance

If the adoptive parent is no longer providing financial support for the child, adoption assistance benefits may be terminated. If the parent is maintaining regular visitation with the child and is cooperating with the case plan goal of reunification (if in DCS out-of-home placement), and if one (1) of the following are met, DCS may determine the parent is providing financial support for the child:

1. The parent is paying child support pursuant to a court order; or
2. The parent is making regular payments, of not less than 50% of the monthly adoption assistance amount, or provision of materials, supplies, or services having an equivalent monetary value, to provide support for the child’s:
   a. Family therapy,
   b. Tuition,
   c. Clothing,
   d. Maintenance of special equipment in the home, or
   e. Services for the child’s special needs, such as occupational, physical, or speech therapy.
STATEMENTS OF PURPOSE

General Conditions
The Indiana Department of Child Services (DCS) will process a request for administrative review when a prospective adoptive parent(s) disagrees with a decision made by DCS under policy sections 10.17 Negotiations for Adoption Assistance, 10.15 Eligibility Requirements for Adoption Assistance and 10.19 Continuations, Terminations and Suspensions of Adoption Assistance. DCS will also process a request for administrative review of a decision concerning the amount payable for Non Recurring Adoption Expenses (NRAE).

A prospective adoptive parent(s) must submit a written Request for Administrative Review-Indiana Adoption Program (SF54348) within 30 calendar days of service of notice by mail or hand delivery of any of the following decisions:

1. Final Adoption Program Eligibility Determination;
2. The DCS periodic payment Final Offer letter;
3. Determination of the amount allowed and payable for NRAE;
4. Determination of a request for modification of the payment provisions of an adoption assistance agreement, if the DCS local office and adoptive parent(s) have not reached agreement on the modification request;
5. Denial of a request for continuation of an adoption assistance agreement to a time after the child becomes age 18; or
6. Termination or suspension of an adoption assistance agreement for any reason specified in policy 10.19 Continuations, Terminations and Suspensions of Adoption Assistance other than the age of the child, death of the child or adoptive parent(s), or termination of the adoptive parent-child relationship.

The Request for Administrative Review- Indiana Adoption Program (SF54348) must be submitted to the DCS Hearings and Appeals, in the manner specified in the request form. The Permanency and Practice Support Division will conduct the administrative review based on the reasons stated in the request as submitted, the documentation included to support the request, and any documentation submitted by DCS staff. Any person who was involved in making the decision or determination that is the subject of the administrative review request will not participate in the administrative review.

Eligibility Determinations
DCS will process a Request for Administrative Review- Indiana Adoption Program (SF54348) from a prospective adoptive parent(s) who has an application pending for adoption assistance concerning a determination made by DCS under policy sections 10.15 Eligibility Requirements for Adoption Assistance or 10.17 Negotiations for Adoption Assistance.

To overturn through an administrative review a DCS determination denying eligibility, the adoptive parent(s) must establish that the determination was contrary to applicable federal or
state law, rule, procedure, or policy, as applied to the facts stated in the application or otherwise found by DCS based on the documentation submitted or available in DCS records.

**Initial Periodic Payment Amount**
Following an eligibility determination, DCS will provide a Final Adoption Program Eligibility Determination, proposed agreement (if eligible), a Payment Request Information (PRI) Form and Request for Administrative Review- Indiana Adoption Program (SF54348) (if applicable) to the prospective adoptive parent(s) or the attorney who represents the parent(s).

If negotiation of the periodic payment has not resulted in an approved agreement, DCS will send a Final Offer letter to the prospective adoptive parent(s) or their attorney, stating the amount that DCS agrees to pay as the periodic payment for the agreement. The letter will include information about the availability of an administrative review process and the Request for Administrative Review- Indiana Adoption Program (SF54348) form. See separate policy 10.17 Negotiations for Adoption Assistance.

The Request for Administrative Review- Indiana Adoption Program (SF54348) must be submitted to DCS Hearings and Appeals. The request must be in the format specified in the Request for Administrative Review- Indiana Adoption Program (SF54348) form. The prospective adoptive parent(s) must state the reason(s) for requesting a review and should include documentation to support the basis for the request. DCS Legal Operations will conduct the administrative review based on the request submitted by the prospective adoptive parent(s), the documentation included to support the request and any documentation submitted by DCS staff. The administrative review will not include any person(s) who was involved in the original eligibility determination or the negotiation that resulted in the DCS Final Offer letter.

The prospective adoptive parent(s) may sign an adoption assistance agreement that includes the periodic payment amount included in the DCS Final Offer letter, submit a request for administrative review of the payment amount under this policy, and proceed in the adoption case to request a Final Decree of Adoption of the child. In that event, DCS will begin payment of the amount as stated in the agreement, effective on the date of entry of the final adoption decree. If the amount of the periodic payment is changed as a result of the administrative review or any subsequent administrative hearing (see separate policy 10.21 Administrative Appeals for Adoption Assistance), the final approved payment amount will be retroactive to the final adoption decree date.

A prospective adoptive parent(s) who does not elect to sign the agreement may utilize the administrative review procedure provided in this policy. That procedure, and any available administrative hearing under policy 10.21 Administrative Appeals for Adoption Assistance, should be exhausted before a Final Decree of Adoption of the child is entered. The written adoption assistance agreement or State Adoption Subsidy (SAS) agreement between DCS and the adoptive parent(s) must be signed by both the parent(s) and DCS on or before the date that the court enters the Final Decree of Adoption of the adoptive child. See separate policy 10.15 Eligibility Requirements for Adoption Assistance. If the adoption decree is entered before both DCS and the prospective adoptive parent(s) have signed the adoption assistance agreement or SAS agreement, the child will not be eligible for any adoption assistance, or Medicaid coverage based on the adoption.

**Note:** If the adoptive child is eligible for SAS periodic payments, and funding of SAS periodic payments is not available at the time of the eligibility determination, the prospective adoptive parent(s) may sign the SAS agreement with a $0 periodic payment amount and
To overturn a DCS determination concerning the periodic payment in an administrative review, a prospective adoptive parent(s) must show one or more of the following:

1. DCS did not substantially follow the procedures specified in this policy or any other applicable policy, rule, procedure or statute relating to the determination of adoption assistance periodic payments;

2. DCS did not consider relevant information or documentation that the prospective adoptive parent(s) submitted in the PRI in conducting the negotiation or submitting its Final Offer letter based on the factors and information outlined in DCS policy 10.17 Negotiations for Adoption Assistance, in conducting the negotiation or submitting its Final Offer letter; or

3. The periodic payment that DCS agreed to pay as stated in the Final Offer letter is clearly unreasonable and not supported by substantial and relevant evidence presented by the prospective adoptive parent(s) or otherwise considered by DCS.

DCS will begin payment based on the signed agreement, effective upon entry of the Final Decree of Adoption. Change in the periodic payment may only be made through the administrative review process or in accordance with the modification procedures in policies 10.18 Modification of an Adoption Assistance Agreement and 10.17 Negotiations for Adoption Assistance. DCS will not consider the failure of the adoptive parent(s) to obtain from DCS the requested periodic payment amount as a ground for revoking or setting aside their adoption of the child.

**Modification of Periodic Payment Amount**

After an adoption assistance agreement or SAS agreement has been signed, and a Final Decree of Adoption of the child beneficiary of the agreement has been entered, the adoptive parent(s) may request a modification of the periodic payment amount or term stated in an existing agreement, under policy 10.18 Modification of an Adoption Assistance Agreement. If the decision by the DCS local office is unsatisfactory to the adoptive parent(s), a Request for Administrative Review- Indiana Adoption Program (SF54348) must be submitted to DCS Hearings and Appeals within the time and in the manner specified in this policy.

The factors previously identified in the section of this policy titled Initial Periodic Payment Amount apply to an administrative review concerning a requested modification under this section. In addition, to justify the increase of a periodic payment, the adoptive parent(s) must show that a change of circumstances concerning the child or family occurred after the original agreement was signed and was not known or anticipated at the time the agreement was signed.

**Termination or Administrative Suspension**

If DCS determines that an adoption assistance agreement should be terminated or periodic payments under the agreement should be administratively suspended, for a reason specified in this policy or separate policy 10.19 Continuations, Terminations and Suspensions of Adoption Assistance, DCS may terminate the agreement by sending to the adoptive parent(s) a Notice of Termination of Adoption Assistance Agreement, administratively suspend payments by sending to the adoptive parent(s) a Notice of Administrative Suspension of Adoption Assistance Periodic Payments.
If the adoptive parent(s) is receiving a periodic payment and the child has been removed from the home of the adoptive parent(s) pursuant to a court order in a Child in Need of Services (CHINS) or Juvenile Delinquent (JD) case, or is otherwise temporarily residing in an out-of-home placement or residential facility for purposes of care, supervision, or treatment, DCS may administratively suspend payments under the agreement effective during the time the child is in the out-of-home placement, if DCS has determined that the adoptive parent(s) is not providing any significant financial support for the child. In that event, DCS may send to the adoptive parent(s) a Notice of Administrative Suspension of Adoption Assistance Periodic Payments.

If the decision of DCS CEU concerning termination or administrative suspension of assistance under this section is unsatisfactory to the adoptive parent(s) and is subject to administrative review under the General Conditions section of this policy, a Request for Administrative Review-Indiana Adoption Program (SF 54348) must be submitted to DCS Hearings and Appeals. Administrative reviews of DCS decisions to terminate or administratively suspend adoption assistance will be conducted by DCS Legal Operations. See separate policy 10.19 Continuation, Terminations and Suspensions of Adoption Assistance.

For DCS to alter its decision at the administrative review concerning the administrative suspension or termination of the agreement, an adoptive parent(s) must show that the determination of DCS was based on a material error of fact or was contrary to applicable law or DCS policy. See separate policy 10.19 Continuations, Terminations and Suspensions of Adoption Assistance.

**Continuation after the Child Turns 18 Years of Age**

DCS CEU will process a continuation request application in accordance with the procedure specified in the separate policy 10.19 Continuations, Terminations and Suspensions of Adoption Assistance.

If the decision of DCS CEU concerning continuation of the agreement after the child turns 18 years of age is unsatisfactory to the adoptive parent(s), a Request for Administrative Review-Indiana Adoption Program (SF54348) must be submitted to DCS Hearings and Appeals. Administrative reviews of a DCS decision to deny an application for continuation of adoption assistance beyond the child’s 18th birthday will be conducted by DCS Hearings and Appeals.

For DCS to alter its decision at the administrative review concerning an Application for Continuation of Adoption Assistance Agreement Beyond Age Eighteen, the adoptive parent(s) must show that at least one of the following factors applies:

1. The DCS CEU failed to consider relevant documentation submitted with the application.
2. If the application is based on the child’s physical, mental, medical, or emotional condition that limits the child’s self-supporting capability at the time the child will become age 18, the DCS CEU failed to evaluate adequately or properly the documentation and information submitted with the application.
3. The DCS decision was contrary to currently applicable law or DCS policy.

**Administrative Review Decision**

Administrative review will be completed within 60 days of DCS Hearings and Appeals’ receipt of the request. DCS will send notice of the administrative review decision to the prospective adoptive parent(s), or the adoptive parent(s), or their attorney, together with instructions and any appropriate forms so that a Request for Administrative Hearing Indiana Adoption Assistance Program (AAP or SAS) (SF54349) can be pursued, if applicable. Any review decisions
regarding periodic payment amounts will be approved by the DCS General Counsel, or designee.

If the prospective adoptive parent(s) or adoptive parent(s) is dissatisfied with the results of the administrative review, the parent(s) may submit a written Request for Administrative Hearing Indiana Adoption Assistance Program (AAP or SAS) (SF54349) to DCS Hearings and Appeals. The Request for Administrative Hearing Indiana Adoption Assistance Program (AAP or SAS) (SF 54349) form must be filed with the DCS Hearings and Appeals unit within 30 calendar days of service by mail or hand delivery to the prospective or adoptive parent(s) of the written notice of final administrative review decision. See separate policy 10.21 Administrative Appeals for Adoption Assistance.

An administrative review will not be provided concerning:
1. Disapproval of any requested change in the language or format of the agreement form that DCS submitted for completion and signature;
2. Determinations concerning the availability of funds in the Adoption Assistance Account for payments under SAS agreements or continuations of County Adoption Subsidy (CAS) agreements based on funding priorities identified in policy 10.16 Funding for Adoption Assistance;
3. Determinations relating to percentage reductions in current SAS payments; or
4. Any other decision or determination of DCS relating to administration of the SAS program under IC 31-19-26.5 and this policy that is not described in this policy.

**Code References**
- IC 31-19-26.5: Adoption Subsidies
- 42 USC 673 Title IV-E Adoption Assistance Program

**PROCEDURE**

The DCS General Counsel, or designee will:
1. Determine if requests were made in a timely manner. If not, the request will be denied upon receipt of the request for administrative review of an issue involving a periodic payment amount, modification request, termination of an adoption assistance agreement before the child turns 18 years of age, or application for continuation of an agreement after the child reaches the age of 18;
2. Send a copy of the Request for Administrative Review- Indiana Adoption Program (SF54348) to the DCS LOD who participated in the periodic payment negotiation process for issues that involve a periodic payment amount or a modification request. The DCS LOD will also request the most recent PRI (if applicable), and supporting documentation that was submitted by the prospective adoptive parent(s) or the adoptive parent(s);
3. Send a copy of the Request for Administrative Review- Indiana Adoption Program (SF54348) to DCS CEU for issues involving eligibility, continuation, or termination;
4. Appoint a qualified person in the division who has no previous knowledge or involvement in the case to conduct the administrative review;
5. Review and approve the completed administrative review decision within 60 calendar days of the receipt of the review request. The review will be based on documentation submitted by the DCS LOD, DCS CEU and the information submitted by the prospective adoptive parent(s) or the adoptive parent(s); and
6. Send a copy of the administrative review decision letter to the DCS LOD, DCS CEU and the prospective adoptive parent(s) or the adoptive parent(s).
The DCS General Counsel, or designee, will review any administrative review decision involving a request to change the periodic payment amount and approve the decision prior to notifying to the prospective adoptive parent(s) or the adoptive parent(s). Once approval has been obtained, DCS Legal Operations will provide written notification to the prospective adoptive parent(s), or the adoptive parent(s), or their attorney of the administrative review decision. The written notification will include instructions concerning the administrative appeal process and include a Request for Administrative Hearing Indiana Adoption Assistance Program (AAP or SAS) (SF54349) form, if applicable.

DCS Legal Operations will advise DCS CEU and the DCS LOD of the administrative review decision and DCS CEU will implement the decision if the administrative review decision alters the DCS determination being reviewed. An administrative review decision involving the periodic payment amount may include a revised periodic payment amount.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. Final Adoption Program Eligibility Determination – Available via CEU
2. Notice of Termination of Adoption Agreement –Available via CEU
3. Request for Administrative Review- Indiana Adoption Program (SF54348)
4. Request for Administrative Hearing Indiana Adoption Assistance Program (AAP or SAS) (SF54349)
5. Payment Request Information (PRI) Form – Available via CEU
6. Application for Continuation of Adoption Assistance Agreement Beyond Age Eighteen – Available via CEU

**RELATED INFORMATION**

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will process requests for an administrative appeal hearing received from a parent(s) concerning an administrative review decision made by DCS under policy 10.20 Administrative Review for Adoption Assistance. See Related Information for the definition of parent(s).

DCS will send notice of an administrative review decision to the parent(s), along with instructions and a Request for Administrative Hearing Indiana Adoption Assistance Program (AAP or SAS) (SF54349) form. If the parent(s) is dissatisfied with the results of the administrative review, the parent(s) may submit the Request for Administrative Hearing Indiana Adoption Assistance Program (AAP or SAS) (SF54349) form to the DCS Hearings and Appeals within 30 calendar days after service of the Indiana Adoption Program Notice of Final Administrative Review Decision (SF 54343), as provided in policy 10.20 Administrative Review for Adoption Assistance.

A request for an administrative hearing must be based on the same issues, facts and documentation that were presented in the request for administrative review. The administrative hearing will not consider any issues or facts that were not presented in the administrative review request submitted by the parent(s).

In any administrative hearing conducted regarding eligibility for adoption assistance, the parent(s) shall have the burden to prove that the child meets all applicable eligibility requirements. See policy 10.15 Eligibility Requirements for Adoption Assistance.

In any administrative hearing conducted regarding a periodic payment amount, the parent(s) shall have the burden to prove one (1) or more of the following:

1. In conducting negotiations with the prospective adoptive parent(s) or their attorney, DCS did not substantially follow the procedures specified in policy 10.17 Negotiations for Adoption Assistance, or any other applicable policy, procedure, rule, or statute relating to determination of adoption assistance periodic payments;

2. DCS did not consider relevant information or documentation that the prospective adoptive parent(s) or adoptive parent(s) submitted in the Payment Request Information (PRI) Form, in conducting the negotiation or submitting its Final Offer letter based on the factors and information outlined in DCS policy 10.17 Negotiations for Adoption Assistance; or

3. The periodic payment that DCS agreed to pay as stated in the Final Offer letter is clearly unreasonable and not supported by substantial and relevant evidence presented by the prospective adoptive parent(s) or adoptive parent(s) or otherwise considered by DCS.
A prospective adoptive parent(s) may utilize the administrative procedures for a review and hearing before obtaining a Final Decree of Adoption of the child. Both the prospective parent(s) and DCS must sign an agreement before entry of the Final Adoption Decree.

The parent(s) may elect to sign the agreement for the amount of the periodic payment offered in the DCS Final Offer letter and reserve the right to pursue the administrative review and hearing process, in accordance with DCS policy 10.17 Negotiations for Adoption Assistance. If a parent(s) with a current agreement pursues the administrative review and hearing process, any change in the periodic payment that is subsequently approved or ordered in an administrative hearing decision will be retroactive to the date of entry of the Final Decree of Adoption.

When an administrative hearing concerns the periodic payment amount for a current agreement and the parent(s) did not pursue the administrative review and hearing process within 30 calendar days of the DCS Final Offer letter, the hearing request will be considered a request for a modification of the current agreement. Modifications will proceed in accordance with DCS policy 10.18 Modifications for Adoption Assistance. For hearings involving a request for modification of an existing agreement to increase the periodic payment amount, the parent(s) must prove one (1) of the three (3) factors listed above to challenge a periodic payment amount, and both of the following:

1. A change of circumstances concerning the child or family occurred after the original agreement or most recent amendment was signed that was not known or anticipated at the time the agreement or most recent amendment was signed that justifies an increase in the periodic payment; and
2. The parent(s) has not submitted any other written request for modification of the agreement to increase the periodic payment amount, within 12 months of the request for modification which is the subject of the administrative hearing request.

If a hearing on a modification request does not include an issue concerning the periodic payment amount, the parent(s) has the burden to prove that a change of circumstances occurred after signature of the original agreement, or any subsequent modification or amendment of the agreement, that supports the requested modification.

In any administrative hearing regarding the termination of an adoption assistance agreement or administrative suspension of periodic payments under an adoption assistance agreement, before the child reaches 18 years of age, the parent(s) shall have the burden of proving that termination or suspension does not comply with DCS policy or any applicable procedure, rule, or statute. See policy 10.19 Continuations, Terminations and Suspensions of Adoption Assistance for requirements.

An administrative hearing requested and granted under this policy will be scheduled and held within 90 calendar days after receipt of the hearing request by DCS Hearings and Appeals, unless the assigned Administrative Law Judge (ALJ) continues the hearing date by agreement of the parties or upon motion for good cause. All administrative hearings will be heard at a hearing site in Indianapolis, Indiana, unless all parties and the ALJ agree to hold a hearing at another location, for convenience of the parties and witnesses. The parties will be notified by DCS Hearings and Appeals as to the specific time, date and place for each hearing. The hearing will be conducted under applicable rules and policies of DCS pertaining to administrative hearings.

A written administrative hearing decision will be issued and mailed to the parties within 90 calendar days of the hearing, unless additional time is requested and approved by all parties.
and the ALJ, as stated in the hearing record. However, a decision issued more than 90 calendar days after completion of the hearing will not be void or voidable on the ground of untimeliness.

If an administrative hearing decision involves an appropriate periodic payment amount and concludes that the parent(s) met the burden of proof that the amount approved by DCS should be changed, the ALJ will not determine the proper amount of a periodic payment. If the administrative review decision is not affirmed, the ALJ will send the case back to DCS for further consideration based on the findings and conclusions stated in the decision. If subsequent negotiations do not result in agreement concerning the periodic payment amount, a second administrative appeal hearing will not be provided to re-argue the same disputed issues. In that event the administrative review determination concerning the post-remand Final Offer letter will be the final agency action of DCS.

**Note:** Any approved change in the periodic payment shall be documented by an amendment to the agreement that states the effective date(s) for the change. If the appeal concerns the periodic payment amount stated in the adoption assistance agreement that was signed before entry of the Final Decree of Adoption, the effective date will be retroactive to the date of entry of the Final Adoption Decree.

If the administrative review decision is upheld, the amount of the periodic payment, as stated in the signed original agreement, or currently effective amendment, will remain in effect unless or until the periodic payment is changed in accordance with the modification procedures in policy 10.18 Modifications for Adoption Assistance. DCS will not consider the failure of the adoptive parent(s) to obtain a requested periodic payment amount to be a ground for revoking or setting aside their adoption of the child.

An administrative hearing decision issued by the assigned ALJ is the final agency action of DCS, unless the decision remands the case for further consideration by DCS.

The final DCS agency action, after exhaustion of available administrative review and appeal procedures, is subject to judicial review under the applicable provisions of IC 4-21.5-5.

An administrative hearing will not be provided for the following decisions:

1. Approval or disapproval of any requested change in the language or format of the agreement form that DCS submitted for completion and signature;
2. Determinations concerning the availability of funds in the Adoption Assistance Account for payments under State Adoption Subsidy (SAS) agreements or continuations of County Adoption Subsidy (CAS) agreements based on funding priorities identified in policy 10.16 Funding for Adoption Assistance;
3. Determinations relating to percentage reductions in current SAS periodic payments; or
4. Any other decision or determination of DCS relating to administration of the Indiana Adoption Program under IC 31-19-26.5 or this policy that is not described in this policy.

**Code References**

1. IC 4-21.5-5 Judicial Review
2. IC 31-19-26.5 Adoption Subsidies
3. 45 C.F.R. 205.10: Title IV-E Fair Hearings
4. 45 C.F.R. 1355.30: Referenced Rules for Title IV-E
PROCEDURE

The DCS Local Office Director (LOD) or designee will provide technical assistance, including testimony, to support the position of DCS for administrative hearings concerning original periodic payment amount or modifications of periodic payment amounts based on change of circumstances.

DCS CEU will provide assistance, including testimony, to support the position of DCS for administrative hearings concerning eligibility, continuation of adoption assistance beyond the child’s 18th birthday, termination of adoption assistance agreements, administrative suspension of adoption assistance payments, or decisions concerning modification requests other than changes in periodic payment amounts.

DCS Legal Operations will provide assistance, including testimony, to support the position of DCS for administrative hearings concerning the result of administrative reviews under policy 10.20 Administrative Review for Adoption Assistance.

DCS will be represented in administrative appeal hearings by a DCS Central Office Attorney. A DCS Staff Attorney who was involved in negotiation and determination of a periodic payment amount or modification that is the subject of an administrative appeal hearing will assist the DCS Central Office Attorney, as requested, in presenting the DCS position at the hearing. Following an ALJ decision to uphold, reverse or remand the administrative review decision, DCS Counsel will notify DCS staff as to appropriate procedures to comply with the decision.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Final Adoption Program Eligibility Determination – Available via CEU
2. Payment Request Information (PRI) Form – Available via CEU
3. Request for Administrative Hearing Indiana Adoption Assistance Program (AAP or SAS) (SF54349)
4. Indiana Adoption Program Notice of Final Administrative Review Decision (SF 54343) - Available via CEU

RELATED INFORMATION

Parent (definition)
A person aggrieved by the decision made in an administrative review by DCS who is either:
   1. A prospective adoptive parent(s), including the parent(s) who has applied for adoption assistance; or
   2. An adoptive parent(s), who is a party to an adoption assistance agreement; and
   3. Includes an attorney who represents the aggrieved person for purposes of the administrative appeal hearing.
TPR CHECKLIST

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk with resource parent(s)</td>
<td>To determine if they are interested in adopting the child(ren).</td>
</tr>
<tr>
<td>Staff and screen case for a change of permanency plan to adoption</td>
<td>With FCMS and local office attorney.</td>
</tr>
<tr>
<td>Request court approval of a permanency plan change to adoption</td>
<td></td>
</tr>
<tr>
<td>Update the Case Plan with adoption as the permanency plan</td>
<td></td>
</tr>
<tr>
<td>Complete the Child Social Summary within 45 days of updating</td>
<td>The permanency plan to adoption.</td>
</tr>
<tr>
<td>Determine if both parents have been identified and located</td>
<td></td>
</tr>
<tr>
<td>Request publication for Absent Parent, if applicable</td>
<td>This will be done by the DCS Local Office Attorney.</td>
</tr>
<tr>
<td>Alert the Department of Child Services (DCS) Local Office Attorney</td>
<td>To any discrepancies in spelling of names or different last name for child</td>
</tr>
<tr>
<td>Discuss with the parent(s) the possibility of signing Consent to</td>
<td>Adoption (SF12582) and advise parents to seek legal counsel.</td>
</tr>
<tr>
<td>Request that the attorney file a petition for Termination of</td>
<td>Adoption Rights (TPR).</td>
</tr>
<tr>
<td>Inform child about TPR and the possible outcomes, if child is age</td>
<td>Proper discussion.</td>
</tr>
<tr>
<td>Ensure parent(s) who have decided to voluntarily relinquish rights</td>
<td>Signed all relevant paperwork including the Consent to Adoption (SF12582).</td>
</tr>
<tr>
<td>Initiate TPR hearing, if parents do not voluntarily relinquish rights</td>
<td>Additional hearings may follow as it is rarely the case that TPR is</td>
</tr>
<tr>
<td>Document TPR ordered.</td>
<td>Completed at the initial hearing.</td>
</tr>
<tr>
<td>Set up a final visit between the child and the parents, if the child</td>
<td>Arranged visits so that the therapist can be present.</td>
</tr>
<tr>
<td>Set-up a paper adoption case file.</td>
<td></td>
</tr>
<tr>
<td>Upload all documentation into MaGIK</td>
<td></td>
</tr>
</tbody>
</table>
**ADOPTION CHECKLIST FOR A CHILD NOT IN A PROSPECTIVE ADOPTIVE HOME**

<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete <strong>Child Social Summary</strong> within 45 days</td>
<td>of changing the permanency plan to adoption. Gather input from resource parents, relatives, and therapists, or make a referral to the Indiana Adoption Program for the child summary to be completed by the contractor, if needed. Ensure the Child Social Summary is updated annually or until the adoption is finalized. <strong>Note:</strong> A referral for a Child Social Summary may ONLY be made if the child is referred to the Indiana Adoption Program for active recruitment of an adoptive home.</td>
</tr>
<tr>
<td>Discuss with the child and gain his or her permission to complete the <strong>Child Registration: Indiana Adoption Program Picture Book and Website Form (SF11840)</strong> if the child meets the eligibility criteria in policy 10.6 Making an Indiana Adoption Program Referral, and send to the Adoption Consultant. Include a copy of <strong>Child Social Summary</strong> and <strong>Indiana Adoption Program Informed Consent for Recruitment (SF54901)</strong>, if applicable per child’s age.</td>
<td></td>
</tr>
<tr>
<td>Obtain a recent photo of the child or refer to the Adoption Liaison to meet and photograph the child.</td>
<td></td>
</tr>
<tr>
<td>Discuss with the Adoption Liaison the possibility of putting the child on Indiana’s photo-listing webpage and Picture Book.</td>
<td></td>
</tr>
<tr>
<td>Review adoptive home studies that have been submitted for the child, and select families to schedule for interviewing.</td>
<td></td>
</tr>
<tr>
<td>Coordinate the date and location of the family interview(s) with the Adoption Liaison.</td>
<td></td>
</tr>
</tbody>
</table>
| Send a letter to the families to be interviewed that includes:       | - Date, time, and place of the interview  
- Brief explanation of the interview process  
- Who to expect will be in attendance and interviewing  
- A list of questions that may be asked  
- A contact person and phone number for Family Case Manager (FCM)/Adoption Liaison |                                                                                                                                           |
| Interview families and submit the team’s recommendation, in writing to the DCS Local Office Director (LOD), of the family that best meets the needs of the child. |                                                                                                                                                                                                 |
| Provide an update to each family that was not selected.              |                                                                                                                                                                                                 |
| Inform selected family within five (5) days after the decision is made, and make arrangements for pre-placement visits for the child and family prior to child being placed in the home for ease of transition and to lessen the trauma to the child. |                                                                                                                                                                                                 |
| Ask the prospective adoptive parent(s) to file an adoption petition to adopt the child after the child has been placed in the home for six (6) months. |                                                                                                                                                                                                 |

(Child is now in a prospective adoptive home)

Follow steps (below) in the checklist for ‘A Child **ALREADY IN A PROSPECTIVE ADOPTIVE HOME**’.
**ADOPTION CHECKLIST FOR A CHILD ALREADY IN A PROSPECTIVE ADOPTIVE HOME**

<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Child Social Summary within <strong>45 days</strong> of changing the permanency plan to adoption.</td>
<td>Gather input from resource parent(s), relatives, and therapists. Ensure the Child Social Summary is updated annually or until the adoption is finalized.</td>
</tr>
<tr>
<td>Send a copy of the TPR orders and/or <strong>Consent to Adoption (SF12582)</strong> to the attorney of the prospective adoptive parent(s). Include any information known regarding the child’s eligibility for the Indiana Adoption Assistance Program. (Do not send internal eligibility forms to the attorney).</td>
<td><em>(Note: DCS will not sign the Consent to Adoption (SF12582) until the period of appeal for the TPR has passed, or any final appellate opinion related to the TPR has been certified and the period for appeal has passed on any issues remanded to the juvenile court, and the negotiations for Adoption Subsidy have been negotiated and finalized.)</em></td>
</tr>
<tr>
<td>Complete Child Abuse and/or Neglect (CA/N) checks for all household members age 6 years and older, Sex Offender Registry (SOR) checks for household members 14 years and over, criminal history checks, and FBI fingerprint checks for all household members 18 years and over, if not completed within the past 12 months. See Policy <strong>13.7 Conducting Background Checks for Adoptions</strong>.</td>
<td></td>
</tr>
<tr>
<td>Schedule time for prospective adoptive family to review the Child Social Summary, the child’s case file and the Explanation of Indiana Adoption Program (AAP &amp; SAS) and Background Information (SF54352) form with family and have them sign. Ensure the family receives information about Post Adoptive Services (PAS).</td>
<td></td>
</tr>
<tr>
<td>Request a copy of the filed adoption petition from the attorney of the prospective adoptive parent.</td>
<td></td>
</tr>
<tr>
<td>Explain the Explanation of Adoption Summary (SFxxxxx) to the prospective adoptive parent(s), obtain all signatures necessary, and upload into MaGIK.</td>
<td></td>
</tr>
<tr>
<td>Have prospective adoptive parent(s) complete the Indiana Adoption Program Application Title IV-E Adoption Assistance Program (AAP) or State Adoption Subsidy (SAS) within <strong>10 days</strong> of filing the Adoption Petition. FCM will send the Application to Central Eligibility Unit (CEU), along with copies of the background checks, Consent to Adoption (SF12582), verification that the child cannot or should not be returned to the home of either parent (e.g., parent’s death certificate, no father identified via the Putative Fathers Registry, or TPR petition or order) signed Explanation of Indiana Adoption Program (AAP &amp; SAS) and Background Information (SF54352), and any other supporting documentation.</td>
<td></td>
</tr>
<tr>
<td>Complete the Pre-Adoption Plan in the Management Gateway for Indiana’s Kids (MaGIK) located in the Case under Plans and Tools.</td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Receive the <strong>Final Adoption Program Eligibility Determination</strong>, proposed IV-E Adoption Assistance Agreement or State Adoption Subsidy Agreement, Payment Request Information (PRI), and <strong>Request for Administrative Review</strong>, if appropriate, from CEU.</td>
<td></td>
</tr>
<tr>
<td>Send, via regular mail, <strong>Final Adoption Program Eligibility Determination</strong>, proposed agreement, PRI form and the <strong>Request for Administrative Review</strong> (if applicable) to the prospective adoptive parent(s) or their attorney, <strong>no later than two (2) days</strong> after receipt from CEU.</td>
<td></td>
</tr>
<tr>
<td>Schedule an appointment with the prospective adoptive parent(s) and their attorney to deliver and explain the PRI, Administrative Review Form, <strong>Adoption Assistance Program (AAP) Agreement</strong> or the <strong>State Adoption Subsidy (SAS) Agreement</strong> <strong>within 15 calendar days</strong> after receipt of the <strong>Final Adoption Program Eligibility Determination</strong> for an eligible child. The agreement must be signed <strong>before the Decree of Adoption is entered</strong>. FCM places original agreement in child’s local adoption file.</td>
<td></td>
</tr>
<tr>
<td>Prepare a <strong>Resource Family Preparation Assessment Summary</strong> and obtain required signatures of the FCM Supervisor and DCS LOD. Submit <strong>Resource Family Preparation Assessment Summary</strong>, <strong>Indiana Adoption Medical History Report</strong>, and DCS <strong>Consent to Adoption (SF12582)</strong> for all children being adopted <strong>within 60 days</strong> of the adoption petition date. Children age 14 and over must consent to adoption by completing the <strong>Consent to Adoption (SF12582)</strong>.</td>
<td></td>
</tr>
<tr>
<td>Attend final adoption hearing with camera to memorialize event.</td>
<td></td>
</tr>
<tr>
<td>Provide the DCS Local Office Attorney with the Decree of Adoption after receipt from the Adoptive parent(s).</td>
<td></td>
</tr>
<tr>
<td>Complete the following upon receipt of Final Decree of Adoption:</td>
<td></td>
</tr>
<tr>
<td>• Upload the Final Decree of Adoption into the adoption finalization hearing in MaGiK within 10 business days of receipt.</td>
<td></td>
</tr>
<tr>
<td>• Request from the court release of wardship and close the Foster Care Case</td>
<td></td>
</tr>
<tr>
<td>• Email CEU at <a href="mailto:Centralized.Eligibility@dcs.IN.gov">Centralized.Eligibility@dcs.IN.gov</a> to alert them that the documents have been uploaded to MaGiK. CEU will validate receipt of Decree and Agreement, update KidTraks to place child in payment status (if eligible for AAP or SAS). Send an email to DCS Medicaid Enrollment Unit (MEU) when the finalization process is completed to update the child’s Medicaid status, and place a copy of the Decree and Agreement in the child’s adoption eligibility file.</td>
<td></td>
</tr>
<tr>
<td>• Email the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency licensing worker to notify him or her of the Final Decree of Adoption to ensure the license is revised.</td>
<td></td>
</tr>
<tr>
<td>• Place a copy of the Final Decree of Adoption in the child’s adoption file.</td>
<td></td>
</tr>
</tbody>
</table>
CHILD SUMMARY

(NOTE: When writing child summaries, keep in mind: What would you want to know if you were adopting this child? Also, child summaries should be written redacted….i.e. no last names, locations, etc.)

CHILD’S FIRST NAME: CHILD’S NICKNAME:

DATE OF BIRTH: SEX:

RACE:

SIBLINGS:

REASON FOR DEPARTMENT OF CHILD SERVICES INVOLVEMENT/ABUSE/NEGLECT:
- List reports of abuse and neglect and reasons child taken into care
- Dates of involvement and removal

I. EVALUATION OF THE CHILD’S NEEDS IN AN ADOPTIVE HOME.
- Child’s understanding of termination
- Child’s understanding of adoption
- Child’s preparation for adoption, who is doing it
- Characteristics of family best suited for the child
- Child’s behaviors that might affect adoptive home
- Transition plan

TERMINATION OF PARENTAL RIGHTS:

Mother___________Voluntary/Date __________Involuntary/Date
Father___________Voluntary/Date __________Involuntary/Date

II. FAMILY HISTORY

A. History of Birth Family:
- Birth Mother:
  - Where was she born, when
  - What does she look like; give a physical description
  - What were her reasons for making an adoption plan for her child, if she did
  - What was her childhood like
  - What is her education and employment history
- What are her relationships with family, friends, and the child’s father
- Drug and alcohol history, if applicable
- Medical history for her and her family if known
- Intellectual and psychological functioning, List any diagnoses
- Talents, strengths

- Birth Father:
  - Where was he born, when
  - What does he look like; give a physical description
  - What were his reasons for making an adoption plan for his child, if he did
  - What was his childhood like
  - What is his education and employment history
  - What are his relationships with family, friends, and the child’s mother
  - Drug and alcohol history, if applicable
  - Medical history for him and his family if known
  - Intellectual and psychological functioning, List any diagnoses
  - Talents, strengths

B. Child’s understanding of his past:
- Child’s understanding of why he/she came into care
- Child’s feelings regarding termination and subsequent adoption
- Was there or will there be a good bye visit
- Will there be any on-going visitation and if so, with whom

C. Status of Siblings:
- List siblings by name and age
- Will the siblings be placed together
- If not, reasons for not placing together
- Visitation arrangements

III. PHYSICAL DESCRIPTION OF THE CHILD

- HEIGHT:

- WEIGHT:

- EYE COLOR:

- HAIR COLOR:

- IDENTIFYING PHYSICAL FEATURES:

IV. EDUCATIONAL FUNCTIONING:
- Schools attended
- Special education classes
- Special services
- Current grade and school
- Behavior at school
- Academic achievements
V. EMOTIONAL FUNCTIONING:
- Past emotional functioning and behaviors
- Current emotional functioning and behaviors
- Diagnoses, evaluations completed, when, by whom, results
- Is child receiving counseling, with whom, frequency, issues being addressed
- How does child express feelings
VI. PERSONALITY:
- How does the child present himself/herself (shy, outgoing, friendly, etc)
- How does the child relate to peers, adults, authority figures and animals
- Who is important in this child’s life
- What discipline or behavior modifications have been used and have they been successful

VII. MEDICAL INFORMATION:
- Birth record information
- General health
- Medical conditions
- Medications
- Hospitalizations, when, what type of facility and for what type of treatment

VIII. HISTORY OF PLACEMENTS:
- List placements chronologically and the reason for leaving
- What does the child believe the reason for each move was and what was he/she told was the reason?

IX. CHILD’S STRENGTHS:
- List the positive traits for the child
- Tell what he/she enjoys doing for fun, hobbies, interests, talents, etc.
- Summarize progress since being in care (social, behavioral, educational, etc)

X. FUNDING AVAILABLE:
- Any eligible subsidies will be determined at the filing of the adoption petition between the adoptive family attorney and DCS attorney. The child is eligible for post-adoption services if needed.

DATE COMPLETED:

DATE UPDATED:

__________________________________________  _________________________________________
Family Case Manager                        Family Case Manager Supervisor
CHILD'S FIRST NAME: [Redacted]  CHILD'S NICKNAME: Tate
DATE OF BIRTH: [Redacted]  SEX: Male
RACE: Caucasian
SIBLINGS: Ashley [Redacted] (Date of Birth)

REASON FOR DEPARTMENT OF CHILD SERVICES INVOLVEMENT (ABUSE/NEGLECT):

Kristopher [Redacted] and Shanda [Redacted] became involved with DCS on 5/23/2015 when Tate was found by a neighbor alone outside. FCM stated that father was impaired and mother was voluntarily absent. Tate was found in urine soaked shorts with in diaper. When police and FCM arrived at father’s house to see what was going on he was observed to have marijuana and drug paraphernalia in the house. Father was then arrested. Neglect- Environment Life/ Health Endangering was substantiated on both mother and father.

There were several occasions prior to this that DCS was involved. First involvement was on 8/10/2013 when birth father had been stopped by police at 1 am by a gas station when he was pushing Tate in a stroller. He was given found to be intoxicated with a .21 BAC. He was arrested at this time. Neglect- Lack of supervision was substantiated for mother and father. The next involvement was on 1/10/2015 when Kristopher was attacked with a baseball bat and had money stolen from him. In the report it is stated that Tate’s father is unsure how long his son was by himself and how long father was unconscious. There was also no food in the home during this incident. Neglect- Life Health Endangering was unsubstantiated for mother and father. The final previous involvement occurred on 4/16/2015 when Tate was found walking alone on a street. At the time of this incident it appeared that Tate’s father was impaired and his mother stated she had no where to live. When doing walk through for this case the FCM found that there was plenty of food and that Tate seemed to be happy and healthy. Neglect- Life Health Endangering was unsubstantiated for mother and father.

I. EVALUATION OF THE CHILD’S NEEDS IN AN ADOPTIVE HOME.

Tate would do best in a strong two parent home due to his active personality and his need for constant supervision. Even though Tate is showing no emotional problems as of now.
due to his trauma the potential adoptive family should be aware of trauma and how it can affect a child later in life. The plan for Tate is to go in to his grandmother and grandfather’s care. Any caregiver will need to understand the impact of trauma on a child, including how it can surface in behaviors as well as how it can still impact their emotions or functioning if they do not talk about it or even have concrete memories of it, while the strongest factor to predict resiliency is having a safe and stable adult in the child’s life.

**TERMINATION OF PARENTAL RIGHTS:**

Potential guardianship to be placed with maternal grandmother. TPR has not been filled at this time.

**II. FAMILY HISTORY**

**A. History of Birth Family:**

**Mother:**

Shanda [Redacted] was born on [Redacted]. She was arrested on 8/26/2013 for possession of a controlled substance and possession of paraphernalia. Mother has a history of using pot, heroin, and alcohol abuse. It was reported by father that mother was not in Tate’s life until recently due to incarceration. Mother is currently on house arrest. Mother is receiving supervised visits once to twice a week with Tate. A fact finding court date is planned for the near future. Tate’s grandmother and mother have a good relationship. This should allow for Tate and his mother to still have a relationship even though he might be moving to another state. There is no other information in the file regarding mother’s mental health history nor medical history.

**Father:**

Kristopher [Redacted] was born on [Redacted]. He has been known to use pot and heroin for many years. Tate’s father also has a problem with alcohol abuse. He has recently been released from jail. Father is currently in a drug rehab program called House of Hope for the next 3 months. While there he receives weekly visits with his father. He has been arrested on several occasions once on 5/22/2012 possession of controlled substance and again on 8/12/2013 for public intoxication, disorderly conduct, and neglect of dependent. After he finishes the drug program DCS plans to implement other programs. There is no information in the file in regards to mental health history nor his medical history.

**B. Child’s understanding of his/her past:**
Tate Child Summary
Page 3 of 5

Due to Tate’s age he has no understanding of why he was taken from his mother and father nor what adoption is. His forever family should discuss this with him at age appropriate intervals so he can be aware of his past.

C. Status of Siblings:

Ashley is currently with her aunt and uncle who have co-guardianship with her grandparents. It is not clear if Tate has any knowledge of his sister.

III. PHYSICAL DESCRIPTION OF THE CHILD

HEIGHT: 3 feet 1 inch

WEIGHT: 31.3 lbs

EYE COLOR: Brown

HAIR COLOR: Blondish brown

IDENTIFYING PHYSICAL FEATURES: Tate has a bright smile and beautiful brown eyes that make him seem like he is thinking of what to do next.

IV. EDUCATIONAL FUNCTIONING:

Tate has not started school as of yet due to his age. However, Tate does know some of his colors and can identify his body parts. His gross motor skills and fine motor skills seem appropriate for his age. Tate seems like he is meeting all developmental milestones. Tate talks well for his age. However, you might need him to repeat some words just for clarification according to his foster mother.

V. EMOTIONAL FUNCTIONING:

Tate is generally a happy go lucky child. According, to his foster parent he does not mention anything from his past with his family. However, the foster family believes that he was lacking structure because he does not like to listen to the word No. He has the normal age appropriate issues of taking things away from other children and hitting when someone takes something from him. If he does these things the foster parent either redirects him, puts him in timeout, or holds him and talks to him about the inappropriate behavior. When he is upset Tate likes to be held and cuddled. This helps him calm down and move on to the next activity. A forever family needs to be aware of his trauma and that he might have issues emotionally in the future. The family should also be aware of the fact that Tate has been around drug and alcohol abuse and potential effects of this.

VI. PERSONALITY:
Tate Child Summary
Page 4 of 5

Tate is a very strong willed child that likes to be independent. He does fine with other children but would probably do best with one on one attention. Tate was recently bitten by a dog but has been around one since then and he does not seem afraid of them.

Tate has not yet been potty trained and still needs to be changed. He still needs some help with dressing. He is not a picky eater. However, there does seem to be some issues with food. His foster parent stated he will take the other children's food and cry if he sees her making food and he hasn't gotten it yet.

When Tate is inside he likes to play with trucks, cars, and playdoh. His favorite television shows are Spongebob Squarepants and Mickey Mouse Clubhouse. Tate is a very active child that loves to be outside. He loves to swing, run, and kick balls while outside. A forever family needs to be aware that Tate can unlock doors and will walk outside alone.

VII. MEDICAL INFORMATION:

Tate currently takes Zyrtec daily, breathing treatments twice a day using a nebulizer that has Pulmicort in it, and Albuterol as needed for asthma. Tate is up to date on all shots.

Tate was bitten by a dog on 6/23/2015. He was taken to a hospital in Indiana. While there he receive 35 sutures between multiple lacerations on his face. These bite marks are still healing under his left eye, lip and nose. He has yet to have a follow-up prior to writing of this document.

VIII. HISTORY OF PLACEMENTS:

5/23/2015 to 7/17/2015 foster care placement (foster parents wanted him moved, stated they were too young to be foster parents)
7/17/2015 to current foster care placement

IX. CHILD'S STRENGTHS:

Tate presents with many strengths despite his trauma history. He loves to be around people and will play and talk to you as long as you let him. Even though Tate has not yet started school he shows a great ability to learn and retain knowledge. He is a very happy child that seems to have a lot of love to give.

X. FUNDING AVAILABLE:

Any eligible subsidies will be determined at the filing of the adoption petition between the adoptive family attorney and DCS attorney. The child is eligible for post-adoption services if needed.
DATE COMPLETED:

COMPLETED BY:

____________________

Family Case Manager (FCM)

____________________

FCM Supervisor
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make Older Youth Services (OYS) available to eligible Child in Need of Services (CHINS) and Juvenile Delinquent/Juvenile Status (JD/JS) youth in eligible foster care placements1 age 16 up to the day before before the youth’s 23rd birthday and eligible former foster youth age 18 up to the day before the youth’s 23rd birthday. DCS will ensure that all CHINS and JD/JS youth receive OYS beginning at age 16. For youth placed in DCS licensed foster homes, relative homes, non-licensed court approved placements, on a Trial Home Visit (THV), or in a Collaborative Care (CC) placement, a referral should be made to an OYS provider. For youth placed in residential facilities, group homes, Licensed Child Placing Agency (LCPA) foster homes, or other similar placement, OYS are provided by the placement agency.

DCS will ensure that all CHINS and JD/JS youth age 14 and over who are in out-of-home placements receive a credit report from each of the three (3) Credit Reporting Agencies each year until the youth is discharged from care. The youth will receive assistance in interpreting and resolving any inaccuracies in the reports, if applicable.

Code References

42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood

PROCEDURE

The Family Case Manager (FCM) or Collaborative Care Case Manager (3CM) will:

1. Complete and submit a referral for OYS for CHINS or JD/JS youth, beginning at age 16 up to the day before the youth’s 23rd birthday, who are placed in DCS licensed foster care homes, relative homes, non-licensed court approved placements, or in a CC placement;

   Note: A Transition Plan for Successful Adulthood (SF 55166) should be developed for all youth starting at age 14. The youth and his or her child representatives should participate in the development of this plan. See separate policy, 11.06 Transition Plan for Successful Adulthood.

2. Complete and submit a referral for OYS for youth placed in residential facilities, group homes, LCPA foster homes, or on a Trial Home Visit (THV) at age 17 years and six (6) months;

---

1 The federal definition of foster care is “24 hour substitute care for all children placed away from their parents or guardians and for whom the State agency has placement and care responsibility.” The full definition is available at http://www.gpo.gov/fdsys/pkg/CFR-2002-title45-vol4/xml/CFR-2002-title45-vol4-sec1355-20.xml.
3. Ensure that all youth age 14 and over who are in out-of-home placement receive yearly credit reports from all three (3) major credit reporting agencies, and assist in correcting any inaccuracies (see Practice Guidance); and
4. Ensure an annual copy of the Casey Life Skills (CLS) Assessment and progress reports are obtained and placed in the youth’s case file on all eligible CHINS and JD/JS youth aged 16 to 23 who are receiving OYS through residential facilities, group homes, Licensed Child Placing Agency (LCPA) foster homes, and OYS providers.

For youth entering CC, please refer to separate CC policies. Referrals to OYS providers for youth in CC are done on a case-by-case basis, as determined through teaming with the youth and the youth’s team.

For youth entering Voluntary Services, the 3CM will:
1. Ensure eligibility is determined for all former eligible youth requesting Voluntary OYS;
2. Create a Voluntary OYS referral for the appropriate OYS provider in a timely manner.

For specific responsibilities for Voluntary OYS, please see separate policy, 11.07 Voluntary Older Youth Services.

### PRACTICE GUIDANCE

#### Assessment Required
All youth referred for services must complete the CLS Assessment at [www.lifeskills.casey.org](http://www.lifeskills.casey.org). The CLS is the only assessment tool approved for use for youth in Indiana. Resource material may be downloaded from [www.lifeskills.casey.org](http://www.lifeskills.casey.org) to meet all identified needs of youth being assessed.

#### Credit Reports
A credit report is a record of a person’s credit activities. It lists any credit card accounts or loans the person has, the balances, and how regularly payments are made, as well as, identifying information. Most children and youth do not have credit reports. If a credit report does exist for a person younger than age 18, it may be due to error, fraud, or identity theft. To protect the identity and future credit worthiness of the youth, there is a need to take action and correct the information.

The three (3) main Credit Reporting Agencies are: Experian, Equifax, and TransUnion. Each agency has procedures on how to access credit reports for minors and how to address disputes in the report.

#### Experian, Equifax, TransUnion
To request a copy of the personal credit report:
1. Send proof of a court ordered document for each person who needs a credit report indicating that the youth is in out-of-home care and documentation for the agency to act in the capacity of the court order;
2. Send proof that the youth is a minor (i.e., copy of birth certificate) and include the youth’s identification information, such as full name, current address, social security number, date of birth and addresses where the youth has lived within the past two (2) years; and
3. Complete and submit the [Annual Credit Report Request Form](#).
To dispute inaccurate information in the report:
1. Send proof of a court ordered document for each person who needs a credit report indicating that the youth is in out-of-home care and documentation for the agency to act in the capacity of the court order;
2. Send proof that the youth is a minor (i.e., copy of birth certificate) and include the youth’s identification information, such as full name, current address, social security number, date of birth and addresses where the youth has lived within the past two (2) years; and
3. Indicate what accounts do not belong to the youth, and indicate the youth is a minor child.

The address for Experian is:
Experian National Consumer Assistance Center
P.O. Box 9701
Allen, Texas 75013

The address for Equifax is:
Equifax Credit Information Services, Inc
P.O. Box 740241
Atlanta, GA 30374

The address for TransUnion is:
Annual Credit Report Request Service
P.O. Box 105281
Atlanta, GA 30348-5281

FORMS AND TOOLS

1. Transition Plan for Successful Adulthood (SF 55166)
2. Annual Credit Report Request Form

RELATED INFORMATION

Voluntary OYS
All youth aging out of foster care at 18 or older are eligible for Voluntary OYS, including Room and Board assistance and the Education and Training Voucher Program. See separate policies, 11.02 Eligibility for Older Youth Services, 11.07 Voluntary Older Youth Services, 11.08 John H. Chafee Foster Program for Successful Transition to Adulthood (the Chafee Program) Room and Board Services, and 11.10 Education and Training Voucher Program.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) has determined the following youth meet the eligibility requirements for Older Youth Services (formerly known as Chafee Independent Living or IL):

1. Youth age **16 up to the day before the youth’s 23rd birthday who are in foster care**\(^1\) as a Child in Need of Services (CHINS) or Juvenile Delinquent/Juvenile Status (JD/JS). Referral for Older Youth Services (OYS) is based on the type of placement of the youth (see separate policy, **11.01 Older Youth Services**);

2. Youth age **18 up to the day before the youth’s 23rd birthday who were formerly in foster care** for a minimum of six (6) months as a CHINS or JD/JS after age 16 under the supervision of DCS and were a ward or in the custody of another state if there is a verification of wardship and all eligibility criteria is met from the state of jurisdiction; or

3. Youth age **16 up to the day before the youth’s 23rd birthday who were formerly in foster care** for a minimum of six (6) months and have obtained guardianship or adoption on or after the youth’s 16th birthday.

**Note:** Youth who meet eligibility requirements number two (2) and three (3) above are eligible for Voluntary OYS. See separate policy, **11.07 Voluntary Older Youth Services**.

Code References

42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood

PROCEDURE

The Family Case Manager (FCM) or Collaborative Care Case Manager (3CM) will:

1. Determine whether eligible youth should be referred for OYS based on the type of placement;

2. Determine eligibility for all CHINS and JD/JS youth age 16 to 23 in foster care and youth previously in foster care; and

3. Determine eligibility for youth age 16 to 23 in foster care through an Interstate Compact for the Placement of Children (ICPC) when requested.

---

\(^1\) Foster care is defined as 24-hour substitute care for children placed away from their parents/guardians/custodians and for whom the State agency has placement and care responsibility. Facilities that are outside the scope of foster care include, but are not limited to: detention facilities; psychiatric hospital acute care; forestry camps; or facilities that are primarily for the detention for children who are adjudicated delinquents.
PRACTICE GUIDANCE

Placement Type Determines Eligibility for John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) Funding
The Chafee Program funding provides OYS for CHINS and JD/JS youth in foster care, Collaborative Care, relative foster care, or other court approved placements. The Chafee Program funding also provides OYS for youth formerly in out-of-home care who are currently on a Trial Home Visit (THV) with his or her parent, guardian, or custodian and remain under the jurisdiction of the court and remain in an open CHINS or JD/JS case.

FORMS AND TOOLS

1. OYS Services Referral – Available in KidTraks Referral Wizard
2. OYS Service Standards

RELATED INFORMATION

N/A
The Indiana Department of Child Services (DCS) will make funds of up to $1,000 per youth available to purchase needed goods and services through the use of Emancipation Goods and Services (EG&S), if such funds are available. The youth must be between the ages 18 to 23, previously in foster care, and receiving John H. Chafee Foster Program for Successful Transition to Adulthood (the Chafee Program) Voluntary Older Youth Services (OYS) (see separate policy, 11.07 Voluntary Older Youth Services).

The Chafee Program OYS service providers will submit the Emancipation Goods and Services Request (SF 55230) to DCS when working with youth who wish to utilize EG&S funds. DCS will ensure EG&S funds are made available in the Chafee Program OYS service provider contracts, so long as Chafee Program funds are available.

Code References

42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood

**PROCEDURE**

The Independent Living (IL) Specialist will:

1. Provide timely response to requests for goods and services indicated on the Emancipation Goods and Services Request (SF 55230);
2. Authorize funds in excess of $1,000 when extenuating circumstances exist; and
3. Ensure the Chafee Program OYS service provider:
   a. Completes requests for funds for eligible youth for goods and/or services such as: a State ID, personal copy of the youth’s birth certificate, tutoring, college application fees, drivers education, and work related items as needed;
   b. Makes requests for goods and services identified on the Emancipation Goods and Services Request (SF 55230) for eligible youth receiving voluntary services to ensure transition to successful adulthood;
   c. Requests approval from the IL Specialist for any goods and services not identified on the Emancipation Goods and Services Request (SF 55230) to determine if the item is an appropriate Chafee expenditure prior to making a request (written approval for items not on the list must be included with the request); and
   d. Verifies all approved requests for EG&S are purchased within 45 days of the signed approval form. If the form is not dated by the approving authority, the purchases will be made within 45 days of the date requested.
**Emancipation Goods and Services**
EG&S is a funding source not to exceed $1000 per youth and is for goods and services a youth may need as he or she becomes independent of the foster care system. The Chafee Program OYS provider should act as a broker of resources by assisting the youth in finding services and connecting them to community resources when needs arise in order for the youth to become familiar with available local resources and learn how to access those resources after successful case closure.

**Approval Process**
The Older Youth Initiatives Manager or IL Specialist will approve the signed [Emancipation Goods and Services Request (SF 55230)](https://example.com) and track expenditures to ensure funds expended for EG&S do not exceed $1,000 per youth from the first request up to age 23.

Requests for items not listed on the [Emancipation Goods and Services Request (SF 55230)](https://example.com) require pre-approval by the Older Youth Initiatives Manager or IL Specialist. If these items are purchased without prior approval, they will become an expense to the OYS provider and will not be paid through Chafee Program funds.

Requests for additional funds will be considered on a case-by-case basis by DCS Central Office staff only, based on availability of funds.

**Items not Included on the EG&S List**
The following are items not included on the EG&S list and may not be paid through Chafee Program funds: medical expenses, car purchases and payments, or repairs on a vehicle that is not titled in the youth’s name.

Post-secondary education items are not eligible to be funded through EG&S since funding for those items is available through the Education and Training Voucher program. See separate policy, [11.10 Education and Training Voucher Program](https://example.com).

**Length of Approval**
Approval for an EG&S expenditure is good for 45 days from the date of signature. If the items are not purchased in that time period, a new request must be made. If the approval signature is not dated, items must be purchased within 45 days of the date of the request.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 11: Older Youth Services  Effective Date: February 1, 2019
Section 4: State Youth Advisory Board  Version: 4

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will fund an Indiana Youth Advisory Board (YAB) for Child in Need of Services (CHINS), Collaborative Care, and Juvenile Delinquent/Juvenile Status (JD/JS) youth age 14 up to 23 in foster care and former foster youth age 18 up to 23 who were in foster care for a period of six (6) months with a Case Plan (SF 2956) identifying the need for Older Youth Services (OYS). See Youth Advisory Board Service Standards for more information.

Note: Youth receiving Education and Training Voucher (ETV) funds may serve on the YAB until age 23.

The following youth are eligible for membership on the State YAB:
1. Youth age 14 up to 23 who are in foster care as a CHINS or JD/JS;
2. Youth age 14 up to 23 who were formerly in foster care as a CHINS or JD/JS between the age of 14-18 that were returned to their own homes and remain a CHINS or JD/JS with a Case Plan (SF 2956) establishing the need for OYS;
3. Youth age 18 up to 23 who were formerly in foster care on their 18th birthday as a CHINS or JD/JS and had a Case Plan (SF 2956) establishing the need for OYS;
4. Youth age 18 up to 23 who would otherwise meet the eligibility criteria above and who were in the custody of another state or were a “ward of another state” will be eligible if through the Interstate Compact for the Placement of Children (ICPC) there is a verification of wardship and all eligibility criteria from the state of jurisdiction are met;
5. Youth age 16-23 who were adopted or placed in a guardianship at or after age 16 and were wards of DCS prior to adoption or guardianship;
6. Youth age 18-19 who are participating in Collaborative Care; and

Note: The YAB is an inclusive environment for all older youth regardless of race, ethnicity, gender, religion, creed, nationality, disability, sexual orientation, sexual identity, or gender identity.

7. Youth age 14-15 who have received approval from his or her parent, guardian, or custodian and Child and Family Team members, may participate in the YAB with special consideration/approval from YAB board members and Independent Living (IL) Specialists.

1 Foster care is defined as 24-hour substitute care for children placed away from their parent, guardian, or custodian and for whom the State agency has placement and care responsibility. Facilities that are outside the scope of foster care include, but are not limited to: detention facilities; psychiatric hospital acute care; forestry camps; or facilities that are primarily for the detention for children who are adjudicated delinquents.
**Code References**

42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood

**PROCEDURE**

The Family Case Manager (FCM) or Collaborative Care Case Manager (3CM) will:

1. Assist eligible youth who demonstrate the desire and willingness to voice their opinion on foster care related matters and participate in public speaking opportunities in submitting an Indiana Youth Advisory Board Application;
2. Complete the recommendation section in the Indiana Youth Advisory Board Application or assist the youth in obtaining a recommendation from a service provider or current member of YAB; and
3. Assist youth in removing any transportation barriers.

The interested youth must submit his or her completed Indiana Youth Advisory Board Application to the YAB Adult Facilitator. The YAB will make a decision about whether to accept any youth who submits an application.

**PRACTICE GUIDANCE**

**YAB Meetings**

YAB meetings are held quarterly across the state (see the Youth Advisory Board Service Standards for details). The YAB provides older youth in foster care an opportunity to acquire leadership and advocacy skills. YAB members are encouraged to take an active role in changing the service standards and policies of the OYS programs.

**Benefits of Participation**

It is expected that participation on the YAB will:

1. Balance the youth’s need for support and empowerment;
2. Accommodate a broad range (type, intensity) of youth participation;
3. Demonstrate clear, concrete, and sincere appreciation of youth contributions;
4. Assist youth in assuming roles traditionally reserved for adults for which they have no prior experience;
5. Allow for consistent opportunities to give structured feedback regarding the quantity and quality of services and supports provided to them in care and after they have aged out;
6. Facilitate the development of personal responsibility;
7. Initiate opportunities for youth leadership and service development;
8. Develop coordination with the Workforce Investment Act Youth Councils (for further information, see Chapter 2 sections 126-129 of the Workforce Investment Act);
9. Provide an opportunity to learn from youth what is really important to them;
10. Improve the quality of OYS by obtaining direct input and feedback from youth members receiving services;
11. Assist with the opportunity to develop or change public policy; and
12. Provide an opportunity to gain leadership and advocacy experience (e.g., serve on regionally or state-based boards or committees as needed or requested by local communities).
FORMS AND TOOLS

1. Indiana Youth Advisory Board Application
2. Youth Advisory Board Service Standards
3. Case Plan (SF 2956) - Available in the Management Gateway for Indiana’s Kids (MaGiK)

RELATED INFORMATION

Youth Development
The YABs are designed to provide a forum for youth age 14 up to age 23 (see Policy section) to develop an agenda related to services and areas of interest the youth believe would be beneficial in assisting foster and former foster youth in reaching his or her full potential as the youth move into adulthood. The youth will develop topics of interest, develop interpersonal skills, and seek adult guidance in bringing ideas to fruition. This program will prepare youth in transitioning from adolescence to adulthood by recognizing and accepting personal responsibility.

YAB Adult Facilitator
DCS will contract with an outside agency to have an individual serve as the YAB Adult Facilitator. The IL Specialists will act as a liaison between DCS and the YAB Adult Facilitator. The YAB Adult Facilitator must have a degree in social work or a comparable human service field with experience in case work and group work. The YAB Adult Facilitator is responsible for collecting all Indiana Youth Advisory Board Application forms and facilitating all aspects of the YAB. The YAB Adult Facilitator is not expected to “run” the YAB, rather to assist the membership in developing the skills necessary to successfully oversee the activities of the YAB.

Note: YAB members will be a part of the selection and interview process for the Adult Facilitator.
STATEMENTS OF PURPOSE

This policy does not pertain to youth who are residing in in-home care.

The Indiana Department of Child Services (DCS) will ensure youth in out-of-home care who are interested in pursuing a driver’s license or permit will be provided with information explaining the process. DCS will not prohibit youth in out-of-home care from participating in driver’s education and/or obtaining a driver’s license. DCS may fund driver’s training.

DCS staff will not sign for youth to obtain a driver’s license or permit. DCS does not assume responsibility for any injury or damage caused while driving.

Per IC 34-30-2-30.2, DCS, foster parent, or entity providing services to the minor is not liable for costs and damages associated with the minor’s application for a driver’s license or permit or the operation of a motor vehicle. Per IC 9-24-9-4, the minor applicant is responsible for paying all costs of the policy of motor vehicle insurance and is liable for any damages caused because of the minor applicant’s operation of a motor vehicle. A state or local government agency, foster parent, or entity providing services to the minor applicant under a contract or at the direction of a state or local government agency shall not be required to pay any costs associated with the policy of motor vehicle insurance and shall not be held liable for any damages that result from the operation of a motor vehicle owned by the minor applicant.

DCS will not prohibit youth who are 16 years of age and older and a Child in Need of Services (CHINS) to participate in driver’s training or obtain a driver’s license. Youth under age 18 must receive court approval to participate in driver’s education prior to enrolling in the driver’s training course and also must receive court approval prior to obtaining a driver’s license. The initial permit fee and initial driver’s license fee will be waived by the Bureau of Motor Vehicles (BMV) if all requirements are met.

Note: The identification card fee will be waived for youth age 16 and older who do not have a valid Indiana driver's license.

DCS will conduct a Child and Family Team (CFT) meeting to identify an individual to supervise the youth’s required supervised driving practice hours and complete the Log of Supervised Driving Practice (SF 54706). DCS must approve of the individual identified to supervise the youth’s supervised driving practice hours. The supervised driver must be either:

1. A valid licensed driver at least 25 years of age who is related by blood, marriage, or legal status,
2. A valid licensed driver at least 25 years of age who is approved by DCS,
3. A licensed driver education instructor who works under the direction of a driver training school, or
4. A certified driver rehabilitation specialist recognized by the BMV who is employed through a driver rehabilitation program.
DCS will not prohibit youth who are 16 years of age and older and adjudicated as Juvenile Delinquent/Juvenile Status (JD/JS) to participate in driver’s training when there is an appropriate adult (not DCS staff) willing to sign the Agreement of Financial Liability (see Practice Guidance), assuming financial liability for the particular youth.

Note: Youth age 18 and older, including wards, do not require court permission to take driver’s training and/or obtain a driver’s license. Youth age 18 and older must sign the Agreement of Financial Liability for themselves. The initial permit fee and initial driver’s license fee will be waived by the Bureau of Motor Vehicles (BMV) if all requirements are met.

Code References
1. IC 9-24-9-2: Information required by application for license or permit
2. IC 9-24-9-3: Applications of minors; signing and swearing by parents, guardians, custodians, employers, or responsible individuals
3. IC 9-24-3-1: Issuance; conditions; fee
4. IC 9-24-3-2.5: Age, experience, and examination requirements
5. IC 9-24-7-4: Operating privileges
6. IC 9-24-9-4: Minor applicants; liability of signers; cancellation of licenses and permits
7. IC 9-24-16-10: Rules; no fee for identification used for voter identification purposes; fees
8. IC 34-30-2-30.2: Application and operation of a motor vehicle by minors under the care and supervision of the department of child services
9. IC 27-2-11.1-3: Individuals under the care and supervision of the department of child services: motor vehicle insurance

PROCEDURE

The Family Case Manager (FCM) and/or the Collaborative Care Case Manager (3CM) will:
1. Conduct a CFT meeting to discuss the youth’s desire to obtain a driver’s license and develop a plan, which will include;
   a. Identification of driver’s training program,
   b. Securing of driver’s permit,
   c. Identification and approval of an individual to provide supervised practice driving hours, and
   d. Ensure the youth understand his or her liability and the need to secure his or her own insurance.
2. Discuss the results of the CFTM with the Local Office Director (LOD) or Division Manager (DM) prior to seeking court approval;
3. Obtain court approval, via a court order, authorizing youth to participate in driver’s education or obtain a driver’s license;
4. Obtain the signed Foster Youth BMV Waiver Letter from the Local Office Director (LOD) (or approved personnel), verifying that the youth has obtained approval to participate in driver’s education or obtain a driver’s license, and provide the signed form to the youth;

Note: If the youth is 18 or older, a court order is not needed to participate in driver’s education or obtain a driver’s license. However, the youth will need the signed Foster Youth BMV Waiver Letter in order for his or her initial permit fee and initial driver’s license fee to be waived.
5. Complete a referral for funds for youth 16 years of age and older who are currently participating in OYS and have court approval, if needed, to participate in driver’s training; 
6. Obtain documentation of the youth’s driver’s training and maintain this information in the youth’s DCS case file and document in the case management system; and 
7. Verify, on a monthly basis, that the youth continues to have motor vehicle insurance.

The LOD (or approved personnel) will sign the Foster Youth BMV Waiver Letter to verify that the youth has obtained the necessary court approval to acquire a driver’s permit or a driver’s license and provide the signed Foster Youth BMV Waiver Letter to the FCM or 3CM.

---

**PRACTICE GUIDANCE**

**Agreement of Financial Liability for JD/JS Youth**

Any adult, including an adult who is not a custodian, caregiver, or legal guardian, is allowed to sign the Agreement of Financial Liability, which is required to obtain a driver’s license or permit. A resource parent may legally sign the application. By signing, the resource parent assumes responsibility both for authorizing the child to receive driver’s training and for providing auto insurance coverage for the youth. Any person signing a minor’s application must also provide documents to prove identity and age, and the person is accepting joint responsibility for any injury or damage caused by the minor. For further information regarding the Agreement of Financial Liability (including the order of preference of adults who sign the agreement and how to request to terminate the agreement), see BMV: Agreement of Financial Liability.

**Agreement of Financial Liability for CHINS Youth**

Any adult, including an adult who is not a custodian, caregiver, or legal guardian, is allowed to sign the Agreement of Financial Liability, which is required to obtain a driver’s license or permit. However, a resource parent is not required to sign the Agreement of Financial Liability for youth age 16 and older who are a CHINS. If a resource parent signs the Agreement of Financial Liability, they may be held liable for any issues that arise from the youth’s use of a motor vehicle.

Youth age 16 and older are able to sign the Agreement of Financial Liability if they provide proof of motor vehicle insurance and meet any other requirements as required by statute or the BMV. DCS shall not be responsible for the payment of motor vehicle insurance premiums for youth. DCS will not assume liability when a youth chooses to drive a motor vehicle.

---

**FORMS AND TOOLS**

1. Log of Supervised Driving Practice (SF 54706)
2. Foster Youth BMV Waiver Letter
3. BMV Documentation List
4. BMV: Agreement of Financial Liability

---

**RELATED INFORMATION**

In order to secure an Indiana driver’s license or identification card, the documents found on the BMV Documentation List must be presented.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure that a Transition Plan for Successful Adulthood (SF 55166) is developed, which identifies an Independent Living (IL) placement, for all youth in out-of-home placement at age 14 and should continue until the youth leaves care. The plan shall be:

1. Youth-focused and developed with the assistance of the Family Case Manager (FCM) or Collaborative Care Case Manager (3CM) and members of the youth’s Child and Family Team (CFT), including up to two (2) child representatives (see Practice Guidance for additional information);
2. As detailed as the youth elects;
3. An outline of the Older Youth Services the youth will receive;
4. Focused on short-term and long-term achievable and measureable goals;
5. Updated every six (6) months until the youth’s case is closed; and
6. Given to the youth at each update (see the Transition Plan for Successful Adulthood (SF 55166) and Related Information for more information).

Note: A Transitional Services Plan must be completed 90 days before the youth turns 18. See the Transitional Services Plan section of the Transition Plan for Successful Adulthood (SF 55166). If the youth enters out-of-home placement after 90 days before the youth’s 18th birthday, a Transitional Services Plan will be developed within 60 days of the out-of-home placement.

Probation Officers are responsible for completing the Transition Plan for Successful Adulthood (SF 55166) for probation youth.

If DCS determines that the youth is unable to participate effectively in the development of the Transition Plan for Successful Adulthood (SF 55166) due to a physical, mental, emotional, or intellectual disability, DCS may excuse the youth from the planning process by documenting in the plan the reasons for the youth’s inability to participate in the development of the plan.

If the youth refuses to participate in the development of the Transition Plan for Successful Adulthood (SF 55166), DCS must record the refusal and document efforts made to obtain the child’s input or participation in the development of the Transition Plan for Successful Adulthood (SF 55166).

DCS will ensure that a referral for Older Youth Services (OYS) is completed for youth in the following placements at the following times, if appropriate:

1. Youth placed in DCS foster homes, unlicensed relative placement, non-licensed court approved placements, or on a Trial Home Visit (THV) at age 16;
2. Youth placed in Licensed Child Placing Agency (LCPA) foster homes, group homes, or residential facilities will be referred at age 17 years and six (6) months OR six (6) months prior to case closure;
3. Youth placed in Shared Housing, Own Apartment, or Staff Supported Housing through Collaborative Care (CC) at the time of placement; or
4. Host Home or College Dorm, when appropriate, as determined by the 3CM and youth.

Code References
1. 42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood
2. IC 31-25-2-21: Transitional services plan; participation by child representatives
3. 42 USC 675(5)(H): Transition Plan for Children Aging Out of Foster Care
4. IC 21-12-6: Twenty-First Century Scholars Program; Tuition Grants
5. IC 31-28-5.8-6: Updating case plans; transitional services plan; visitation with family case manager
6. IC 31-34-21-7: Permanency hearing
7. IC 31-34-15-7: Consult with child; selection of child representatives; adviser

PROCEDURE

The Family Case Manager (FCM) will:
1. Convene a Transition Plan for Successful Adulthood meeting, which includes the youth, beginning at age 14, to develop the Transition Plan for Successful Adulthood (SF 55166); and

   Note: The Transition Plan for Successful Adulthood (SF 55166) should take place in the form of a CFT Meeting. The FCM will review the composition of the current CFT with the youth prior to each meeting to determine the appropriateness of that team continuing as the youth’s CFT. The youth’s child representatives should be members of the CFT. If it is determined that the existing CFT should not serve this role, a new CFT will be developed with input from the youth regarding the team’s membership.

2. Ensure that eligible youth in out-of-home placement as a “ward of another state” are receiving OYS as requested by the sending state of the Interstate Compact for the Placement of Children (ICPC) and a Transition Plan for Successful Adulthood (SF 55166) is prepared following the schedule outlined below.

The FCM or 3CM will:
1. Hold follow-up meetings every six (6) months until case closure to review and update the Transition Plan for Successful Adulthood (SF 55166). See below for a list of required items to be discussed at each CFT Meeting; and
2. Hold a Case Plan Conference with the youth if he or she is unable to or refuses to participate in the CFT process.

   Note: If unable to participate, document in the plan the reasons for the youth’s inability to participate in the development of the plan. If the youth refuses to participate, document the efforts made to obtain the child’s input or participation in the development of the plan.
**Transition Plan for Successful Adulthood Schedule**

At age 14, the FCM will:
1. Assist the youth in applying for the 21st Century Scholars Program if the youth is not already enrolled. See separate policy, 11.15 Post-Secondary Education;
2. Make a referral to Vocational Rehabilitation Services for all youth with an Individualized Education Plan (IEP); and
3. Engage the CFT to develop the Transition Plan for Successful Adulthood (SF 55166). This initial plan shall:
   a. Address the youth’s current level of independent living skills mastery,
   b. Identify independent living skills to work on,
   c. Set goals in identified areas of need, and
   d. Determine methods to achieve these goals.

At age 16, the FCM will:
1. Convene a Transition Plan for Successful Adulthood meeting to review the initial Transition Plan for Successful Adulthood (SF 55166) and update the goals as needed;
2. Make a referral for OYS for youth placed in a DCS licensed foster home, unlicensed relative placements, or non-licensed court approved placements; and

   **Note:** If the youth has been referred to the Bureau of Developmental Disabilities, a referral for OYS should be staffed with a member of the Older Youth Initiatives Team to determine if a referral for OYS is appropriate.

3. Assist the youth in developing a Lifebook. See Practice Guidance for more information about Lifebooks.

At age 17, the FCM will:
1. Convene a Transition Plan for Successful Adulthood meeting to focus on goals to be achieved before the youth leaves out-of-home placement, including post-secondary options, employment, and housing;
2. Invite a member of the Older Youth Initiatives Team to attend the Transition Plan for Successful Adulthood meeting/Case Plan Conference to present information regarding CC;
3. Provide the youth with information regarding post-secondary financial aid, including the Free Application for Federal Student Aid (FAFSA), federal aid such as Pell grants, the John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) Education and Training Voucher (ETV) grant, and the Indiana Commission of Higher Education, the Division of Student Financial Aid. See separate policies, 11.10 Education and Training Voucher Program and 11.15 Post-Secondary Education for further information; and

   **Note:** This information can be provided earlier if the youth is applying to colleges before age 17 or is pursuing a General Equivalency Diploma (GED)/Test Assessing Secondary Completion (TASC).

4. Ensure that the youth and the caregiver have signed the **Acknowledgement of Receipt of Information about Various Educational Programs (SF 55743)**. Give the youth and caregiver a copy and place the original in the child’s case file.
At age 17, a member of the Older Youth Initiatives Team will:
1. Attend the youth’s Transition Plan for Successful Adulthood meeting/Case Plan Conference to present information regarding CC; and
2. Complete the National Youth in Transition Database (NYTD) Youth Outcomes Survey, as applicable.

At age 17 years and six (6) months, the FCM will:
1. Convene a Transition Plan for Successful Adulthood meeting to focus on preparing the youth for transitioning to CC (see policy 11.21 Collaborative Care Case Transfers) or transitioning out of out-of-home placement;
2. Continue to assist the youth in identifying his or her interests, possible career options, post-secondary education possibilities, and employment possibilities;
3. Make a referral for OYS for a youth who will have his or her DCS case dismissed at age 18 if he or she is placed in a LCPA foster home, group home, residential facility, or at home on a THV; and
4. Send an e-mail to the Medicaid Enrollment Unit (MEU) informing them that the youth will need to be enrolled in the Medicaid Foster Care Independence Program, Category MA14 if the youth leaves care at age 18 or older.

At age 17 years and six (6) months, the 3CM will attend the youth’s Transition Plan for Successful Adulthood meeting/Case Plan Conference to focus on preparing the youth for transitioning to CC (see policy 11.21 Collaborative Care Case Transfers), if joining CC.

Ninety (90) days before age 18, the FCM or 3CM will:
1. Convene a Transition Plan for Successful Adulthood meeting/Case Plan Conference to complete the Transitional Services Plan portion of the Transition Plan for Successful Adulthood (SF 55166); and
2. Ensure the youth is provided information and education regarding the importance of designating a health representative to make health decisions and the importance of executing a health care power of attorney, health care proxy, or other similar document recognized under State law.

**PRACTICE GUIDANCE**

**Legal Advice**
The FCM/3CM cannot give legal advice. The FCM/3CM shall not be the health care legal representative for any youth known to DCS unless the FCM/3CM is given advance approval of this arrangement by the Regional Manager for FCMs or Older Youth Initiatives Manager for 3CMs or his/her designee.

**Child Representatives**
Beginning at age 14, FCMs should advise youth that they may select up to two (2) child representatives. The child representatives must be at least 18 years of age, members of the CFT, and may not be a foster parent or FCM. The youth may select one (1) of the child representatives to also be his or her adviser and, if necessary, advocate for age appropriate activities. Child representatives are subject to the approval of DCS, and they may be rejected if there is cause to believe that they would not act in the best interest of the child.
**Lifebooks**

At age 14, at the CFT Meeting, each youth should begin developing a Successful Adulthood Lifebook. The Lifebook should provide information to assist the youth as he or she becomes independent and should include space to store important documents as well as other personal items the youth may want to keep. The youth’s FCM, therapist, resource parent(s), Older Youth Initiatives Team member, or OYS provider may assist the youth, if necessary, in locating items for completing the Lifebook. There is no pre-set format for a Lifebook. The Lifebook should be individualized and tailored to fit the youth’s needs. The Lifebook may contain, but is not limited to:

1. Photographs of the youth;
2. Photographs of persons and places that were significant in the youth’s life prior to and while being placed in out-of-home placement;
3. Items related to school and extracurricular activities, (e.g., report cards, certificates, art work, awards, etc.);
4. Important documents the youth may need as he or she exits the foster care system (e.g., birth certificate, Social Security card, medical record, vaccination record, etc.); and
5. Short summaries of significant events that have occurred in the child’s life.

**Note:** Lifebooks are the property of the youth and should remain with the youth through any placement changes.

**Permanency Plan of Reunification or Adoption**

In certain cases, a youth’s permanency plan at age 16 years will be reunification or adoption with an alternative plan (or Plan B) of Another Planned Permanent Living Arrangement (APPLA). In these cases, a youth’s Transition Plan for Successful Adulthood (SF 55166) may be focused on the skills the youth will need to live successfully at home with his or her parent(s) or adoptive family. However, as the youth gets closer to 18 years of age, the team should ensure that the youth is prepared for potentially living on his or her own.

**Note:** APPLA is only an option for youth 16 years of age and older. DCS must document why every other permanency plan option is not in the best interest of the child, as well as, document continuous efforts to locate relatives of the youth.

**FORMS AND TOOLS**

1. Transition Plan for Successful Adulthood (SF 55166)
2. Acknowledgement of Receipt of Information about Various Educational Programs (SF 55743)
3. Advance Directives packet- Available in hard copy
4. IL Timeline

**RELATED INFORMATION**

**Transition Plan for Successful Adulthood**

The Transition Plan for Successful Adulthood (SF 55166) and its Transitional Services Plan component is a comprehensive, written plan that is personalized for each youth and is to be used at each meeting with the youth and at the CFT Meeting to guide the transition planning process with the youth. The Transition Plan for Successful Adulthood (SF 55166) must include information and specific options relating to the following:

1. Education and training;
2. Employment services and work force supports;
3. IL placement;
4. Health care, including prevention and treatment services and referral information;
5. Health insurance availability and options;
6. Local opportunities for mentors and continuing support services, including development of lifelong adult relationships and informal continuing supports;
7. Identification and development of daily living and problem-solving skills;
8. Procedures available under Indiana law for, and the importance of, stating in advance an individual’s desires concerning:
   a. Health care treatment decisions for an individual who is unable to make those decisions when required, and
   b. Designation of another person to make health care treatment decisions for an individual who is unable to make those decisions when required
9. Availability of local, state, and federal resources including financial assistance, relating to any parts of the plan described above; and
10. Older Youth Services, which may include any of the following kinds of services that are intended to prepare the youth for self-support and living arrangements that are self-sufficient and not subject to supervision by another individual or institution:
   a. Arrangements for the youth to participate in CC for a youth who is 17 and 6 months of age or older, if appropriate;
   b. Activities of daily living and social skills training;
   c. Opportunities for social, cultural, recreational, or spiritual activities that are designed to expand life experiences in a manner appropriate to the youth’s cultural heritage and needs and any other special needs; and
   d. Matching of a youth on a voluntary basis with caring adults to act as mentors and assist the youth to establish lifelong connections with caring adults.

The Transitional Service Plan (90 days before the youth’s 18th birthday) may include information and specific options relating any additional older youth service that is approved by the department and are appropriately tailored to the needs of the youth.
STATEMENTS OF PURPOSE

DCS will ensure that Voluntary Older Youth Services (OYS) are available through contracted OYS service providers in every county in the state for youth who meet the eligibility criteria in policy 11.02 Eligibility for Older Youth Services.

Code References

42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood

PROCEDURE

The Family Case Manager (FCM) or Collaborative Care Case Manager (3CM) will refer all eligible youth as identified in separate policy, 11.02 Eligibility for Older Youth Services for Voluntary OYS.

The 3CM will assist in the referral of a youth who was a ward or in the custody of another state once eligibility is established through contact with the other state.

The Independent Living (IL) Specialist will:

1. Provide follow-up with the OYS service providers to ensure that appropriate services are being provided to youth who are eligible for voluntary services and request services according to the OYS Service Standards; and
2. Provide assistance to all OYS service providers regarding eligibility for youth referred for Voluntary OYS.

PRACTICE GUIDANCE

Closure of Voluntary Services Cases

Voluntary OYS will end when:

1. The youth has achieved interdependence to the extent that financial support and social service support are no longer needed;
2. The youth has made a voluntary decision not to participate in the program;
3. The youth has been adopted and no longer desires to continue in services;
4. The youth has consistently demonstrated unwillingness or inability to participate in services or follow the terms of the voluntary agreement; or
5. The youth turns 23 years of age.

Note: An OYS provider shall not refuse OYS to any youth without approval from the IL Specialist, after staffing with his or her supervisor.
Relocating to another Region
If the youth moves to a region other than the region where he or she was a CHINS, JD/JS, or Collaborative Care youth and chooses to access Voluntary OYS, the youth or OYS provider must notify an OYS team member. The 3CM will create an appropriate Voluntary OYS service referral.

Reinitiating Services
Youth who have been previously discharged from Voluntary OYS either voluntarily or involuntarily may contact their previous OYS provider to reinitiate services without a new referral unless a new referral is needed.

FORMS AND TOOLS

OYS Service Standards

RELATED INFORMATION

Services Available
Youth age 18 up to the day before the youth’s 23rd birthday who have left foster care will be offered guidance on financial issues, assessment services, housing, health care, counseling, employment, education opportunities, and other support services as identified in the OYS Service Standards.

Voluntary Participation
Youth leaving foster care or former foster youth requesting Voluntary OYS must participate on a voluntary basis with the service provider for case management services, according to the OYS Service Standards. This agreement outlines the services to be provided, the length of time expected for the service, and the plan for the youth’s contribution. In addition, the IL Learning Plan must include an operational plan describing how the young adult is going to assume responsibility once assistance ends.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) has determined the following former foster youth meet the eligibility requirements for room and board (R&B) services (see Practice Guidance and OYS Service Standards for details of services):

1. A youth who turns 18 years of age while placed in foster care;
2. A youth who turned 18 years of age in foster care, who was a “ward or in the custody of another state”; or
3. A youth between age 18 up to the day before his or her 23rd birthday who, on his or her 18th birthday, was on a trial home visit (THV) or in runaway status with an open Child in Need of Services (CHINS) or Juvenile Delinquent/Juvenile Status (JD/JS) youth case.

Note: R&B services include a lifetime maximum of $3,000 for assistance until the day before the youth’s 23rd birthday.

DCS will ensure:

1. All youth receiving R&B services also receive case management through Voluntary Services;
2. R&B funds are not expended for youth under 18 years of age;
3. R&B funds are not expended for a youth to reside with his or her biological or adoptive family or legal parent; and
4. R&B payments are made only through a contracted service provider that is providing Older Youth Service (OYS) case management services to youth referred for services.

Code References
42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood

PROCEDURE

The Collaborative Care Case Manager (3CM) will complete an OYS Voluntary Services Referral for eligible youth, who meet the criteria described in the policy statement above.

---

1 Foster care is defined as 24-hour substitute care for children placed away from their parent, guardian, or custodian and for whom the State agency has placement and care responsibility. Facilities that are outside the scope of foster care include, but are not limited to: detention facilities; psychiatric hospital acute care; forestry camps; or facilities that are primarily for the detention for children who are adjudicated delinquents.
PRACTICE GUIDANCE

**Trial Home Visits**
Trial Home Visits (THV) are encouraged for youth who voice a strong desire to return to their parents’ homes following case dismissal. This provides the youth with an opportunity to experience life with his or her family while being provided a safety net if the youth determines that living independently would be more appropriate. The youth remains eligible for R&B services if he or she turns 18 while on a THV.

**Room and Board (R&B) Services**
Youth may access R&B services as long as the youth continues to participate in case management services and participates in a full-time schedule of work or part-time work and part-time school. These funds are only for rent and utility payments and deposits. R&B services include a lifetime maximum of $3,000 for assistance until the day before the youth’s 23rd birthday. R&B payments will only be made through a contracted service provider who is also providing OYS case management services to the youth.

Because stability may be unpredictable, it is possible that a youth may become homeless due to a job loss, eviction, or other reason, despite the fact that he or she was self-sufficient through the fifth month of receiving R&B assistance. In the event this occurs, the youth may request assistance again provided he or she has not expended the maximum funds allowed as identified above, has not reached the age of 23, or is actively seeking employment. This assistance is intended to temporarily supplement the youth’s efforts, not as a means of on-going supplemental support.

*Note:* Requests for additional funds in excess of $3,000 will be considered on a case-by-case basis with approval by the DCS Older Youth Initiatives Manager or designee, based on availability of funds.

**Housing Options**
Potential housing options may include informal host homes, shared houses/apartments, single room occupancy units, boarding houses, semi-supervised apartments, and subsidized housing. The monthly R&B assistance should be based on need and should be determined using the [Budget Worksheet](#).

**Payment for R&B Services**
If the youth is already 18, the housing deposit may be paid within the month prior to the youth’s case being dismissed. This will hold the apartment for the youth until the case is dismissed and he or she is ready to move in. If the youth is leaving the system at age 18, the payment may not be made until the 18th birthday.

The R&B assistance will be tailored to the needs of the youth. Youth who need the maximum assistance may access these funds using the payment guide below. While receiving R&B funds, youth are expected to make incremental payments toward their own housing and utility expenses beginning in the third month of assistance and should be prepared to accept full responsibility by the sixth month unless there are extenuating circumstances. In cases where there is a request for an adjustment to the payment guide, approval must be received from the DCS IL Specialist. In cases where the youth is unable to accept full responsibility for 50% of their rent in the fourth month and each incremental payment thereafter, approval must be received from the DCS IL Specialist. Requests for an extension of this capped amount will be
considered on a case-by-case basis by DCS Older Youth Initiatives Manager or designee, based on availability of funds. R&B payments will only be made through a contracted service provider who is providing older youth case management services to the youth.

**Payment Guide**
The following is a payment guide detailing the youth’s responsibilities for payment. The R&B funds are subject to approval by a 3CM Supervisor or Independent Living (IL) Specialist. DCS will not expend funds if the youth is unable to pay his or her portion as detailed below:

1. Deposit and 1st and 2nd month’s rent can be paid for youth;
2. Youth pays 25% of the rent the 3rd month;
3. Youth pays 50% of the rent the 4th month;
4. Youth pays 75% of the rent the 5th month; and
5. Youth pays all of the rent the 6th month on.

**Note:** An alternative payment arrangement including length of stay and rental amount will be negotiated under the [Voluntary Services Host Home Agreement](#). This agreement is subject to approval by DCS. Requests to adjust the [Voluntary Services Host Home Agreement](#) must be approved by an Independent Living (IL) Specialist or 3CM Supervisor. See separate policy, [11.09 Voluntary Services Host Home](#). Requests for adjustments to the payment guide must be approved by an IL Specialist or 3CM Supervisor.

**FORMS AND TOOLS**

1. Service Referral Form – available in the case management system
2. [11.A Tool: Budget Worksheet](#)
4. [OYS Service Standards](#)

**RELATED INFORMATION**

**Use of John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) R&B Funds and Education Training Voucher Program for Housing Assistance**

Youth may not access housing assistance from both the Chafee Program R&B funds and the Education and Training Voucher Program (see separate policy, [11.10 Education and Training Voucher Program](#)) at the same time. Those attending school full-time or part-time must access assistance for housing through the Education and Training Voucher Program at [www.indianaetv.org](http://www.indianaetv.org).
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 11: Older Youth Services
Effective Date: June 1, 2016

Section 9: Voluntary Services Host Home
Version: 2

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) may assist an older youth whose Child in Need of Services (CHINS) or Juvenile Delinquent/Juvenile Status (JD/JS) case has been dismissed after the age of 18 with making living arrangements through voluntary services host home arrangements (see definition in Practice Guidance).

For youth participating in Collaborative Care (CC), refer to separate policy, 11.25 Collaborative Care Host Home.

Code References
42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood

PROCEDURE

The Family Case Manager (FCM) or Collaborative Care Case Manager (3CM) will:

1. Ensure that each youth who has his or her 18th birthday while in foster care is given the option of locating a possible voluntary services host home, if desired by the youth, when his or her case is dismissed. This includes youth placed in a relative home through an Interstate Compact for the Placement of Children (ICPC);

2. Determine if a voluntary services host home agreement would be appropriate and in the youth’s best interest in the following situations when his or her case is dismissed:
   a. The youth’s current resource parent and the youth mutually agree for him or her to remain in the foster home as a renter,
   b. The youth’s relatives, other than his or her legal or biological parents, and the youth mutually agree for him or her to become a renter in their home, or
   c. The youth has an appropriate adult (e.g., a neighbor, coach, fellow church member, etc.) in his or her life in which the adult and the youth mutually agree for him or her to become a renter in the home; and

3. Refer eligible youth requesting a voluntary services host home arrangement to the Older Youth Services (OYS) service provider for room and board (R&B) service (see OYS Service Standards for details).

The OYS service provider will assist the relative, resource parent, or other appropriate adult in developing a reasonable, mutually agreed upon Voluntary Services Host Home Agreement between the voluntary services host home and the youth.
PRACTICE GUIDANCE

Definition of a Voluntary Services Host Home
A voluntary services host home living arrangement is one where a youth rents a room in a
family or single adult’s home (related or unrelated), shares basic facilities and utilities, and
agrees to basic rules, but the youth is not under the supervision of the adults in the home.
Voluntary services host homes are a possible solution in rural areas where apartment buildings
are scarce and house rentals may be cost prohibitive. Voluntary services host homes are similar
to resource homes, except the host is not necessarily a licensed resource parent and does not
usually have to go through the process of having the home licensed. Voluntary services host
home arrangements are not appropriate for peer roommates, biological parents, or adoptive
parents. Voluntary services host home living arrangements provide an opportunity for a youth to
develop skills prior to becoming independent and living on his or her own.

A voluntary services host home may include, but are not limited to: a former resource parent,
teacher, coach, relative, or church member with whom the youth has a positive relationship. In
this environment, the youth is able to come and go as he or she chooses and is expected to
manage his or her time, money, school, work, and appointments without oversight from the
voluntary services host home. The youth is expected to follow the rules of the home as with any
other rental agreement.

Determining the Appropriate Rent for a Voluntary Services Host Home
The youth and the host should mutually decide upon an amount of financial compensation the
host will receive while the youth is living in the home, subject to approval of DCS. Factors to
consider when determining financial compensation for a voluntary services host home should
include:

1. The duration of time the youth will live in the home;
2. The employment status of the youth;
3. The financial status of the youth;
4. The educational and vocational goals of the youth; and
5. The health and behavioral needs of the youth.

Voluntary Services Host Homes When Receiving Education and Training Voucher (ETV) Assistance
Youth may access funding for a voluntary services host home through the ETV program while
attending college or trade/vocational programs. The Voluntary Services Host Home Agreement
may be developed between the youth and the voluntary services host home with the assistance
of the OYS service provider prior to receiving ETV funding or may be developed with the
assistance of the youth’s FCM or 3CM. The signed Voluntary Services Host Home Agreement
must be provided to the ETV program in order for the voluntary host home to receive financial
compensation from this program.

FORMS AND TOOLS

1. 11.B Tool: Voluntary Services Host Home Agreement
2. OYS Service Standards
### RELATED INFORMATION

**Room and Board (R&B) Payments**
R&B payments will only be made through a contracted service provider who is providing OYS case management services to the youth.

An alternative payment arrangement including length of stay and rental amount will be negotiated under the [Voluntary Services Host Home Agreement](#). This agreement is subject to approval of DCS. Requests to adjust the [Voluntary Services Host Home Agreement](#) must be approved by an IL Specialist or 3CM Supervisor.

**Housing Assistance**
Youth may not access housing assistance from both the John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) R&B funds and the ETV at the same time. Those attending school full-time or part-time must access assistance for housing through the ETV Program at [www.indianaetv.org](http://www.indianaetv.org).

**Expectation of the Older Youth and the Voluntary Services Host Home Adult**
Expectations of the voluntary services host home arrangement will be discussed and agreed upon in the Child and Family Team Meeting held prior to the youth’s transition. The following topics, which are included in the [Voluntary Services Host Home Agreement](#), shall be discussed:

1. Physical description of living space;
2. Refraining from discriminating against the youth based on race, religion, national origin, gender, disability, ethnicity, sexual or gender identity, or sexual orientation;
3. Expectations, roles, and responsibilities of the youth and voluntary services host home adult, as well as, consequences for the youth; and
4. Per diem and payments.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make available funds for the Education and Training Voucher (ETV) Program through a contracted service provider as funds are made available from the federal government. The ETV Program is contingent upon available funding.

The following youth meet DCS eligibility requirements for ETV assistance:

1. A youth in foster care who is between age 17 and 18 and is not enrolled in secondary school, who has earned a High School Equivalency (HSE) certificate or diploma, Vocational Certificate, or has a high school diploma;
2. A youth who turns age 18 while placed in foster care and has a high school diploma or earned an HSE certificate or diploma;
3. A youth adopted or placed in a guardianship from foster care on or after his or her 16th birthday;
4. A Juvenile Delinquent/Juvenile Status (JD/JS) youth in foster care (out-of-home placement ordered by the juvenile court that is not a detention placement) on his or her 18th birthday;
5. A youth participating in the ETV program at age 21 may continue until he or she turns 23 years of age. The youth must be enrolled in a post-secondary education or training program and be making satisfactory progress toward completion of that program; and
6. Eligible youth must have been accepted into or be presently enrolled in a degree, certificate, or other program at a college, university, technical, or vocational school. If a youth is currently receiving funds and enrolled, the youth must show progress toward that degree or certificate.

Code References

42 USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood

PROCEDURE

Older Youth Services (OYS) staff will:

1. Monitor the ETV applications as submitted and determine eligibility for all applications in a timely manner;
2. Respond timely to queries regarding ETV eligibility and eligible services through ETV funds;
3. Monitor the ETV contract expenditures;
4. Verify eligibility for youth applying for ETV funds who were in foster care on their 18th birthday in another state and are current residents of Indiana between age 18 and 21 and who are now residing in Indiana for post-secondary education reasons; and
5. Maintain e-mail contact with the ETV provider and provide information regarding available scholarships, internships, and other areas of interest to youth participating in post-secondary opportunities.
PRACTICE GUIDANCE

Funding Available
Eligible Indiana youth may access up to $5,000 per academic year, not to exceed the cost of attendance (see Related Information), to help with the cost of post-secondary education, college, or vocational training programs. These funds are to supplement the youth’s own efforts in obtaining his or her education. Eligible Indiana youth may receive this assistance while attending in-state and out-of-state schools.

Funding For ETV
Funding for ETV will be made available in the following manner:
1. **Tuition and Student Loans** will be paid before any other funds are expended for a youth;
2. A **computer and printer** may be purchased;
3. For youth living off campus, **housing expenses** will be paid to the landlord when the youth provides a copy of the lease. If the youth does not provide a lease agreement, he or she cannot be provided with funds for housing. Rent checks will be made out to the landlord and sent to the youth;
4. **Childcare expenses** will be paid to a licensed childcare provider. Checks will be made out to the child care provider and sent to the youth; and
5. Funding for books may be requested by providing a list of the **books and supplies** needed with the cost at the beginning of each semester. Funding will be provided as long as funds are available.

Student’s Responsibility for Receiving ETV Funding
1. A youth must reapply every year at [www.indianaetv.org](http://www.indianaetv.org) as long as he or she is making satisfactory progress in school and has not reached his or her 23rd birthday;
2. A youth must send the Indiana ETV provider his or her transcript every semester and maintain a cumulative 2.0 grade point average (GPA) to remain in good standing with the program. Otherwise:
   a. The youth will be placed in the Academic Excellence Program and given one (1) semester to improve his or her GPA if the youth’s GPA is between 1.0 and 1.99,
   b. Funding for the next semester is at the discretion of the State of Indiana if the youth’s GPA is .99 or lower, or
   c. The youth may stay in school and pay for his or her own expenses if he or she lost ETV funding because his or her GPA was too low, and the youth may reapply for ETV funding if the youth raises his or her GPA.
3. A youth must notify ETV if he or she drops any classes; if not, future funding will be in jeopardy;
4. Funding must be put on hold if grades are not provided until the youth provides his or her grades in order for continued eligibility to be determined; and
5. Any youth who has eligibility determined initially will continue his or her eligibility throughout the program as long as the youth provides the required documentation to the contracted service provider and maintains 2.0 GPA.

Academic Success Plan
Youth who received a semester/term GPA of a 2.0 or lower (not cumulative GPA) will be required to maintain bi-weekly communication with the ETV Specialist in their region regarding
academic performance and plans. They must also create and submit a well thought-out academic success plan.

**Note:** Youth who fall below a 2.0 GPA for two consecutive semesters/terms will not receive further funding until they are able to earn a semester/term GPA of a 2.0 or higher.

### FORMS AND TOOLS

**Application for ETV Funds** – Available at [www.indianaetv.org](http://www.indianaetv.org)

### RELATED INFORMATION

**Cost of Attendance**
Each youth may access up to $5000, not to exceed the cost of attendance. The cost of attendance is the total amount of money it will cost a student to attend a school for the fall, spring, and summer semesters. This is calculated differently at each college, university, or trade school. The cost of attendance is calculated using actual figures (not estimates) for the following:

1. Tuition/fees (hours enrolled including full-time, ¾-time, ½-time, or less than ½-time);  
2. Room and Board (on campus or off campus in own apartment or shared housing);  
3. Books/Supplies;  
4. Personal (including clothes and personal items- each university figures this differently);  
5. Transportation (each university figures this differently);  
6. Day care and computers (these are not automatically included but may be allowed if students ask for this to be included);  
7. Healthcare (not always included); and/or  
8. Expected family contribution or the youth’s expected contribution.

Standard amounts regarding where the youth is living are based on self-report. If the youth needs the personal and/or transportation costs increased, the school will ask for receipts to document how much has been spent in each area to justify the additional costs. If day care, computer, or student healthcare is needed, the student must check to see if these items were included in the cost of attendance. If not, the youth may request that the items be included, which could raise the cost of attendance for the youth and potentially increase the amount of funds available for the youth.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure that all youth receiving Older Youth Services (OYS) are aware of the options available for post-secondary education. DCS will encourage all youth to take the Preliminary Scholastic Aptitude Test (PSAT) and prepare for taking the SAT. DCS will also ensure that children under the care and supervision of DCS who are in grades seven (7) through 12 are enrolled in the 21st Century Scholars program.

DCS will ensure that all youth are provided with information about:
1. Pell grants;
2. John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) grants;
3. Federal supplemental grants;
4. The Free Application for Federal Student Aid (FAFSA); and
5. Individual Development Accounts (IDA).

Code References
1. IC 21-12-6: Twenty-First Century Scholars Program; Tuition Grants
2. IC 21-12-6-5: Qualifications to participate in program
3. IC 31-25-2-21: Transitional services plan; participation by child representatives
4. 42 USC 675(5)(H): Transition Plan for Children Aging Out of Foster Care
5. IC 21-12-6-14: Foster care children; caseworker to provide information

PROCEDURE

The Family Case Manager (FCM) will:
1. Ensure that youth in 7th through 12th grade who have not already enrolled in the 21st Century Scholars program submit an application. Applications for the 21st Century program may be completed by visiting www.scholars.in.gov. Additional information is available at the youth’s school or by calling toll free 1-888-528-4719. The application process requires the FCM to:
   a. Assist the youth in completing the application, and
   b. Ensure the youth marks “yes” to the Pre-Application Question concerning foster care status.

2. Update the youth’s address with 21st Century Scholars annually;
3. Ensure that the youth signs the 21st Century Scholars Affirmation Statement during his or her senior year of high school. See http://www.in.gov/ssaci/2384.htm for more information;
4. Provide youth with information regarding Pell grants, the Chafee Program grants, federal supplemental grants, and the FAFSA during the Child and Family Team (CFT) Meeting.
held at age 17 to develop/modify the youth’s Transition Plan for Successful Adulthood (SF 55166). See separate policy, 11.06 Transition Plan for Successful Adulthood;

**Note:** This information may be provided earlier if the youth will be applying to colleges prior to age 17.

5. Provide youth who have obtained over $400 in earned income with information about opening an IDA;

6. Have the youth and caregiver sign an Acknowledgement of Receipt of Information about Various Educational Programs (SF 55743). Give the youth and caregiver a copy and place the original in the youth’s case file;

7. Support the youth in researching financial aid options, completing necessary forms and paperwork, and following up to ensure that the proper aid is received;

8. Visit http://www.fafsa.ed.gov/ for information about federal financial aid and http://www.in.gov/ssaci/2359.htm for information about state financial aid with youth prior to completing the FAFSA;

9. Assist all youth in completing the FAFSA prior to the deadline of March 10th of the student’s final year of high school;
   a. Ensure the youth has all information needed to complete the FAFSA (i.e., social security number, place of birth, etc.),
   b. Pay special attention to questions in the Student Dependency Status section (see Related Information), and
   c. Discuss Independent Student Status with the youth to ensure he or she understands the meaning of this term and that youth in foster care do not have to provide information about biological parents, foster parents, or guardians to their college of choice or on their FAFSA (see Related Information).

10. Assist the youth in applying for the Education and Training Voucher (ETV) Program; and
    a. Ensure the youth has all required information to complete the ETV application (e.g., FCM contact information, OYS worker contact information, etc.),
    b. Ensure the youth completes the ETV application each year after July 1st,
    c. Ensure the youth has submitted all necessary ETV documents to his or her financial aid office, and
    d. Follow up with the youth and school to ensure ETV has received the proper documentation from the school.

11. Engage the youth and CFT, including the youth’s child representatives, to develop a plan for emotional support and guidance the youth can rely on once he or she is in college.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. Acknowledgement of Receipt of Information about Various Educational Programs (SF 55743)
2. Transition Plan for Successful Adulthood (SF 55166)
21st Century Scholars Program
The 21st Century Scholars Program was established in 1990 to ensure that all Indiana families could afford a college education for their children. This program guarantees eligible students up to four (4) years of undergraduate college tuition at any participating public college or university in Indiana.

Persons who meet ALL of the following criteria may apply for the 21st Century Scholars Program:
1. Be a resident of Indiana as both an applicant and an award recipient (determined by residency of parent/legal guardian) and a U.S. Citizen or eligible non-citizen;
2. Be a student in the 7th or 8th grade;

   Note: Children in grades 9 -12 who are in foster care are also eligible for the program.

3. Meet program income guidelines or be in foster care;
4. Attend a charter school, freeway school, or other Indiana school recognized by the Department of Education; and
5. Make a commitment to fulfill the Scholars Program.

For more information, visit: http://www.scholars.in.gov.

Free Application for Federal Student Aid (FAFSA)
The FAFSA is a document that must be completed to apply for both federal and state financial aid. The FAFSA collects a family’s financial information to determine how much assistance a prospective student may receive. The FAFSA must be completed each calendar year between January 1st and March 10th (for Indiana residents). Be aware that some colleges may have earlier deadlines- please check with the specific college for more information.

In order to be eligible to receive federal student aid, a youth must:
1. Be enrolled in or accepted to college;
2. Have a high school diploma or verification of completion of the high school equivalency test;
3. Be a United States (US) citizen or an eligible non-citizen;
4. Be registered with the selective service, if required;
5. Have a valid Social Security number; and
6. Not have a drug conviction that occurred while receiving federal student aid.

Foster youth need to pay special attention to the Student Dependency Status section (section 2):
1. I was in foster care since turning age 13;
2. I was a dependent or ward of the court since turning age 13;
3. I am currently or I was an emancipated minor; or
4. I am currently or I was in legal guardianship since turning age 13.
**Note:** If the student can answer yes to any of the above questions (which youth in foster care, relative placement, and in-home CHINS can), they are eligible for Independent Student Status.

Independent Student Status means that a student is a ‘family of one’ and only his or her individual income is considered when determining how much federal and state aid the student needs. Foster youth do not include their biological parent, resource parents, guardian, or anyone else’s financial information on the FAFSA. Annual income taxes must be completed before the FAFSA can be completed (if applicable).

For more information and to complete the online application, visit [http://www.fafsa.ed.gov/index.htm](http://www.fafsa.ed.gov/index.htm).

**Pell Grants**
The Federal Pell Grant Program provides need-based grants to undergraduate and certain post-baccalaureate students to promote access to postsecondary education. Financial need is determined by the U.S. Department of Education using a standard formula established by Congress to evaluate the financial information reported on the *Free Application for Federal Student Aid* (FAFSA) and to determine the family’s estimated financial contribution (EFC). Federal Pell Grants are direct grants awarded through participating institutions to students with financial need. In order to apply for Pell Grants, students must submit a FAFSA form before their state’s deadline. For more information about Pell Grants, visit [https://studentaid.ed.gov/sa/types/grants-scholarships/pell](https://studentaid.ed.gov/sa/types/grants-scholarships/pell).

**Individual Development Accounts (IDA)**
An IDA is a matched savings account program designed to assist individuals in achieving self-sufficiency through financial literacy and asset generation. There are a limited number of IDAs available in Indiana. In order to open an IDA, individuals must meet the following eligibility requirements:

1. Indiana resident;
2. Below 175% of the Federal Poverty Guidelines;
3. Have at least $400 per year in earned income;
4. Be able to save a minimum of $35 per month; and
5. Meet minimum screening requirements.

Youth interested in opening an IDA should visit [www.ihcda.in.gov](http://www.ihcda.in.gov) or call 1-317-232-7777 for county specific information.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require data reporting for youth in Older Youth Services (OYS) by using the National Youth in Transition Database (NYTD).

Data outcome measures will be collected via a NYTD survey for all qualified youth who are in a foster care\(^1\) eligible placement between the ages of 17 and 17 and 45 days during the survey period. DCS will ensure the youth surveys are completed by the qualified youth and entered into the case management system.

Data outcome measures will also be collected for a NYTD follow-up survey for a sample population of youth who completed the initial survey and are now in a foster care eligible placement or who have aged out of foster care. The follow-up surveys will be completed at the age of 19 and 21. DCS will ensure a contracted NYTD provider assists these qualified youth in completing the survey, and the DCS NYTD Coordinator or designee will then enter it into the case management system.

Code References

\(42\) USC 677 John H. Chafee Foster Care Program for Successful Transition to Adulthood

PROCEDURE

Outcomes Survey for Youth Age 17

The qualified youth’s FCM or 3CM will receive an e-mail notification generated by the case management system that the youth is eligible to participate in the youth outcomes survey for NYTD. Upon receipt of the e-mail, the FCM or 3CM will:

1. Ensure the qualified youth and his or her caregiver is notified of the youth’s eligibility to participate in the NYTD youth outcomes survey;
2. Educate the qualified youth and his or her caregiver about NYTD by:
   a. Providing the qualified youth/caregiver with information received in the e-mail notification,
   b. Referring the qualified youth/caregiver to the DCS NYTD website, and
   c. Encouraging the qualified youth/caregiver to contact the DCS NYTD help desk with any questions they may have regarding the youth outcomes survey.
3. Ensure each qualified youth on his or her caseload has the tools necessary to complete the youth survey. The youth survey must reflect the youth’s own understanding and perspective of the survey questions.

\(^1\) The federal definition of foster care is “24 hour substitute care for all children placed away from their parents or guardians and for whom the State agency has placement and care responsibility.” The full definition is available at http://www.gpo.gov/fdsys/pkg/CFR-2002-title45-vol4/xml/CFR-2002-title45-vol4-sec1355-20.xml.
4. Submit the survey through one (1) of the following methods:
a. Through the web portal, which may be accessed by clicking on the NYTD logo located on DCS’ homepage, or by following the link: https://magik.dcs.in.gov/Portal/Home/Login. The username and password for the survey are included in the notification e-mail received,
b. Providing the youth a blank NYTD Youth Survey to complete. The survey may then be submitted via e-mail to the DCS NYTD help desk for entry, or
c. Over the phone with an adult asking the questions on the survey and entering the youth’s answers into the web portal.

Note: For youth with an open Juvenile Delinquency (JD) case, the youth’s Probation Officer (PO) will complete the above steps. In cases of dual status, the lead agency is responsible for completing the above steps (see separate policy, 2.25 Dual Status). The youth’s FCM, 3CM, or PO may request that the Chafee Program OYS contracted service provider assist the qualified youth in completing the NYTD youth survey, using the methods described above.

Questions or concerns about a qualified youth’s willingness or ability to complete the survey should be directed to the DCS NYTD help desk.

Reporting for Older Youth Services:
The FCM or 3CM will ensure the Chafee Program OYS contracted service provider and other required NYTD reporters:
1. Submit a monthly report through the DCS NYTD Provider Login each month that a reportable NYTD service is provided to a youth age 16 or older who resides in a foster care eligible placement;
2. Mark all eligible NYTD services that were provided during the reporting period corresponding to the report that is being submitted; and
3. Update the youth’s address, education, and any other applicable information as necessary.

Note: For youth with an open Juvenile Delinquency (JD) case, the youth’s Probation Officer (PO) will complete the above steps. In cases of dual status, the lead agency is responsible for completing the above steps (see separate policy, 2.25 Dual Status).

Reporting Demographic and Case Information:
The FCM or 3CM will:
1. Ensure the youth’s demographic information, including the youth’s race, ethnicity, and tribal membership, is complete and up to date in the case management system and/or KidTraks;
2. Update the youth’s educational information required for NYTD (e.g., special education status and last grade completed). This information should be entered through the education/school module in the case management system for every youth age 16 and older;
3. Ensure all youth in a DCS foster home, relative care, or a non-licensed court-approved placement have a referral for older youth services made to a Chafee Program OYS service provider at age 16 or older; and
4. Ensure the youth’s placement information is accurate.

**Note:** For youth with an open JD case, the youth’s PO will complete the above steps in KidTraks. In cases of dual status, the lead agency is responsible for completing the above steps.

### PRACTICE GUIDANCE

The NYTD survey gives older youth the opportunity to provide direct feedback to DCS regarding their personal foster care experience. Educating youth regarding the purpose of NYTD and how their participation will positively impact future foster youth is highly encouraged. Engagement of the youth during the survey process will assist in increasing participation rates and follow-up surveys.

NYTD service element definitions may be found at the following link: [NYTD Service Elements](#).

### FORMS AND TOOLS

1. [NYTD Forms and Links](#)
2. [NYTD 101: Guidebook for FCMs](#)
3. [NYTD Youth Survey](#)
4. [NYTD Youth Outcomes Survey Login](#)
5. [Service Provider Portal](#)

### RELATED INFORMATION

NYTD is a data collection system developed to track older youth services provided to youth. NYTD is used to collect demographic and outcome information on certain youth in foster care eligible placements whom the State of Indiana will follow over time to collect additional outcome information. Information regarding older youth services received will be collected for all youth over the age of 16 and in a foster care eligible placement.

Eligible NYTD services do not always align with Indiana’s OYS standards due to NYTD being a federal program administered by the state. Accurate reporting for NYTD requires the reporter to be familiar with the [NYTD Service Elements Definitions](#).

More information regarding NYTD can be found on the [DCS NYTD website](#), which includes the following:

1. Spotlight on NYTD (Informational Video);
2. Take the NYTD Survey (Informational Video); and
3. Give the NYTD Survey (Informational Video).
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will make Collaborative Care (CC) available to eligible youth who are currently or were formerly in out-of-home placement. CC is a voluntary program that allows Child in Need of Services (CHINS) and Probation youth 18 years of age and older to remain under the care and placement of DCS in order to continue to receive services. CC focuses on youth-adult partnerships, positive youth development, and encourages youth to develop a strong social network and/or social capital.

DCS has determined that a youth is eligible to participate in CC if he or she meets all of the following criteria:

1. Youth who are at least 18 but have not yet reached 21 years of age;
2. Currently in an out-of-home placement under an Indiana court order or was formerly in an out-of-home placement through an Indiana court order on the day of his or her 18th birthday;

   **Note:** Older youth placed in the state of Indiana under a court order for an Interstate Compact on the Placement of Children (ICPC) are not eligible for CC. Indiana wards placed out of state and who do not intend to reside in Indiana upon turning 18 are also not eligible for CC.

3. Continuously meet **one** (1) of the following:
   a. Enrolled in a secondary education institution or a program leading to an equivalent credential, or enrolled in an institution which provides post-secondary or vocational education,
   b. Participating in a program or activity designed to promote employment,
   c. Employed for at least 80 hours per month, or
   d. Incapable of performing any of the activities described above due to a medical condition documented in the youth’s case plan.

4. Have signed a Voluntary Collaborative Care Agreement between Older Youth and the Department of Child Services (SF 55159) that covers his or her specialized Transition Plan for Successful Adulthood (SF 55166). See separate policy, 11.22 Voluntary Collaborative Care (CC) Agreement.

A youth is ineligible to participate in CC:

1. On or after the youth’s 21st birthday;
2. When the youth fails to continuously maintain eligibility requirements as provided in the policies or rules adopted by DCS; or

   **Note:** If the youth does not continue to meet eligibility requirements or voluntarily decides to leave CC, the Collaborative Care Case Manager (3CM) Supervisor will
consult with the DCS Staff Attorney who may file a motion to dismiss.

3. The youth indicates a desire to withdraw from CC.

If DCS terminates a collaborative care agreement before the expiration date without the agreement of the youth, the court may, upon the request of the youth or a Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) participating with the consent of the older youth:

1. Hold a hearing regarding the cause of the termination of the collaborative care agreement; and
2. Enter an order containing findings and conclusions regarding whether DCS properly terminated the agreement for good cause.

IV-E Eligibility

In order to be IV-Eligible and reimbursable under CC, the following must be met in addition to the CC eligibility criteria:

1. DCS must have placement and care responsibility;
2. Contrary to the welfare or best interest language must be obtained within a Court Order within 180 days from the date of placement; and
3. Child must meet Aid to Families with Dependent Children (AFDC) eligibility criteria.

Code References

1. IC 31-28-5.8-4: "Older youth"
2. IC 31-28-5.8-5: Eligibility; petitions
3. IC 31-28-5.8-8: Closing collaborative care cases

PROCEDURE

The Family Case Manager (FCM) will:

1. Invite members of the Older Youth Initiatives Team to the Transition Plan for Successful Adulthood meeting corresponding to the youth’s 17th birthday; and
2. Begin preparations for the youth to transfer to CC at age 17.5 or older. See separate policy, 11.21 Collaborative Care Case Transfers.

Note: CC is a voluntary program. Not all youth may be interested or eligible (at age 18) to participate in the program. Youth who are interested and eligible to participate in CC will be transferred to a 3CM. Younger siblings who are not eligible or interested in the program shall remain on the FCM’s caseload.

The Older Youth Initiatives Team will:

1. Accept referrals from FCMs who have identified a youth who is interested in participating in CC;
2. Have an informational meeting to determine if the youth is eligible for CC;
3. Have a transition meeting with the youth, FCM, 3CM, the youth’s child representatives, and any other relevant persons if the youth chooses to participate in CC. These team members will work with the DCS Staff Attorney to submit the completed Voluntary Collaborative Care Agreement between Older Youth and the Department of Child Services (SF 55159) and petition to open a CC case immediately after the CHINS Case is closed.
**PRACTICE GUIDANCE**

Older youth in out-of-home placement who are likely to be in placement until age 18 years of age or older should be encouraged to participate in CC. Participation in the program may have a positive impact on youth outcomes, such as:

1. Educational attainment;
2. Delayed pregnancy; and
3. Higher earnings.

While youth and young adults are still in out-of-home placement related programs, efforts should be made to enhance and develop existing relationships with adults whom youth trust, or with whom trust could be strengthened. Building the capacity of existing relationships to offer more empathetic and insightful emotional support could provide important resources for the youth as he or she leaves out-of-home placement and continues to deal with the emotions and questions raised by his or her experiences prior to, and during, placement.

Emphasis should be placed on assisting youth in creating social capital through interactions with family, peers, caring adults, and community members. Youth who are participating in CC are likely to have missed out on the opportunity to find legal permanency. The building of social capital with the guidance of a 3CM and the youth’s team gives the opportunity for each adolescent to achieve relational permanency; therefore, securing opportunities for heightened positive brain development and a chance at a higher level of success after leaving out-of-home placement.

**FORMS AND TOOLS**

1. CC Brochure for Youth - Available in hard copy
2. CC 101: A practical guide for DCS Staff - Available in hard copy
3. Transition Plan for Successful Adulthood (SF 55166)
4. Voluntary Collaborative Care Agreement between Older Youth and the Department of Child Services (SF 55159)

**RELATED INFORMATION**

**Collaborative Care (CC)**

Indiana’s CC program was developed to serve youth through the Fostering Connections to Success and Increasing Adoptions Act of 2008. CC is a voluntary program that allows DCS youth to begin transferring to CC at age 17.5. The program is for DCS and JD youth aged 18 to 21 years, and allows them to remain in the care and placement of DCS in order to continue to receive services. CC focuses on youth-adult partnerships, positive youth development, and encourages youth to develop a strong social network and/or social capital.

**Collaborative Care Agreement**

The Voluntary Collaborative Care Agreement between Older Youth and the Department of Child Services (SF 55159) documents an arrangement between the potential youth in CC and DCS. The agreement outlines CC as well as the youth’s rights and responsibilities once he or she has transferred into CC. This agreement must be signed by the youth. Any representative from the DCS Older Youth Initiatives team may review and sign the Voluntary Collaborative Care Agreement between Older Youth and the Department of Child Services (SF 55159) with the potential youth. The DCS Staff Attorney is responsible for filing the agreement with the court of
jurisdiction, which cannot be filed until the CHINS case is closed. This agreement is effective upon the date the last party has signed.

**Relational Permanency**
Samuels (2008)\(^1\) defined relational permanency as a concept that defines familial relationships in ways that extend beyond biological connections, including familial ties formed during care and after exiting out-of-home placement. “The role of the biological family must be extended beyond that family’s official or legal status in a child’s permanency plan” (p. 5). Youth in out-of-home placement need to have emotional support, peer and insider wisdom for insight and understanding to make a smoother transition into adulthood.

**Legal Permanency**
Permanency, as defined by Child Welfare Systems, is a safe, stable, secure home and family. There are five (5) federal Permanency Goals:
1. Reunification;
2. Adoption;
3. Guardianship;
4. Fit & Willing Relative; and
5. Another Planned Permanent Living Arrangement (APPLA).

**Note:** APPLA is only an option for youth 16 years of age and older. DCS must document why every other permanency plan option is not in the best interest of the child, as well as, document continuous diligent efforts made to locate adult relatives of the youth.

---

The Indiana Department of Child Services (DCS) will make Collaborative Care (CC) available to older youth who are at least 18 but not yet 21 years of age, and who were:

1. Formerly in out-of-home placement through an Indiana court order on the day of their 18th birthday;
2. Wish to participate in CC; and
3. Meet the eligibility criteria. See separate policy, 11.18 Eligibility for Collaborative Care.

Entry into CC for previously discharged older youth is initiated through the Indiana DCS Child Abuse Hotline (Hotline). The youth must call the Hotline. A service request for assistance is initiated by the Hotline Intake Specialist (IS). In situations where the youth is homeless, an immediate referral is made to the Collaborative Care Case Manager (3CM) to assist the youth with arrangements.

If the youth is not in a crisis situation, a 3CM will meet with eligible older youth interested in participating in the CC program within two (2) business days from the time the older youth makes initial contact with DCS.

Code References
IC 31-28-5.8-5: Eligibility; petitions

PROCEDURE
For older youth with an open Child in Need of Services (CHINS) case or open Juvenile Delinquency (JD) case who are in out-of-home placement in Indiana and are interested in and eligible to participate in CC, please see policy 11.21 Collaborative Care Case Transfers.

Older youth interested in participating in CC, shall contact the Hotline at 1-800-800-5556 to initiate a service request for assistance. If the youth arrives at a local DCS office and requests assistance for re-entry into care, the local office staff will make arrangements for the youth to call the Hotline while in the office. The Hotline IS will route the youth’s request to the local office as a service request.

Note: If the youth is homeless, the Hotline IS should contact the appropriate 3CM Supervisor for the county where the youth is located (or contact the afterhours on-call phone number for Collaborative Care) so a 3CM or designee can be dispatched to assist the youth with emergency arrangements.

The 3CM is responsible for:
1. Determining the older youth’s eligibility to participate in CC;
2. Making telephone contact with the older youth within two (2) business days of the youth's inquiry. During this call, the 3CM shall;
   a. Notify the older youth of his or her eligibility status to participate in CC,

   **Note:** If an older youth is **not eligible** for CC, but is eligible for Voluntary Older Youth Services (OYS), the 3CM may complete the Voluntary OYS Referral, with the youth’s permission.

   b. Schedule a meeting with the older youth to discuss CC if the older youth is eligible. The meeting should take place within two (2) business days, and
   c. Inform the older youth about local resources the youth may need to access prior to the time the youth re-enters out-of-home placement (e.g., homeless shelters, food banks, or medical clinics) regardless of the youth’s eligibility status.

3. Ensuring the following are completed during the initial meeting (different from the initial call);
   a. Provide an explanation of CC to the interested older youth. This explanation should include:
      i. A general timeline for re-entry,
      ii. The youth’s rights and responsibilities, and
      iii. A description of the re-entry process including necessary paperwork, court information, and placement information.
   b. Prepare the older youth for a re-entry Child and Family Team (CFT) Meeting if the youth is interested in participating in CC,
   c. Make arrangements for and provide resources to assist a youth who is in crisis in gaining stability,
   d. Provide the older youth a copy of the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) and discuss emergency and long-term placement options (see separate policy, 11.22 Voluntary Collaborative Care (CC) Agreement), and
   e. Complete a Voluntary OYS Referral with the older youth who is not interested in participating in CC, but is eligible for and not receiving Voluntary OYS.

The 3CM Supervisor is responsible for:
1. Administering the youth’s grievance process if the youth is determined ineligible for CC and requests an Eligibility Review. This review will include the following:
   a. The youth’s written request for review,
   b. A written statement from the youth explaining why the youth believes he or she is eligible, and
   c. A written statement from the youth identifying any barriers prohibiting eligibility.

   **Note:** After the 3CM Supervisor reviews eligibility, the 3CM Supervisor will send a letter to the youth within three (3) business days of receipt regarding the determination and the right to request an Administrative Review.

The Collaborative Care Division Manager (or designee) is responsible for reviewing the older youth’s Request for Administrative Review, which includes:
1. Reviewing all relevant documentation from the 3CM Supervisor and the older youth to determine whether the 3CM Supervisor correctly determined eligibility for entry into CC, and
2. Sending an Administrative Review outcome letter to the youth within five (5) days of receipt of the request for Administrative Review.

**Note:** The determination of the Collaborative Care Division Manager or designee is not subject to further agency review.

The IL Specialist is responsible for:
1. Verifying the eligibility of those youth referred for Voluntary Services (OYS);
2. Ensuring that a Voluntary Services Referral is completed for those youth **not eligible** for CC;
3. Ensuring that an IL case type is open in the case management system; and
4. Monitoring the progress of those youth receiving voluntary services through an OYS Provider.

### PRACTICE GUIDANCE

Eligible older youth in out-of-home placement on the day of his or her 18th birthday may participate in CC, so long as the youth meets eligibility criteria as defined in policy 11.18 Eligibility to Participate in Collaborative Care.

Information regarding local community resources to discuss with the youth may include the following:
1. How to access community services such as homeless shelters or food banks;
2. How to access public assistance services such as Women Infants and Children (WIC), Temporary Assistance for Needy Families (TANF), the Healthy Indiana Plan (HIP), or food stamps; and
3. The availability of services specific to former foster youth, such as Voluntary OYS or Medicaid.

### FORMS AND TOOLS

- **Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159)**

### RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Department of Child Services (DCS) will accept referrals from Probation Officers (PO) for youth with an open Juvenile Delinquency (JD) case who are eligible and interested in participating in Collaborative Care (CC). See separate policy, 11.18 Eligibility for Collaborative Care.

Note: Youth who have an open JD case can access CC services through their PO.

In order for the CC case to properly open for these youth, the following must occur in this order:
1. The JD case must close;
2. A Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) must be signed by the youth and the Collaborative Care Case Manager (3CM) the same day as the court’s JD case closes (see separate policy, 11.22 Voluntary Collaborative Care (CC) Agreement); and
3. A CC petition must be filed on the same day as JD case closure.

The Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) and petition to open the CC case shall be filed with the court of jurisdiction by the DCS Staff Attorney.

Code References
IC 31-30-2-1: Continuing juvenile court jurisdiction

PROCEDURE

The Older Youth Initiatives Team will accept referrals from POs who have identified a youth who is interested in participating in CC. An informational meeting will be held 90 days prior to the youth’s 18th birthday to determine if the youth will likely be eligible for CC. This can take place at the youth’s regularly scheduled Transition Plan for Successful Adulthood meeting held by the PO. See separate policy, 11.06 Transition Plan for Successful Adulthood. If the youth chooses to participate in CC, a transition meeting will be held, including the youth, PO, 3CM, and the youth’s child representatives. These team members will work with the DCS Staff Attorney to submit the completed Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) and petition to open a CC case immediately after the JD case is closed. See separate policy, 11.22 Voluntary Collaborative Care (CC) Agreement.

The 3CM Supervisor will:
1. Identify a 3CM for the case;
2. Identify the appropriate DCS Staff Attorney for the case; and
3. Assign the 3CM the CC case in the case management system within 48 hours of the case transition meeting.

The 3CM will:
1. Meet with the youth and the youth’s PO to determine whether the youth is eligible and interested in participating in CC;
2. Complete the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) with the youth at the transition meeting;
3. Attend the court hearing in which the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) and the petition to open a CC case is reviewed;
4. Thoroughly review the case file;
5. Ensure continuity of services, particularly those services that are related to the youth’s physical and mental health and well-being including, but not limited to:
   a. Psychiatric treatment/care,
   b. Treatment/care for a chronic medical condition,
   c. Establishing a primary health care provider, dentist, ophthalmologist, gynecologist (if applicable), etc.,
   d. Therapeutic treatment/care, and
   e. Continuation of service referrals through DCS.
6. Ensure that the youth does not lose contact with any siblings, family members, or other informal supports due to the case transition.

PRACTICE GUIDANCE

Preparing a Youth for Collaborative Care
When the youth enters CC, ensuring a youth’s safety is given the highest priority. The best way to ensure safety is to maintain consistency with services for the youth. The youth will have likely begun to develop a relationship with his or her 3CM at Transition Plan for Successful Adulthood meetings that took place prior to the CC case opening. At these meetings, the youth, 3CM, and the youth’s child representatives may begin to identify formal and informal supports in the new community, if applicable. Immediately after opening the CC case, a youth may need a higher level of support from the 3CM because he or she will be adjusting to his or her new surroundings and may not have access to the same services/formal/informal support systems as before.

Placement Disruption
When a CC case is opened, the placement of the youth is not expected to be disrupted unless all parties agree that it would be in the best interest of the youth. When making a decision regarding a youth’s CC placement the youth and the youth’s Child and Family Team (CFT) should take into account the youth’s Transition Plan for Successful Adulthood (SF 55166).

FORMS AND TOOLS

1. Transition Plan for Successful Adulthood (SF 55166)

---

1 Contact the Practice Development Supervisor Attorney if unsure which DCS Staff Attorney to contact.
2. **Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159)**

**RELATED INFORMATION**

**Collaborative Care Agreement**

The Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) documents an arrangement between the youth in CC and DCS. The agreement outlines CC as well as youth rights and responsibilities once he or she has transferred into CC. This agreement must be signed by the youth. Any representative from the DCS Older Youth Initiatives team may review and sign the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) with the potential youth. The DCS Staff Attorney is responsible for filing the agreement with the court of jurisdiction, which cannot be filed until the JD case is closed. This agreement is effective upon the date the last party has signed. See separate policy, 11.22 Voluntary Collaborative Care (CC) Agreement.

**Transition Meetings**

If possible, transition meetings may take place during the youth’s Transition Plan for Successful Adulthood meeting. The PO, 3CM (or a supervisor/designee), and the youth’s child representatives should be present at the transition meeting.

Examples of information that should be shared and discussed at the transition meeting include, but are not limited to:

1. The youth’s individual strengths and needs;
2. Needs that may arise in the near future, especially with the opening of the CC case;
3. What supports are currently in place to support those needs;
4. What support will need to be in place after the opening of the CC case;
5. Review/update of the youth’s Transition Plan for Successful Adulthood;
6. Clarify expectations of what the next steps are for the case;
7. Formal and informal supports for the youth that will be utilized after the opening of the CC case;
8. Addressing steps for what could go wrong; and
9. Visitation arrangements, as applicable.
STATEMENTS OF PURPOSE

The Department of Child Services (DCS) will ensure that all youth age 16 years and older with a Permanency Plan of Another Planned Permanency Living Arrangement (APPLA) only, who plan to either voluntarily enter Collaborative Care (CC) or remain under a Child in Need of Services (CHINS) case, have their case transferred to a Collaborative Care Case Manager (3CM) to support their transition to successful adulthood. The 3CM will manage the case until case closure.

DCS will engage the youth to determine the best path for the youth based on the youth’s direction and voice. The youth may request to do one (1) of the following upon turning 18:

1. Remain under the care and supervision of DCS through the CHINS case;
2. Enter CC under the care and supervision of DCS; or
3. Request that his or her CHINS case be dismissed and enter into Voluntary Older Youth Services (OYS).

Note: Probation youth 18 and over with an open Juvenile Delinquency (JD) case may be able to receive CC services. See separate policy, 11.20 Youth Adjudicated as Juvenile Delinquents Accessing Collaborative Care.

DCS will ensure the Child and Family Team (CFT), including the Court Appointed Special Advocate/Guardian ad Litem (CASA/GAL), support and approve a decision to change a youth’s case plan goal to APPLA. The Regional Permanency Team (including a member of OYS) must also review and approve the decision to change the Permanency Plan to APPLA. The request to change the Permanency Plan to APPLA must then be approved by the Regional Manager (RM) and the court.

Continuity of care will continue when transferring a case from the FCM to the 3CM by conducting a transition meeting that includes the FCM, 3CM, the youth, the youth’s child representatives, and any other relevant persons. The transition meeting can be held during a CFT meeting or concurrently with the youth’s Transition Plan for Successful Adulthood meeting that occurs every six (6) months beginning at the age of 14. See separate policy, 11.06 Transition Plan for Successful Adulthood.

Code References

1. IC 31-28-5.8-7: Periodic reviews by court; notice; participation; orders
2. IC 31-9-2-13: "Child"
PROCEDURE

For youth age 16 or older, the FCM will:

1. Staff the case with his or her FCM Supervisor to determine if the youth’s case plan goal should change to APPLA and if the case should transfer to a 3CM;
2. Complete a CFT to ensure the team, including the CASA/GAL, supports and approves of the decision to change the case plan goal to APPLA prior to transferring the case to a 3CM;
3. Request that the Regional Permanency Team (including a member of OYS) reviews and approves of the decision to change the Permanency Plan to APPLA. A Permanency Plan of APPLA must then be approved by the Regional Manager (see separate policy, 11.06 Transition Plan for Successful Adulthood);
4. Seek court approval of the case plan goal change;
5. Ensure all case information is entered into the case management system and is up-to-date (see related information);
6. Document the following in the case file:
   a. Court reports (e.g., if the court hearing is within 30 calendar days of the transfer, the FCM is responsible for this report, unless negotiated otherwise at the transition meeting),
   b. Court notices,
   c. The Transition Plan for Successful Adulthood (SF 55166), and
   d. Completed Collaborative Care Case Transfer Checklist (SF 56107).
7. Schedule a transition CFT Meeting and invite all identified necessary participants (e.g., youth, youth’s child representatives, informal supports, substitute caregivers or resource parents, and Older Youth Service Providers, etc.) within 15 calendar days of the case transfer;
8. Document the notification of all parties within contacts in the case management system; and
9. Notify the DCS Staff Attorney and the youth’s CASA or GAL of the case transfer, if applicable.

Note: Prior to selecting APPLA as a case plan goal and transitioning a youth at age 16, it is critical to ensure other viable Permanency Plan options (i.e., reunification, adoption, or guardianship) have been considered and actively pursued.

The FCM Supervisor will:

1. Ensure that the FCM continues to be responsible for attending all court hearings and monitoring the youth’s safety, stability, and well-being until the case is transferred to a 3CM;
2. Ensure the youth’s pertinent information is up-to-date in the case management system prior to the case transfer; and
3. Work with the 3CM Supervisor and FCM to ensure that any missing or incomplete information from the youth’s electronic or hard copy file is completed.

The 3CM Supervisor will:

1. Identify and assign the case to a 3CM in the case management system within 48 hours of the case transfer meeting;
2. Ensure the case management system has all pertinent information and is up-to-date upon case transfer; and
Note: If information is incomplete or missing, it is the 3CM Supervisor’s responsibility to work with the FCM Supervisor to ensure the youth’s former FCM completes the data input/updates.

3. Ensure the 3CM receives the hard copy case file from the youth’s FCM within 48 hours of the case transfer meeting.

The 3CM will:
1. Attend the transition meetings;
2. Thoroughly review the case file in the case management system;
3. Thoroughly review the hard copy case file;
4. Ensure continuity of services, particularly those services that are related to the youth’s physical and mental health and well-being including, but not limited to:
   a. Psychiatric treatment and care,
   b. Treatment and care for a chronic medical condition,
   c. Education, employment, and financial literacy,
   d. Establishing a primary health care provider, dentist, ophthalmologist, gynecologist (if applicable), etc.,
   e. Therapeutic treatment and care, and
   f. Continuation of service referrals through DCS.
5. Ensure the youth does not lose contact with any siblings by adhering to the established visitation plan. If a visitation plan has not been created or is out of date, the 3CM will ensure that the visitation plan is completed; and
6. Ensure that the youth does not lose contact with family members and other informal supports due to the case transfer.

PRACTICE GUIDANCE

Preparing a Youth for Case Transfer
In any case transfer, ensuring a youth’s safety is given the highest priority. The best way to ensure safety is to maintain consistency with services for the youth. At the Transition Plan for Successful Adulthood meeting, the youth and the 3CM may begin to identify formal and informal supports in his or her community. Immediately after transferring a case, a youth may need a higher level of support from the 3CM because he or she will be adjusting to his or her surroundings and may not have access to the same services and/or formal and informal support systems as before.

Placement Disruption
When a case is transferred, the placement of the youth is not expected to be disrupted unless all parties agree that it would be in the best interest of the youth.

FORMS AND TOOLS

1. Transition Plan for Successful Adulthood (SF 55166)
2. Collaborative Care Case Transfer Checklist (SF 56107)
3. Collaborative Care Supervisor Map
**RELATED INFORMATION**

**Transfer Meetings**
If possible, transfer meetings may take place during the youth’s Transition Plan for Successful Adulthood meeting. The FCM, 3CM (or a supervisor/delegate), and the youth’s child representatives should be present at the transfer meeting.

Examples of information that should be shared and discussed at the transfer meeting include, but are not limited to:
1. The youth’s individual strengths and needs;
2. The youth’s education, employment, and financial literacy;
3. Needs that may arise in the near future, especially with the case transfer;
4. What supports are currently in place to support those needs;
5. What support will need to be in place after the case transfer;
6. Review and update of the youth’s Transition Plan for Successful Adulthood (SF 55166);
7. The expectations of the next steps for the case;
8. Formal and informal supports for the youth that will be utilized after case transfer;
9. Steps to address what could go wrong with any plans that are created; and
10. Visitation arrangements, as applicable.

**Case File**
Prior to transferring the hard case file or the case in the case management system, the FCM is responsible for ensuring that all information is current and accurate. The originating county is not required to keep a copy of the case file. The data entry must be complete for each of the following:
1. Hearings;
2. Placements;
3. Services;
4. Visitation Plan (if applicable);
5. Case Plan;
6. Transition Plan for Successful Adulthood (SF 55166);
7. Demographic information;
8. Information entered in the National Youth in Transition Database (NYTD) (e.g., education, services, and survey);
9. Contacts;
10. School information and other related education information (e.g., Individualized Education Program);
11. Medicaid Number;
12. Health Information (e.g., medical and dental health issues and current treatment);
13. Indiana Support Enforcement Tracking System (ISETS) interface, if appropriate;
14. Court Reports and Orders;
15. Notices;
16. Mental Health Screen;
17. Medical Passport (including immunization records); and
18. Other information not included in the above list that is:
   a. Specific to the youth’s individual circumstances; and
   b. Pertinent to the continuity of the youth’s services and case.
Contacting Older Youth Initiatives Team
The Collaborative Care Supervisor Map may be utilized to contact a member of the Older Youth Initiatives Team (3CM Supervisor).
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 11: Older Youth Services  Effective Date: July 1, 2015
Section 22: Voluntary Collaborative Care (CC) Agreement  Version: 2

STATEMENTS OF PURPOSE

The Department of Child Services (DCS) will ensure that youth who are eligible and interested in participating in Collaborative Care (CC) sign a Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) on or after their 18th birthday. See separate policy, 11.18 Eligibility to Participate in Collaborative Care.

In order for the CC case to properly open for these youth, the following must occur in this order:
1. The Child in Need of Services (CHINS) or Juvenile Delinquency (JD) case must close;
2. A Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) must be signed by the youth and the Collaborative Care Case Manager (3CM) the same day as the court’s CHINS or JD case closes; and
3. A CC petition must be filed on the same day as CHINS or JD case closure.
   a. The Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) and the CC petition should be filed in the county of wardship if the youth has a current open CHINS or JD case and will reside in the county of wardship,
   b. The Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) and CC petition should be filed in the county of wardship and a Motion for Change of Venue to the county in which the youth resides if the youth has a current open CHINS or JD case and will reside in a different county from the county of wardship, or
   c. The Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) and the CC petition should be filed in the county in which the youth resides if the youth has been previously discharged from care and wishes to enter CC.

Code References
IC 31-28-5.8-2: "Collaborative care agreement"

PROCEDURE

The Family Case Manager (FCM) will:
1. Work with the Collaborative Care Case Manager (3CM) to schedule a Child and Family Team (CFT) Meeting with the youth to ensure CC is discussed with the youth at a Transition Plan for Successful Adulthood meeting at the child’s 17th birthday (see separate policy, 11.06 Transition Plan for Successful Adulthood);
2. Prepare the youth for possible transition to a 3CM when the youth is 17 years and 6 (six) months of age; and
3. Work with the 3CM to ensure proper case transfer in accordance with policy 11.21 Collaborative Care Case Transfers.
The 3CM will:
1. Complete the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) with the youth on or after the youth’s 18th birthday;

   **Note:** Any member of the Older Youth Initiatives team may complete the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) with the youth.

2. Request that the DCS Staff Attorney submit the completed Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) to the court of proper jurisdiction;
3. Attend the court hearing in which the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) is reviewed;
4. Monitor the case to ensure DCS and the youth are actively participating in the development of the youth’s Case Plan (SF 2956) to assist the youth in moving toward independence; and
5. Work with the FCM to ensure proper case transfer in accordance with policy 11.21 Collaborative Care Case Transfers.

The DCS Staff Attorney will:
1. Draft the Verified Joint Petition to Allow Older Youth to Enter into the Collaborative Care Program and Order;
2. Ensure the Verified Joint Petition to Allow Older Youth to Enter into the Collaborative Care Program and Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) is signed by the youth; and
3. File the Verified Joint Petition to Allow Older Youth to Enter into the Collaborative Care Program and Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) with the Court, if applicable.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. Case Plan (SF 2956)- available in the case management system
2. Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159)

**RELATED INFORMATION**

**Voluntary Collaborative Care Agreement**

The Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) documents an arrangement between the potential youth in CC and DCS. The agreement outlines CC as well as the youth’s rights and responsibilities once he or she has transferred into CC. This agreement must be signed by the youth on or after the youth turns 18 years of age. Any representative from the DCS Older Youth Initiatives team may review and sign the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) with the youth. The DCS Staff Attorney in the county where the youth
will reside is responsible for filing the agreement with the court of jurisdiction, which cannot be filed until the CHINS or JD case is closed. This agreement is effective upon the date the last party has signed.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will attend and participate in Collaborative Care (CC) hearings for all youth in CC based on the following schedule:

1. Every six (6) months, based upon the effective date of the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) (see separate policy, 11.22 Voluntary Collaborative Care (CC) Agreement) or
2. More often, if ordered by the juvenile court.

DCS or the youth may request that the court hold a CC Hearing at any time.

Code References
IC 31-28-5.8-7: Periodic reviews by court; notice; participation; orders

PROCEDURE

The Collaborative Care Case Manager (3CM) will:

1. Follow all procedures outlined in a separate policy, 11.24 Providing Notice of Collaborative Care Hearings to Youth;
2. Provide a Progress Report to the court with the following information attached:
   a. The youth’s current Case Plan (SF 2956),
   b. The youth’s current Transition Plan for Successful Adulthood (SF 55166),
   c. Notes from any Child and Family Team (CFT) Meetings held since the previous court hearing, and
   d. Any other pertinent information related to the youth.
3. Ensure that a copy of the Progress Report and all attachments are printed and given (in person or via mail) to required parties, including filing all documents with the court, at least 10 calendar days prior to the court hearing;
4. Enter court hearing data in the case management system; and
5. Ensure that the youth attends the hearing.

Note: Youth’s attendance at the hearing to open the CC case is mandatory. There may be situations that occur and a youth is not able to attend the Periodic Review hearings. These situations should be infrequent as the youth should take an active and participative role in his or her court case. However, youth should be encouraged to attend all hearings.

The 3CM Supervisor will review and approve the Progress Report and all attachments.
PRACTICE GUIDANCE

Court Orders
The 3CM should contact the Local Office Attorney (LOA) if a court orders a CC youth to participate in a service, placement, or program.

FORMS AND TOOLS

1. Case Plan (SF 2956)- available in the case management system
2. Transition Plan for Successful Adulthood (SF 55166)
3. Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) shall give written notice of all Collaborative Care (CC) hearings, by mail or personal service at least seven (7) days before the date of the hearing, to the following:

1. The older youth;
2. The resource parent, including host home Adult(s), with whom the older youth is living, if applicable;
3. Any caseworker responsible for visitation with the older youth;
4. Any person or agency identified in the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) (see separate policy, 11.22 Voluntary Collaborative Care (CC) Agreement) as a provider of services to the older youth;
5. The youth’s Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL) (if applicable); and
6. Any person or entity providing Older Youth Services (OYS) to the youth.

**Note:** DCS policy 6.04 Providing Notice must be followed for all youth in CC.

Providing proper notice that permits CC cases to proceed is the responsibility of the DCS Staff Attorney, who is to provide such legal notice pursuant to the Indiana Trial Rules.

Code References

IC 31-28-5.8-7: Periodic reviews by court; notice; participation; orders

PROCEDURE

The DCS Staff Attorney will ensure that proper notice is given to all appropriate parties in a timely manner through a DCS approved method.

The youth’s Collaborative Care Case Manager (3CM) will educate the older youth regarding:

1. Appropriate court etiquette and dress;
2. The purpose of the court hearing and possible outcomes;
3. The youth’s rights and responsibilities in regards to the hearing;
4. The role of all court participants; and
5. Debriefing with the youth after the court hearing.

PRACTICE GUIDANCE

Encouraging youth participation in court hearings is a positive way to practice youth-adult partnering. The youth’s full involvement in court hearings and giving the youth the responsibility
for making meaningful decisions regarding his or her CC case shows full support of the youth as a partner.

**FORMS AND TOOLS**

1. Notice of Periodic Case Review (SF 48997) - available in the case management system
2. Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159)

**RELATED INFORMATION**

N/A
STATEMENTS OF PURPOSE

The Department of Child Services (DCS) will offer a Host Home placement option for eligible youth in Collaborative Care (CC).

Host Home Adults should be at least 21 years of age. However, the Collaborative Care Case Manager (3CM) may submit a waiver for potential Host Home Adults between the ages of 18 and 21 for approval by the Older Youth Initiatives Manager or designee.

The Host Home is not required to be licensed, but will be monitored by the 3CM. Background checks will be completed prior to or within 30 days of placement in the Host Home. The 3CM will follow DCS policy 8.10 Minimum Contact to ensure monthly face-to-face contact requirements are met for youth placed in a Host Home.

Code References
1. IC 31-28-5.8-3: Host home
2. IC 31-28-5.8-5.5: Conduct criminal history check

PROCEDURE

The 3CM will:
1. Facilitate the discussion and signing of the Foster Home/Host Home Agreement between the Host Home Adult and the youth;
2. Complete an initial visit to the Host Home residence and complete the Host Home Environment Checklist for Older Youth Placements;
3. Conduct the following background checks on Host Home Adults as Collaborative Care Volunteers, which will vary based on the age of the subject of the check and the type of check being conducted:
   a. Fingerprint-Based National Criminal History Check (Fingerprint-Based Check). See Exceptions and Special Fingerprinting Issues in Practice Guidance;
   b. Child Protection Services (CPS) History Check in every state the subject of the check has lived in the last five (5) years;
   c. National Sex Offender Registry check in every state the subject of the check has lived in the last five (5) years, and
   d. Law Enforcement Agency (LEA) records check must be completed by requesting a search from the appropriate LEA corresponding to each residential address the subject of the check has resided in during the past five (5) years.

   Note: Any of the above listed background checks may be conducted on any other adults (age 18 or older) living in the Host Home if the 3CM has reason to believe conducting a check is in the best interest of the youth.
4. Complete face-to-face visits with the Host Home Adult, at a minimum, every other month;
5. Ensure the Host Home Adult is providing adequate opportunity for the youth to further develop his or her independent living skills. This includes the Host Home Adult completing the Casey Life Skills (CLS) Assessment as a caregiver and the youth completing the CLS Assessment as a youth. This also includes the Host Home Adult assisting the older youth in developing interdependence in the community and positive social connections; and
6. Evaluate the results of the background check information and determine the appropriateness of the information in relation to the use of the Host Home. See Practice Guidance.

Note: The 3CM will share the results with the subject of the checks only.

**PRACTICE GUIDANCE**

**Host Home**
A Host Home setting is one where a youth resides in the home of a family, single, related, or unrelated adult’s home. The youth shares basic facilities and agrees to expectations as established by both the Host Home and Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) (see separate policy, 11.22 Voluntary Collaborative Care (CC) Agreement). This placement shall be used when an existing positive adult relationship has been identified by the youth or members of the youth’s team with the youth’s agreement. Host Home Adults are mentors to youth who practice healthy youth-adult partnerships. Host Home placements are not appropriate for peer roommates, biological parents, or adoptive parents. 3CMs shall complete the above mentioned background checks on the Host Home Adults who will be providing supervision for the older youth who is placed in the home. 3CMs may require other adults in the home to also complete the background checks, as noted above, and these will be done at the discretion of the 3CM in consultation with the 3CM Supervisor.

The services provided in CC should be specific to the needs of the youth. The Host Home Adult will assist in the facilitation of services through cooperative communication with the 3CM as to the areas of opportunity that arise. The Host Home Adult will complete the CLS Assessment as a caregiver and administer the CLS Assessment to the youth. These tools will be utilized to assist the youth to remain in accordance with the youth’s Transition Plan for Successful Adulthood (SF 55166). Host Home Adults will recognize teachable moments and assist the youth in budgeting funds, purchasing personal items, and setting up bank savings and/or checking accounts to promote and increase the youth’s financial responsibility, and other independent living skills as outlined in the Older Youth Service Standards. The need for a referral to a Collaborative Care Service Provider will be determined by the youth, with the guided support of the 3CM, Host Home Adult, and assessment tools.

**Exceptions to Fingerprinting**
An exception may only be granted by the DCS Central Office Background Check Unit (COBCU) and is for limited and case-specific situations, such as the following:
1. When the subject 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.

To request an exception, the following information must be sent to the COBCU:
1. A letter requesting the exception and explaining the disabling condition; and
2. The required documentation from the person trained to take fingerprints or a qualified medical practitioner or evidence that the individual does not have fingers.

If the exception is granted, the COBCU will complete the Indiana Limited Criminal History Check (LCH) on the subject of the check and provide official notice of the fingerprint exception status. If the subject lived in any other state in the last five (5) years, contact the COBCU for guidance on what type of check is needed in that state.

Special Fingerprinting Issues
Homebound
If the subject of a check is unable to leave his or her home for fingerprinting, the 3CM should contact the COBCU for appropriate instruction and approval.

Unreadable Prints and Reprint Notice
Fingerprints may be rejected by the Indiana State Police (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 nonemergency Name-Based Check be processed. Once the name-based check has been requested the processing timeframe is longer than a fingerprint check.

FORMS AND TOOLS

1. Foster Home/Host Home Agreement - Available in hard copy
2. Host Home Environment Checklist for Older Youth Placements - Available in hard copy
3. Casey Life Skills Assessment - Available in hard copy
4. Transition Plan for Successful Adulthood (SF 55166)
5. Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159)

RELATED INFORMATION
Host Home Adults shall provide independent living training that includes, but is not limited to:
1. Providing food and shelter for the youth residing in the home;
2. Displaying positive role modeling behaviors;
3. Utilizing teachable moments that provide the youth opportunities to engage in healthy risk taking, fostering both positive and negative consequences;
4. Adhering to the expectations of the Foster Home/Host Home Agreement resulting in positive and negative consequences; and
5. Establishing progressive and appropriate expectations based on the needs and age of the youth.
Expectations of the Host Home placement will be discussed and agreed upon in the Child and Family Team (CFT) Meeting held prior to the youth’s transition. The following topics, which are included in the Foster Home/Host Home Agreement, shall be discussed:

1. Physical description of living space (Host Home Environment Checklist for Older Youth Placements);
2. Refraining from discriminating against the youth based on race, religion, national origin, gender, disability, or sexual orientation;
3. Expectations, roles, responsibilities, and consequences of the youth and Host Home Adult;
4. Frequency of services and provider visits and meetings; and
5. Per Diem and Payments.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will have monthly face-to-face contact with all youth participating in Collaborative Care (CC). Contact should occur on a monthly basis and should not exceed 30 days between visits. The visits can alternate between the youth’s residence and other locations (e.g., school and court).

During case junctures involving the youth or resource parent (e.g. potential placement disruptions, new Child Abuse and/or Neglect (CA/N) allegations, potential runaway situations, pregnancy of the youth, etc.), contact with the youth and/or resource parent, including host homes, must be made weekly by the assigned Collaborative Care Case Manager (3CM) until the episode has been stabilized.

The 3CM will have face-to-face contact with the resource parent, at a minimum, every other month. The 3CM will communicate and partner with the resource parent, including host homes, to discuss how best to address the youth’s needs and to enhance the youth’s likelihood of success.

Note: In circumstances where CC youth are living on their own, they shall be considered their own caregiver.

Code References

IC 31-28-5.8-6: Updating case plans; transitional service plan; visitation with family case manager

PROCEDURE

The 3CM will see the youth at least once every calendar month, not to exceed 30 days between each visit. During case junctures, the 3CM will conduct weekly visits.

At each visit with the youth, the 3CM will:
1. Assess the youth’s safety, health, well-being, and permanency. This should include, but not be limited to:
   a. Visible injuries,
   b. Illness, and/or
   c. Emotional distress (withdrawn, angry, scared, etc.).
2. Discuss progress toward the goals identified in the Transition Plan for Successful Adulthood (SF 55166);
3. Review progress of current services and determine if any additional services are needed;
4. Document the visit and any new information gained in the case management system within one (1) business day; and
5. Determine if a Child and Family Team Meeting should be convened to assess whether a case juncture warrants continued weekly visits.

Note: If contact cannot be made, the 3CM will document in the case management system what efforts were made. A discussion about next steps taken should be made with the 3CM Supervisor.

PRACTICE GUIDANCE

While youth and young adults are still in out-of-home placement related programs, efforts should be made to enhance and develop existing relationships with adults who youth trust or with whom trust could be strengthened. Building the capacity of existing relationships to offer more empathetic and insightful emotional support could provide important resources for the youth as he or she leaves out-of-home placement and continues to deal with the emotions and questions raised by his or her experiences prior to, and during, placement.

Emphasis should be placed on assisting youth in creating social capital through interactions with family, peers, caring adults, and community members. Youth who are participating in CC are likely to have missed out on the opportunity to find legal permanency. The building of social capital with the guidance of a 3CM and the youth's team gives the opportunity for each adolescent to achieve relational permanency, therefore; securing opportunities for heightened positive brain development and a chance at a higher level of success after leaving out-of-home care or CC.

FORMS AND TOOLS

1. Face-to-Face Contact (SF53557)- available in the case management system
2. Case Plan (SF 2956)- available in the case management system
3. Transition Plan for Successful Adulthood (SF 55166)

RELATED INFORMATION

Relational Permanency
Samuels (2008) defined relational permanency as a concept that defines familial relationships in ways that extend beyond biological connections, including familial ties formed during care and after exiting out-of-home placement. “The role of the biological family must be extended beyond that family’s official or legal status in a child’s permanency plan” (p. 5). Youth in out-of-home placement related settings need to have emotional support, peer and insider wisdom for insight and understanding to make a smoother transition into adulthood.

Regular Contact is Paramount
Regular contact with the youth is the most effective way that DCS can:

1. Promote timely implementation of Case Plan (SF 2956) for children and families served by DCS; and
2. Monitor progress and revise service plans, as needed.

Regular contact with the youth allows the 3CM to:
1. Assess the youth’s health, safety, well-being, and permanency;
2. Develop and maintain a trusting and supportive relationship with the youth;
3. Assess the youth’s progress;
4. Discuss the youth’s thoughts and feelings about living on his or her own or with the resource parent, if applicable; and
5. Discuss social connections and interactions for optimal functioning as an adult.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 11: Older Youth Services
Section 27: Permanency for Older Youth in Collaborative Care (CC)
Effective Date: July 1, 2019
Version: 3

STATEMENTS OF PURPOSE

The Department of Child Services (DCS) is committed to ensuring permanency for youth in Collaborative Care. In extraordinary cases, the legal permanency options of Reunification, Adoption, Legal Guardianship, and Permanent Placement with a Fit and Willing Relative may not meet a particular youth’s permanency needs. When such cases have been identified, alternative types of Another Planned Permanency Living Arrangements (APPLA) may be considered which include, but are not limited to:

1. Relational Permanency;
2. Adult Adoption; or
3. Re-connecting with biological family members.

Note: APPLA is only an option for youth 16 years of age and older. DCS must document why every other permanency plan option is not in the best interest of the child, as well as, document continuous diligent efforts to locate adult relatives of the youth (see Practice Guidance).

DCS will ensure Collaborative Care (CC) youth can identify at least one (1) supportive adult who he or she believes will be a lifelong connection. If the CC youth is unable to identify a supportive adult, a referral to the Youth Connections Program may be made.

Code References

1. IC 31-28-5.8-7: Periodic reviews by court; notice; participation; orders
2. IC 31-34-21-7.5: Placement prohibited in residence of individual who has committed certain acts or offenses; criminal history check; contents of permanency plans

PROCEDURE

The Collaborative Case Manager (3CM) will:

1. Assess the youth’s permanency status by engaging the youth in conversations regarding the youth’s perspective on involving supportive adults and his or her interest in pursuing those connections;
2. Utilize the 5.B Tool- Family Network Diagram Instruction Guide as a tool to aid the youth in identifying possible supportive adults or connections;
3. Engage the Child and Family Team (CFT) in conversations regarding the youth’s permanency status;
4. Make a referral for the Youth Connections Program if the youth cannot identify a supportive adult or connection;
5. Document all diligent efforts made to locate adult relatives; and
6. Document the reasons every other permanency plan options are not in the best interest of the child.
**PRACTICE GUIDANCE**

While youth and young adults are still in out-of-home placement related programs, efforts should be made to enhance and develop existing relationships with adults who youth trust or with whom trust could be strengthened. Building the capacity of existing relationships to offer more empathetic and insightful emotional support could provide important resources for the youth as he or she leaves out-of-home placement and continues to deal with the emotions and questions raised by his or her experiences prior to, and during, placement.

APPLA is a federal permanency option that is to be used sparingly, in very limited situations when attempts to achieve other permanency options have not been successful. APPLA may only be identified as a permanency plan for a youth age 16 and older, and it must be supported and approved by the CFT. When a youth age 16 and older has a permanency plan of APPLA, documentation is required at each periodic case review hearing. The documentation should reflect intensive, ongoing, and current diligent efforts to return the child home or secure placement with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent, including through efforts that utilize search technology (including social media) to find relatives for the youth. DCS must document compelling reasons why it continues to be in the best interest of the youth to have APPLA as a permanency plan and why alternative permanency plans, such as Reunification, Adoption, Legal Guardianship, or Placement with a Fit and Willing Relative, are not in the best interest of the child.

**FORMS AND TOOLS**

5.B Tool- Family Network Diagram Instruction Guide

**RELATED INFORMATION**

**Relational Permanency**

Samuels (2008) defined relational permanency as a concept that defines familial relationships in ways that extend beyond biological connections, including familial ties formed during care and after exiting out-of-home placement. “The role of the biological family must be extended beyond that family’s official or legal status in a child’s permanency plan” (p. 5). Youth in out-of-home placement related settings need to have emotional support, peer and insider wisdom for insight and understanding to make a smoother transition into adulthood.

**Legal Permanency**

Permanency, as defined by Child Welfare Systems, is a safe, stable, secure home and family. There are five (5) federal Permanency Goals, which are recognized in a court of law:

1. Reunification,
2. Adoption,
3. Guardianship,
4. Fit & Willing Relative, and
5. Another Planned Permanent Living Arrangement (only for youth 16 years of age and older).

---

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will request a Collaborative Care (CC) case be dismissed when a youth is no longer eligible to participate in CC or the youth asks that his or her case be dismissed.

A youth is ineligible to participate in CC:
1. On or after the youth’s 21st birthday;
2. When the youth fails to continuously maintain eligibility requirements as provided in the policies or rules adopted by DCS; or

   **Note:** If the youth does not continue to meet eligibility requirements for a period of 30 days, voluntarily decides to leave his or her CC placement, or otherwise demonstrates a lack of interest in receiving services and/or remaining in placement, the Collaborative Care Case Manager (3CM) Supervisor will consult with the Local Office Attorney who may file a motion to dismiss.

3. The youth indicates a desire to withdraw from CC.

If DCS terminates a Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159) before the expiration date without the agreement of the youth, the youth or a Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA) participating with the consent of the older youth may, within 15 calendar days of the date of the notice that DCS intends to terminate the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159), request that the court:
1. Hold a hearing regarding the cause for terminating the Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159); and
2. Enter an order containing findings and conclusions regarding whether DCS properly terminated the agreement for good cause.

   **Note:** Following the dismissal of a CC case, youth who are otherwise eligible for CC may request re-entry to CC or participate in Voluntary Older Youth Services, see separate policies, 11.07 Voluntary Older Youth Services and 11.18 Eligibility to Participate in Collaborative Care.

Code References
- [IC 31-28-5.8-8: Closing collaborative care cases](#)
If a youth notifies his or her 3CM that he or she no longer desires to participate in CC, the 3CM will:

1. Request that the youth document in writing the reasons why he or she would like to have his or her CC case closed by completing the **Collaborative Care Case Request for Case Dismissal (SF 56005)**;

2. Schedule a Child and Family Team (CFT) Meeting with the youth to discuss his or her desire to leave CC and continuing needs. Ensure the youth has all required documents listed in the **Transition Plan for Successful Adulthood (SF 55166)**, including the **Foster Care Verification Letter (SF 56571)**.

**Note:** If the youth declines to participate in a CFT Meeting, the 3CM will document the efforts made to schedule a meeting and the youth’s responses.

3. Develop a plan with the youth and CFT to address the youth’s living arrangements, informal supports, and the youth’s option to return to CC if he or she desired to do so in the future;

4. Staff the request to dismiss the youth’s case with his or her 3CM Supervisor;

5. Obtain reports from the youth’s service providers, including the providers’ recommendations regarding case closure and a description of the youth’s participation in services;

6. Submit a request to the court for the CC case to be dismissed. This request should include a copy of the youth’s request for case closure from the youth, notes from the CFT Meeting (if applicable), a plan for the youth’s living arrangements and supports, reports from providers, and the recommendation of the youth’s GAL/CASA (if applicable);

7. Document all of the information from the above steps in the case management system; and

8. Close the the case in the case management system.

If a youth runs away or does not participate in CC services for a period of 30 days, DCS will take these actions as an indication that the youth desires to no longer participate in CC. In such cases, the 3CM will:

1. Attempt to contact the youth and document the outcome of all attempts;

2. Document in the case management system any damage done to the apartment or home where the youth lived if damages are noted;

3. Document in the case management system any criminal charges filed against the youth as a result of his or her behavior;

4. Obtain reports from the youth’s service providers, including the providers’ recommendations regarding case closure and a description of the youth’s participation in services;

5. Staff the request to dismiss the youth’s case with his or her 3CM Supervisor;

6. Submit a request to the court for the CC case to be dismissed. This request should include a description of the youth’s lack of involvement in CC or runaway status and any damages to the youth’s placement and resulting criminal charges (if applicable), copies of the reports from providers, and the recommendation of the youth’s GAL/CASA (if applicable); and

7. Send a copy of the request for the CC case to be dismissed to the youth’s last known address.
**Note:** In the event the youth wants a hearing on DCS’ request to dismiss the CC case, the youth is responsible for requesting a hearing if there is no GAL/CASA assigned to the case. The 3CM must advise the youth that he or she must request the hearing. If there is a GAL/CASA assigned to the case, the GAL/CASA may request a hearing.

Before submitting the request for case dismissal to the court, the 3CM Supervisor will staff the case for closure with the Collaborative Care Management team to review and confirm documentation is completed and closure is appropriate.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. [Collaborative Care Case Request for Case Dismissal (SF 56005)](#)
2. [Voluntary Collaborative Care Agreement Between Older Youth and the Department of Child Services (SF 55159)](#)
3. [Transition Plan for Successful Adulthood (SF 55166)](#)
4. [Foster Care Verification Letter (SF 56571)](#)

**RELATED INFORMATION**

N/A
# Suggested Budget Worksheet

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>Main Income</td>
</tr>
<tr>
<td>House payment/rent</td>
<td>Second Income</td>
</tr>
<tr>
<td>Taxes &amp; Insurance (Renter’s)</td>
<td>Other Income</td>
</tr>
<tr>
<td></td>
<td>Total Income</td>
</tr>
<tr>
<td>Other Bills</td>
<td>Income Available for Savings</td>
</tr>
<tr>
<td>Car Payment</td>
<td>Total Income</td>
</tr>
<tr>
<td>Car Insurance</td>
<td>Total Expenses Minus</td>
</tr>
<tr>
<td>Life &amp; Health Insurance</td>
<td>-</td>
</tr>
<tr>
<td>Electric</td>
<td>Savings</td>
</tr>
<tr>
<td>Other Utilities (i.e. water)</td>
<td>Approximate Bill Percentages</td>
</tr>
<tr>
<td>Telephone</td>
<td>Housing (approximately 30%)</td>
</tr>
<tr>
<td>Internet Fees</td>
<td>Household Expenses (approximately 30%)</td>
</tr>
<tr>
<td>Credit Card 1</td>
<td>Other Bills (approximately 30%)</td>
</tr>
<tr>
<td>Credit Card 2</td>
<td>Savings (approximately 10%)</td>
</tr>
<tr>
<td>Credit Card 3</td>
<td></td>
</tr>
<tr>
<td>Loans</td>
<td>Paycheck Distribution with approximate percentages</td>
</tr>
<tr>
<td>Cable</td>
<td></td>
</tr>
<tr>
<td>Other Bill 1</td>
<td>Amount Deposited in Checking for Housing &amp; Other Bills 60%</td>
</tr>
<tr>
<td>Other Bill 2</td>
<td>Amount of Cash For Household expenses 30%</td>
</tr>
<tr>
<td>Other Bill 3</td>
<td>Amount for Long Term Savings (invested) 5%</td>
</tr>
<tr>
<td></td>
<td>Amount for Crisis Fund (Savings Account) 5%</td>
</tr>
<tr>
<td>Household</td>
<td></td>
</tr>
<tr>
<td>Household Budget</td>
<td></td>
</tr>
<tr>
<td>Total Expenses</td>
<td></td>
</tr>
</tbody>
</table>
Below is a list of items to be listed under each topic. This list is only to be used as a guide and does not include all possible items.

<table>
<thead>
<tr>
<th>Housing</th>
<th>Other Bills</th>
<th>Household</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>Rentan’s Insurance</td>
<td>Housing</td>
<td>Crisis Fund</td>
</tr>
<tr>
<td>Property Taxes</td>
<td>House Payment</td>
<td>Other Bills</td>
<td>Home Repair &amp; Maintenance</td>
</tr>
<tr>
<td>Property Insurance</td>
<td></td>
<td>Utilities (lights, phone, gas, water)</td>
<td>Auto Repair &amp; Maintenance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Car Payments</td>
<td>Appliance Repair or Replacement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Credit Card Payments</td>
<td>Unexpected Expenses or Bills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Installment Loans</td>
<td>Pet Veterinarian bills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Life &amp; Health Insurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Internet Fees</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cable/Sat TV</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Telephones</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Auto Insurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Long Term Savings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>College Fund</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Home Purchase</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Auto Purchase</td>
</tr>
</tbody>
</table>
VOLUNTARY SERVICES HOST HOME AGREEMENT

Part I

Name of Youth: ________________________________________________________________

Voluntary Services Host Home Name: ____________________________________________

Address: ____________________________________________ Phone: ________________

The agreed upon monthly rate to be paid by the youth is: $________ per month. This is a
month to month agreement and begins on ________________.

Rent is due on the 1st Saturday of each month by 5 p.m. and must be paid by cash, money
order, or cashier’s check. The Voluntary Services Host Home will provide a receipt upon
payment.

A deposit of $________ is due with the first month’s payment prior to the youth moving
into the home. Notice of the youth wishing to end this contract must be given 30 days in
advance of move out. The deposit will be returned upon move out provided the renter has
followed the guidelines of the agreement listed below in Part II-A-1, 2, and 3.

Part II

I. The Voluntary Services Host Home will provide the following to the youth:
   • Bedroom will include the use of a bed, pillow, two (2) sets of sheets, blanket, bedspread,
   desk, chest of drawers, dresser with mirror, closet, and laundry basket.
   • Shared bathroom or private bath with shower or bathtub, towels, cleaning supplies,
   shampoo, bath soap.
   • Use of the common areas of the home such as the living room, kitchen, dining room,
   porch, garage, and outbuildings. Use of the TV or other common area items such as
   appliances if they are shared with the Voluntary Services Host Home family members.
   • Use of cleaning equipment (e.g., sweeper, broom, mop, etc.) will be made available.
   • Guidelines regarding garbage, dirt, litter or refuse are as follows: ____________.
   • Food for two (2) meals a day (may or may not be prepared by the host family) and
   scheduled meal times if prepared. Guidelines regarding the storage of food and where
   food may be eaten are as follows: ______________. 
• Use of laundry facilities including laundry supplies such as detergent, fabric softener, and bleach.
• Parking space for vehicle, if applicable, and guidelines for friends’ vehicles that may visit.
• Guidelines regarding non-working vehicles and the repair of them.
• Curfew hours, if any, or written expectations regarding coming and going from the residence.
• Guidelines for acceptable noise level regarding music, TV, or other areas that this may apply are as follows: _____________.
• Guidelines for others who may visit the youth in the home are as follows: _____________.
• Rules that may apply when the Voluntary Services Host Home family is home or not at home are as follows: _____________.

II. The Youth will be responsible to do the following:
• Maintain the bedroom in the same condition, with allowance for normal wear, that it was when the contract began including weekly cleaning and dusting. Maintain clothing in closet, drawers or laundry basket.
• Maintain the bathroom in the same condition that it was when the contract began including weekly cleaning.
• Maintain orderliness in the common areas of the home when using and leave the areas as they were upon entering. Follow the guidelines as to the use of the TV or other common area items.
• Clean the bedroom and bath using designated cleaning equipment and return equipment following use.
• Garbage, dirt, litter, or refuse must be deposited in garbage cans used for that purpose.
• Acknowledge the scheduled time for meals and be available for such or upon preparation of meals, leave the kitchen in the same condition that it was upon arrival. Follow the rules of the Voluntary Services Host Home regarding the storage of food and where food may be eaten in the home.
• Use laundry facilities when there is a sufficient amount of clothing for a load and at times that do not inconvenience the Voluntary Services Host Home’s plans for laundry. Inform the Voluntary Services Host Home if laundry supplies run low after use.
• Follow the Voluntary Services Host Home rules regarding parking the vehicle and where any friends may park, if visiting.
• Follow the rules regarding repairing a non-working vehicle.
• Follow the expectations of the Voluntary Services Host Home regarding coming and going from the residence.
• Follow the guidelines that are acceptable for noise levels such as music, TV, or other areas that this may apply.
• Follow the expectations regarding the presence of the renter’s friends in the home when the Voluntary Services Host Home family is home or not at home.

III. Rules and regulations not listed in I or II above:
• Smoking by the youth may only be done outside of the house. No smoking at any time inside the house.
• No birds, cats, dogs, or other animals may be maintained in or about the Voluntary Services Host Home without written consent from the Voluntary Services Host Home.
• When using electrical appliances such as irons, fans, hair dryers, curling irons, etc., it is the responsibility of the renter to be sure they are turned off after use.
- The Voluntary Services Host Home must approve, prior to installation, the use of small refrigerators, air conditioning units, and heaters in the rented room.
- Follow the rules of safety when using any electrical appliances in the home.

### Part III

I understand that this agreement will remain in effect as long as I follow these guidelines and that the agreement will be terminated if I do not follow through with this agreement. I understand that either the Voluntary Services Host Home or I may terminate this agreement by a 30 day notice in writing.

I understand that the Indiana Department of Child Services (DCS) and/or the Older Youth Services (OYS) service provider assisting me with OYS will not have any legal responsibility for me, including financial responsibility for damages that I am responsible for, nor will DCS provide legal counsel for me if I am involved in any legal situation.

I understand DCS and/or the OYS service provider will not be financially responsible for any agreements I enter into and will assume no liability.

**Youth’s Signature:** __________________________ **Date:** __________

**Voluntary Services Host Home signature:** __________________________ **Date:** __________
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) is responsible for issuing a license to all foster family homes.

Foster family homes caring for related children must begin the licensing process by either submitting an Application for Criminal History Background Check (SF 53259) or an Application for Foster Family Home License (SF 10100). See separate policy, 12.03 Initial Licensing Packet.

DCS will issue a license to qualified applicants who comply with all applicable statutes and regulations. DCS requires all potential foster parents to:

1. Be individuals at least 21 years of age;
2. Have a stable living arrangement;
3. Maintain sufficient income to live without foster care per diem;
4. Exercise good judgment in the handling of a child;
5. Possess physical and mental health that is not detrimental to the health and welfare of the foster children; and
6. Be a married couple, an unmarried cohabitating couple who have lived together at least one (1) year, or a single person. For married couples and unmarried cohabitating couples, both individuals must be approved as foster parents.

A foster family home license is issued for a period of four (4) years.

All licensed foster family homes will follow the same licensing procedures and documentation requirements regardless of licensure by a DCS local office or an LCPA.

Code References
1. 465 IAC 2-1.5: Licensing of Foster Family Homes for Children
2. IC 31-9-2-9.3: "Applicant"
3. IC 31-9-2-46.7: "Foster Care"
4. IC 31-9-2-46.9: "Foster family home"
5. IC 31-9-2-89(c): "Person"
6. IC 31-9-2-99.3(c): "Provider"
7. IC 31-27-2-1: Duties of department of child services
8. IC 31-27-4-1: License required to operate foster family home; exception
9. IC 31-27-4-16: Duration of license; limitations; renewal

PROCEDURE

DCS Local Office Directors (LOD) or their designees are responsible for the:

1. Home study of prospective foster family homes;
2. Completion of final review; and
3. Approval of licensing DCS local office resource parents.

Licensed Child Placing Agencies (LCPAs) are responsible for the:
1. Home study of prospective foster family homes; and
2. Making a recommendation to the Central Office Licensing Unit regarding issuing a license to an LCPA foster family home.

**PRACTICE GUIDANCE**

If a potential foster family home caring for a related child is located outside the county where the Child in Need of Services (CHINS) petition has been filed, the DCS local office where the relative lives will license the home, regardless of where the CHINS petition has been filed. See separate policy, 8.5 Out of County Placements.

**FORMS AND TOOLS**

1. Application for Criminal History Background Check (SF 53259)
2. Application for Foster Family Home License (SF 10100)

**RELATED INFORMATION**

Resource parent’s homes are categorized as:
1. Foster family homes;
2. Prospective adoptive homes (licensed and unlicensed); and
3. Unlicensed relative homes.

Homes with the intent of adoption only are not required to be licensed. Next steps for adoption only homes are included in separate policy, 12.02 Responding to Initial Inquiries.

**Foster Family Home**
A foster family home is a place where an individual resides and provides care and supervision on a 24 hour basis to a child who is receiving care and supervision under a juvenile court order or for purposes of placement.

**Foster Family Homes with a Therapeutic Certificate**
A foster family home that has been granted a certificate indicating the home is able to provide care to a child who has serious emotional disturbances, significant behavioral health needs and functional impairments or developmental or physical disabilities; or the child receives treatment in a family home though an integrated array of services supervised and supported by qualified program staff from DCS, a provider that contracts with the Division of Mental Health and Addiction (DMHA), or an LCPA.

**Licensure of Noncitizens**
DCS may issue a foster family home license to an applicant or licensee with legal status of permanent resident or who possess a permanent resident card (form I-551). DCS may issue a foster family home license to an applicant or licensee with the legal status of qualified alien with prior written approval from the Deputy Director of Field Operations or designee.
Undocumented aliens may be considered as a relative placement. Critical decision making skills should be utilized when assessing the appropriateness for placement.

**Resource Care for Related Placements**
If a child alleged to be a Child In Need of Services (CHINS) is taken into custody under an order of the court, the court is required to consider placing the child with a relative. Relatives to be considered for placement include, but are not limited to adult siblings including step- and half-siblings, maternal or paternal grandparents, adult aunt or uncle, adult cousins, parents and extended family of half-siblings, former step-parents and extended family, or any other adult relative suggested by either parent of a child. The DCS local office should issue a foster family home license to the relative upon completion of all licensing requirements. DCS does not mandate the removal of related children from homes of relatives who are denied licensure, voluntarily withdraw their application, or who do not complete the licensing requirements.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will accept and respond to inquiries from prospective foster parents via telephone, e-mail, fax or face-to-face. The Regional Foster Care Specialist (RFCS) or Licensed Child Placing Agency (LCPA) will be responsible for collecting, tracking, and responding to initial inquiries. Inquiry statistics should be reported by the LCPA when requested by DCS.

Code References
IC 31-27-4-10: Investigation of applicants

PROCEDURE

DCS staff will forward all initial inquiries from prospective foster parents to the RFCS by:
1. Recording all contact information on the Initial Inquiry Regarding Foster Family Home Licensure (SF 53204); and/or
2. Entering the prospective foster parent’s demographic information into the Management Gateway for Indiana’s Kids (MaGIK) as an inquiry.

After receipt of an initial inquiry from prospective foster parents, the RFCS (or LCPA for LCPA licensed homes) will:
1. Contact the prospective applicant within three (3) business days;
2. Provide general introductory information that explains the purpose of foster care and adoption, the need for foster care and adoption in the community, roles and expectations of resource and adoptive parents, and so forth;
3. Provide basic information on licensing requirements, including training and an overview of the family preparation process; and
4. Provide prospective applicants training information (i.e., schedule and location) for Resource and Adoptive Parent Training (RAPT).

See separate policies, 12.03 Initial Licensing Packet, 12.05 Pre-Service Training Requirements, and 12.07 First Licensing Home Visit.

PRACTICE GUIDANCE

Inquiry Conversation Outline
The following are suggested topics that could be addressed during the inquiry conversation:
1. Purpose of foster care and role of foster parent;
2. Agency foster care needs;
3. Foster Parent Qualities;
4. Family matters to consider in foster parenting; and
5. Practical matters:
   a. Licensing requirements,
   b. Responsibilities of the foster parent, including his or her role in Child and Family Team (CFT) Meetings and Case Conferencing, and
   c. Utilizing current supports.

**FORMS AND TOOLS**

Initial Inquiry Regarding Foster Family Home Licensure (SF 53204)

**RELATED INFORMATION**

N/A
# STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure that all prospective foster parents receive and complete an initial licensing packet. See Forms and Tools for necessary forms.

It is recommended that the Initial Licensing Packet be distributed prior to the prospective foster parent attending the first pre-service training session.

## Code References

465 IAC 2-1.5: Licensing of Foster Family Homes for Children

# PROCEDURE

The licensing worker\(^1\) will ensure that all prospective foster parents who enroll in the Resource and Adoptive Parent Training (RAPT) receive an initial licensing packet. The packet will be distributed by the licensing worker:

1. Through the mail when the prospective applicant signs up for training;
2. At the initial inquiry meeting (see separate policy, 12.02 Responding to Initial Inquiries);
3. At the first home visit; or
4. At the RAPT I pre-service training session.

# PRACTICE GUIDANCE

N/A

# FORMS AND TOOLS

1. Application for Foster Family Home License (SF10100)
2. Medical Report for Caregivers (SF45145)
3. Medical Report for household Members (SF 45144)
4. Request for Child Protection Service (CPS) History Check (SF 52802)
5. Foster/Adoptive Family Inventory (SF54607)
6. Resource Parent Role Acknowledgement (SF54642)
7. Water Agreement (SF54612)
8. Application for Criminal History Background Check (SF53259)
9. Child Care Plan (SF54608)
10. Record of Child Placement (SF54610)
11. Residential Pool Requirements/Body of Water Safety Plan (SF54609)

\(^1\) The licensing worker refers to the DCS Regional Foster Care Specialist or the Licensed Child Placement Agency worker
12. Initial Licensure Checklist for Foster Family Homes (SF53153)
14. Request for Taxpayer Identification Number and Certification (W-9)
15. Resource Family Home Physical Environment Checklist (SF53186)
16. Claim for Support of Children Payable from Family and Children Funds (SF28808)

**RELATED INFORMATION**

**Medical Forms**
Medical forms must be completed by a licensed physician or a certified health practitioner (Nurse practitioner).

**Completing the Licensing Packet**
The documentation involved in completing the packet may be overwhelming to the prospective foster parent. The licensing worker should assist the prospective foster parent in completing the forms as needed. If special circumstances are required for assistance, the procedure is to be flexible in order to accommodate all prospective applicants.

**Agency Accreditation**
Due to accreditation standards, LCPAs may require additional documentation. This information may be added in the comment section of state forms or documented in the licensing file. State forms cannot be altered.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require all applicants for a foster family home to successfully complete 10 hours of Pre-Service Training prior to initial licensure.

DCS will require applicants seeking a therapeutic certificate through a Licensed Child Placing Agency (LCPA) to complete 20 hours of Pre-Service Training. The training must include:
   1. Ten (10) hours of Pre-Service Training to be licensed as a foster parent; and
   2. Ten (10) hours of additional preselected training in therapeutic foster care.

If an application for licensure has been closed through a voluntary withdrawal by the applicant, the Pre-Service training should be taken again under a new application if more than four (4) years have lapsed since the training completion date. If less than four (4) years have lapsed since the training completion date, the previous Pre-Service training hours may be used in obtaining the license. A waiver may be requested to carry forward previously taken Pre-Service training if more than four (4) years have passed. The waiver will be approved through the Central Office Licensing Unit on a case by case basis (see separate policy, 12.19 Waivers).

Code References
   465 IAC 2-1.5-22: Foster parent training

PROCEDURE

For DCS licensed foster homes, after Resource and Adoptive Parent Training (RAPT) I, the Regional Foster Care Specialist (RFCS) will inform the RAPT Coordinator of the applicant’s completion of the RAPT sessions.

Following completion of the RAPT sessions, the RAPT Supervisor for DCS licensed homes will:
   1. Obtain any written feedback regarding the applicant’s training experience using the Pre-Service/In-Service Evaluation of Trainee (SF52760) from the RAPT trainer;
   2. Evaluate feedback for any strengths or concerns;
   3. Submit the written feedback to the licensing worker\(^1\); and
   4. Place a copy in the applicant’s file.

Following the completion of the Pre-Service Training, the licensing worker will:
   1. Verify that all Pre-Service Training has been completed by each person being licensed; and
   2. Ensure training hours are documented in the case management system.

\(^1\) The licensing worker refers to the Regional Foster Care Specialist (RFCS) or the LCPA worker.
The applicant remains in applied status until the effective date of their license. Issuance of the foster care license demonstrates that all license requirements are met.

**PRACTICE GUIDANCE**

DCS has established a statewide Pre-Service Training program, using the RAPT Curriculum, as a component of the family preparation process designed to complement the mutual assessment process.

**FORMS AND TOOLS**

Pre-Service/In-Service Evaluation of Trainee (SF52760)

**RELATED INFORMATION**

[REVISED] Resource and Adoptive Parent Training (RAPT)

Pre-Service Training for RAPT licensing consists of:

- RAPT I- Introduction to DCS (three [3] hours)
- RAPT II- Effects of Abuse and Neglect (four [4] hours). Classes may be taken on-line using Indiana University (IU) CANVAS. The RFCS will provide instructions for DCS foster parents to access IU CANVAS. LCPAs will be responsible for providing RAPT II to their foster parents.
- RAPT III- Discipline, Attachment, and Effects of Care Giving on the Family (three [3] hours)
- RAPT IV- Adoption (six [6] hours). This training should only be taken by those interested in or planning to adopt and may be taken at a later date for in-service training hours (see separate policy, 12.14 In-Service Training Requirements).

All families pursuing adoption of children in care of DCS must complete RAPT I, II, III, and IV.

**Note: Waivers to Adoption Training Requirement for Relative Resource**

DCS may provide a waiver to the adoption requirement for relative resource homes that desire to adopt a child in their family. The pre-service adoption training required prior to initiation of the adoption home study process for unlicensed relative resource homes and the six (6) hours of RAPT IV training may be waived if the DCS Local Office Director (LOD) approves the exception in writing. The approved written exception should be placed in the child’s case file.

**RAPT I-III Curriculum**

The RAPT curriculum incorporates 10 hours of training (both in person and online) and focuses on the following competencies:

1. Teambuilding;
2. Impact of Abuse and Neglect on Child Development;
3. Attachment, Separation, and Placement;
4. Discipline; and
5. Effects of Care Giving on the Family.

**Therapeutic Pre-Service Requirements for LCPAs**

The therapeutic pre-service requirements include RAPT I- III and the following classes:

1. Trauma Informed Care;
2. Sexual Abuse; and
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require a licensee to complete Cardiopulmonary Resuscitation (CPR), First Aid, and Universal Precautions training prior to initial licensure. Additionally, licensees must have continuous certification in order to maintain a foster family home license.

Code References
465 IAC 2-1.5-22: Foster parent training

PROCEDURE

The licensing worker\(^1\) will:

1. Ensure that training accepted for credit meets the minimum requirements of these guidelines:
   a. The CPR program must be certified in pediatric CPR and pediatric airway obstruction under the American Heart Association Guidelines;
   b. Blended learning, which includes classroom and on-line components, is acceptable;
   c. First Aid training must include first aid for seizures, poisoning, and hemorrhaging. Any nationally accredited agency that provides First Aid training to public and private agencies is acceptable. Blended learning, which includes classroom and on-line components, is acceptable; and
   d. Universal Precautions training must cover blood-borne pathogens which include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and the transmission of communicable diseases. Any nationally accredited agency that provides Universal Precautions training to public and private agencies is acceptable. The trainer must be certified. On-line, internet-based courses are acceptable.

   **Note:** Foster parents must have continuous certification. For additional information on certification timeframes, please refer to the American Red Cross.

2. Ensure documentation of the completed medical training is entered in the case management system; and
3. Maintain copies of certificates and documentation supporting completion of training.

The foster family home applicant or licensee will submit a copy of the certificate of completion to the licensing worker.

\(^1\) The licensing worker refers to the Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.
**Note:** Prior medical training received as part of applicant’s profession (e.g., Medical Doctor [M.D.], Registered Nurse [R.N.], paramedic) may replace the training requirements upon approval by the Central Office Licensing Unit. Applicants with medical training must continue to meet the certification requirements for pediatric CPR and pediatric airway obstruction under the American Heart Association Guidelines, as well as the certification requirements for First Aid and Universal Precautions (see separate policy, 12.20 Variances).

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. American Heart Association Guidelines
2. American Red Cross

**RELATED INFORMATION**

DCS staff may consult with staff development about training options for DCS licensed foster homes. DCS has a contract for instructor led classroom courses for foster parents licensed by DCS. The contract is only valid for DCS foster homes and does not include homes licensed by LCPAs. DCS will **not** reimburse the cost of training through any other source.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS), its designee, or a licensing worker will conduct a minimum of two (2) visits to the home of the prospective foster family for the purpose of assessing the physical environment of the home and engaging in a thoughtful dialogue with all members of the household about foster parenting or adoption.

Dually licensed homes are licensed to provide both foster care and licensed child care or adult foster care. Licensing of child care homes is done by Family Social Services Agency (FSSA) Division of Family Resources and adult foster care homes is done by the Bureau of Developmental Disability Services (BDDS). In the event that a licensed home is a foster family home and a child care home/adult foster care home, licensing workers from each agency are to coordinate the licensing process. A foster family home must have DCS approval prior to being licensed for daycare/adult foster care. A waiver will be required for homes seeking to be dually licensed.

Code References
1. IC 31-27-4-4: Consultation with fire prevention and building safety commission
2. IC 31-27-4-10: Investigation of applicants
3. IC 31-27-4-16: Duration of license; limitations; renewal
4. IC 31-27-4-18: Inspection of foster family homes
5. IC 31-27-4-19: Records of monitoring activities and inspections
6. IC 31-27-4-20: Cooperation by licensees

PROCEDURE

The licensing worker will:
1. Ensure the applicant has received the forms in the licensing packet prior to the first licensing visit using the Initial Licensure Checklist for Foster Family Homes (SF53153). See separate policy, 12.03 Initial Licensing Packet;
2. Schedule the first home visit concurrently with the Pre-service Training phase;
3. At the home visits:
   a. Ensure the applicant has received the Foster Parent Resource Guide;
   b. Review and discuss the content of all forms with the applicant and answer any questions;
   c. Provide the applicant with assistance in completing the forms, if necessary; and
   d. Collect all completed forms.

   Note: The medical forms, child care plan, residential pool requirements/body of water safety plan and water analysis forms may be completed and returned as late as at the second home visit.
4. Discuss family members’ feelings (attitudes, expectations, concerns) about resource parenting;
5. Discuss the family’s Child Care Plan (SF54608);
6. Conduct an assessment of the physical environment of the home, documenting findings on the Resource Family Home Physical Environment Checklist (SF53186);
7. Discuss any concerns about the physical environment of the home with the applicant;
8. Verify the identity of all household members. See separate policy, 2.09 Verifying Identity;
9. Verify marriage and divorce status, if applicable;
10. Complete the Financial Profile, included in the Foster/Adoptive Family Inventory (SF54607);
11. Ensure appropriate background checks have been completed. See separate policy, 13.9 Conducting Background Checks for Foster Home Licensing; and
12. Request a waiver from the Central Office Foster Care Licensing Unit for the home to be dually licensed if needed. See separate policy, 12.19 Waivers.

When the licensing worker receives the forms from the applicant, copies of the Child Care Plan (SF54608) and Resource Parent Role Acknowledgement (SF54642) forms should be:
1. Given to the applicant; and
2. Placed in the licensing file.

**PRACTICE GUIDANCE**

**Discussing Family Member Feelings About Fostering**

When adults make a decision to become foster parents they also make the decision for their children to become part of a family that fosters. Fostering is a very significant change in anyone’s life, even more so for the children within the family. Children, even within the same family, will often have very different views about the prospect of becoming a family that fosters.

Initially, many children are very enthusiastic about the idea of fostering. During the course of the assessment, if the child is capable of understanding, the licensing worker must talk to him or her about the idea of a foster child coming to stay. The licensing worker will evaluate how realistic the child’s expectations are and how difficult or easily they might adapt to life within a family that fosters. The licensing worker must talk to them regularly throughout the application process. The parents should have regular family meetings to discuss how becoming a resource family will affect each family member and how current or future difficulties will be addressed.

Children’s views may change from loving fostering to hating it, particularly in the early stages when the expectations of the children come up against the realities of the situation. For example, a child may have been looking forward to a new playmate that they could play football and other sports with, but then later find out that the foster child is not interested in sports and only wants to play computer games. This kind of disappointment may be quite hard on him or her.

The licensing worker should also bear in mind that many children will not want to tell their parents about their dissatisfactions with fostering, for fear they might be seen as letting their parents down. The licensing worker should continuously explore how the children are feeling and coping with fostering. This should continue even after they have fostered for a few years. As children mature, they may be more open to the idea of having foster children in their home at certain times and less open at others. It is not uncommon for a foster family to take a break from fostering for short periods of time to focus on their family and children.
**Evaluating a home for dual license**

The Licensing Unit should evaluate and update the following information annually to determine whether a family or individual should be granted a waiver to be dually licensed:

1. How many biological children does the foster parent have in the home and what are their ages?
2. Have any of the household children been adopted, and if so, what are their current needs?
3. How many children does the foster parent provide daycare for and what are each of their ages? If it is adult foster care, how many adults do they provide care for or plan to provide care for and what are each of their needs?
4. Does the foster parent have anyone who works in the daycare on a regular basis, and if so, what is their schedule? Does this person provide care for daycare children and foster children?
5. What is the family structure within the home?
6. Who are the foster family's support system?
7. Check the following link: [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov) and note if there are any concerns regarding the daycare license.

**FORMS AND TOOLS**

1. Resource Parent Role Acknowledgement (SF54642)
2. Child Care Plan (SF54608)
3. Initial Licensure Checklist for Foster Family Homes (SF53153)
4. [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov)
5. Foster Parent Resource Guide – Available in hard copy
6. Resource Family Home Physical Environment Checklist (SF 53186)
7. Foster/Adoptive Family Inventory (SF 54607)

**RELATED INFORMATION**

N/A
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 12: Foster Family Home Licensing

Effective Date: October 1, 2012

Section 8: Receipt of Application

Version: 2

STATMENTS OF PURPOSE

Licensure applications will include the Application for Foster Family Home License (SF10100) and the Application for Criminal History Background Check (SF53259).

The application date for a foster family home license shall be the date the Application for Foster Family Home License (SF10100) and the Application for Criminal History Background Check (SF53259) are signed, according to whichever is signed first.

Relative families who have placement of a related child must sign the Application for Criminal History Background Check (SF53259) on or prior to the date of placement to begin the licensing process.

The application for a foster family home license will be completed by the applicant and should be collected by the licensing worker1 at the earliest possible time in the licensing process.

Once an application has been received, one (1) of the following disposition decisions will occur:
1. The applicant becomes licensed;
2. The application is denied;
3. The application has been voluntarily withdrawn by the applicant; or
4. The application will automatically be closed by the case management system 365 days from the application date if one (1) of the three (3) above dispositions has not occurred.

Note: If the applicant is in the revocation process, they may not voluntarily close their license unless DCS consents. See separate policy, 12.21 Revocations.

Code References
IC 31-27-4-5: Apply for licenses; criminal history checks

PROCEDURE

Upon receipt of the Application for Foster Family Home License (SF10100) or Application for Criminal History Background Check (SF53259), the licensing worker will:
1. Input the application date and other information into the case management system;
2. Determine if all required documentation has been provided by the agency or individual;
3. Notify the applicant in writing of any incomplete forms or omission in the documentation and the date forms are due by utilizing the Initial Licensure Checklist for Foster Family Homes (SF53153); and

1 The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
4. Mail a minimum of four (4) Request for Personal Reference Statement for Foster Family Home License Applicants (SF53203) to the applicant’s references.

If an applicant chooses to withdraw an application for licensure prior to becoming licensed, the applicant will complete and sign a Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey (SF53237). This will document that the applicant is voluntarily withdrawing the application for licensure.

Upon receipt of a Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey (SF53237), the licensing worker will:

1. Process the voluntary closure in the case management system; and
2. Submit the recommendation electronically for approval:
   a. The DCS local office licensing worker submit to their DCS Local Office Director or designee, and
   b. Licensed Child Placing Agency (LCPA) licensing worker submit to the Central Office Licensing Unit.

Upon receipt of the recommendation, the Central Office Licensing Unit Manager will process the recommendation in the case management system.

If a license is being denied or revoked, see separate policies, 12.18 License Denials and 12.21 Revocations.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. Application for Foster Family Home License (SF10100)
2. Application for Criminal History Background Check (SF53259)
3. Request for Personal Reference Statement for Foster Family Home License Applicants (SF5320)
4. Initial Licensure Checklist for Foster Family Homes (SF53153)
5. Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey (SF53237)

**RELATED INFORMATION**

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require all foster family home studies to be prepared using the state-approved foster family home licensing study (see Practice Guidance).

The state-approved foster family home licensing study must be completed within 30 business days of the final home visit and updated at the time of annual review and relicensure. An addendum will be completed within 30 days when any significant changes occur within the foster family home.

Code References
1. IC 31-27-4-10: Investigation of applicants
2. IC 31-27-4-14: Delegation of investigations

PROCEDURE

The licensing worker\(^1\) will complete the state-approved foster family home licensing study by:
1. Incorporating feedback from prospective foster family interviews completed during all licensing home visits, information from the training feedback form, and information from other required forms;
2. Conducting additional interviews or obtaining additional records as necessary; and
3. Documenting the licensing recommendation and supporting evidence within the summary.

Following the completion of the state-approved foster family home licensing study, the licensing worker will:
1. Meet with the applicant to have the applicant review the summary and submit any feedback; and
2. Obtain signatures as required on the appropriate forms for the state-approved foster family home licensing study.

The state-approved foster family home licensing study must be updated by completing an addendum within 30 days when any significant changes occur within the foster family home, such as, but not limited to:
1. Change in address;
2. Change in employment or finances of the foster family;
3. Household members being added or deleted from the family composition; and
4. Changes to the living environment that affect the structure of the home.

\(^1\) The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
Note: The state-approved foster family home licensing study will also be updated at the time of annual review and re-licensure.

PRACTICE GUIDANCE

**State-approved Foster Family Home Licensing Study**
The Structured Analysis Family Evaluation (SAFE) home study must be used by all DCS Regional Foster Care Specialists and LCPA licensing staff. Additional information regarding the SAFE home study may be found at [http://www.safehomestudy.org/Home.aspx](http://www.safehomestudy.org/Home.aspx) or by contacting the Central Office Foster Care Licensing Unit.

FORMS AND TOOLS

1. Child Behavioral/Health Challenges (SF 53199)
2. Foster/Adoptive Family Inventory (SF 54607)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require the foster family home to only care for the number of children authorized on the license and only at the address that is designated by the license.

The maximum capacity requirements are based on the age, needs and category of supervision of the child.

A foster family home may not provide supervision and care for more than six (6) individuals at once. No more than four (4) of the individuals may be children who are less than six (6) years of age and each individual must be either:

1. Less than 18 years of age, or
2. At least 18 years of age and receiving care and supervision under an order of a juvenile court.

Note: The maximum capacity includes the children in the home for whom the foster parent is a parent, stepparent, guardian, custodian, or other related or non-related children for whom the provider provides continuous and direct care and supervision.

A foster family home may not provide overnight or regular and continuous care and supervision to a child who is the subject of a power of attorney while providing care to a child placed in the home by DCS or probation without an exception.

A foster family home with a therapeutic certification may not provide supervision and care as a therapeutic foster family home to more than four (4) total children at the same time; including the children for whom the foster family home is a parent, stepparent, guardian, custodian, or other relative. Only two (2) of the four (4) may be foster children.

Note: The capacity for a foster home with a therapeutic certificate will also apply to all licensed homes who generally care for a child who has a Child and Adolescent Needs and Strengths (CANS) score of three (3) or four (4).

A foster family home that has a child who has a CANS score of three (3) or four (4) placed with them may not accept a non-related child who does not have a CANS score of three (3) or four (4) unless it is in the best interest of the child being placed. An exception must be granted for non-siblings.

A child specific exception to capacity may be requested for any of the following reasons:

1. To allow a parenting youth in foster care to remain with the child of the parenting youth;
2. The placement of siblings in the same foster family home is desirable;
3. A foster child has an established, meaningful relationship with the foster family;
4. To allow a family with special training or skills to provide care to a child who has a severe disability;

5. The:
   a. Child is being placed in the foster family home for a second or subsequent time under IC 31-34-23-5,
   b. Placement would not cause the foster family home to be out of compliance with federal law, and
   c. DCS determines that the placement would not present a safety risk for the child or for any other resident of the foster family home; or

6. It is otherwise in the foster child’s best interest.

Respite care is not considered a placement. However, when choosing a respite provider the FCM and licensing worker should consider the same factors they would consider when identifying placement options, including caregiver capacity and ability.

**Code Reference**
1. IC 29-3-9-1(h): Delegation of powers by executed power of attorney; limitations
2. IC 31-27-4-1: License required to operate foster family home; exception
3. IC 31-27-4-8: Supervision and care limits; exceptions
4. IC 31-34-23-5: Placement of a child with a previous placement

**PROCEDURE**

Prior to requesting initial capacity for a foster family home or an exception to capacity, the licensing worker will:
1. Consider the number, ages, and special needs requirements of each child (household and foster) already in the home;
2. Determine that the housing requirements found on the Resource Family Home Physical Environmental Checklist (SF53186) can accommodate the number of children who need placement;
3. Evaluate the ability of the foster parent to meet the needs of the children currently in the home, in addition to the foster children;
4. Submit an exception request prior to placing children in the home if an exception is required (see practice guidance section); and
   a. Submit an urgent email to the Foster Care Licensing Unit including the resource ID number and the required information below for emergency placements occurring during business hours, and
   b. Submit all required information the next business day if an emergency occurs after business hours or over the weekend.
5. Request an exception in the case management system.

**Note:** Once the exception is no longer needed, a request to reduce capacity should be submitted via the case management system.

The Central Office Licensing Unit Manager or designee will:
1. Print the approved license reflecting the capacity; and

---

1 The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
2. Mail the license to the licensing worker so it can be forwarded to the foster family and a copy should be retained for Central Office files.

**PRACTICE GUIDANCE**

Below is a list of necessary information needed for the Central Office Foster Care Licensing Unit to evaluate a request for a **child specific** exception to capacity. Use the outline below as a format for submitting information regarding exception requests:

1. The number of household children under the age of 18 (e.g., biological, adopted, and guardianship); their age, sex, category of supervision; and a brief summary of their behavioral, emotional, and physical needs;
2. The number of foster children currently in the home and a brief summary of their behavioral, emotional, and physical needs. Include their age, sex, and category of supervision;
3. The names of the children who need placement and a brief summary of their behavioral, emotional, and physical needs at the time of placement, including category of supervision;
4. A description of the foster family's support system;
5. A description of the foster parents' work schedules and their child care plan;
6. Written statements (email or letter) from each FCM who has foster children placed in the home, detailing whether they are in support of the additional child being placed in the home;
7. The experience of the foster family:
   a. Number of years fostering,
   b. Areas of expertise, and
   c. Any specific training they have received to meet the needs of the children in their home.
8. An explanation of the following; and
   a. Placement of siblings in the same foster family is desirable,
   b. The foster child has an established, meaningful relationship with the foster family, or
   c. It is otherwise in the foster child’s best interest for the exception to be granted.
9. The sleeping arrangements for household members.

**FORMS AND TOOLS**

Resource Family Home Physical Environmental Checklist (SF53186)

**RELATED INFORMATION**

DCS will require the applicant or licensee to notify the licensing worker within 24 hours of any change in the household composition, such as the number of persons living in the home.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will process all recommendations received by the licensing worker within 30 days of receipt.

In accordance with Indiana Code, the expiration date of the license will be four (4) years from the effective date, minus one (1) day. The effective date and expiration date will be listed on the license.

The licensing worker who requests licensing approval cannot be the same person who approves the license.

DCS will not recommend children to be placed into a non-relative home until the license has received final approval.

Once a home is licensed, licensing workers are required to make revisions in the case management system when a change occurs.

Code Reference:
IC 31-27-4-16: Duration of license; limitatttions; renewal

PROCEDURE

The licensing worker must process the request for licensure in the case management system within five (5) business days of the completion of the state-approved foster family home licensing study (see separate policy, 12.11 Foster Family Home Licensing Study). The system will automatically set the effective date of the license to be the date the applicant completes the requirements.

Prior to making a recommendation decision, the licensing worker will:
1. Consider whether the applicant has the ability to meet the needs of the children according to the level of care to be provided;
2. Consider the demographics and number of children that can best be served in the home;
3. Ensure the home fully complies with the licensing requirements and regulations;
4. Ensure all required documents and training have been completed; and
5. Ensure all information is entered in the case management system.

When processing the licensing recommendation, the licensing worker will:
1. Process the request for licensure in the case management system; and

1 The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
2. Submit a recommendation to his or her Local Office Director (LOD) or designee for approval.

Licensed Child Placing Agencies (LCPAs) must submit recommendations for licensure to the Central Office Licensing Unit for approval.

For DCS local offices, the LOD or designee will process the licensure approval or endorse the denial in the case management system. See separate policy, 12.18 License Denials.

For LCPAs, the Central Office Licensing Unit will process the licensure approval or denial in the case management system. See separate policy, 12.18 License Denials.

Upon approval, the Central Office Licensing Unit Manager or designee will:
  1. Print the approved license; and
  2. Mail the license to the licensing worker, who will maintain a copy in the file and provide a copy to the foster family home.

Licensing workers are required to make revisions in the case management system when a change occurs. Changes may include, but are not limited to:
  1. Family moving to a new residence within the licensing agency’s jurisdiction;
  2. People entering or leaving the household. See separate policy, 12.12 Foster Family Home Capacity; and
  3. Licensee name change.

After receiving the notification of a change, licensing workers will follow the approval process outlined above.

Upon approval of the revision, the Central Office Licensing Unit Manager or designee will:
  1. Print the approved license with the revision, keeping the licensure dates the same as the original license; and
  2. Mail a copy of the license to the licensing worker to be filed and forwarded to the foster family home.

**PRACTICE GUIDANCE**

Partnership is key in the decision-making process. The applicant’s role as a partner in the licensing process is to make an honest assessment of their skills and abilities to foster and if fostering is a good fit for their family. The following are decisions that should be made collaboratively between the agency and the applicants:
  1. Whether fostering is a good fit for the foster family as well as the agency or DCS;
  2. Whether the family should focus on adopting and/or fostering;
  3. Whether the potential foster parents have needs that must be addressed or strengths that must be developed prior to being licensed or during licensure; and
  4. What level of care the family will be able to provide.

The concept of foster parent applicants having a role in the licensing decision should be explained and emphasized during orientation, pre-service training and home visits.
<table>
<thead>
<tr>
<th>FORMS AND TOOLS</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELATED INFORMATION</td>
<td>N/A</td>
</tr>
</tbody>
</table>
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will require all Foster Family Home licensees to successfully complete In-Service Training. The In-service training requirements will need to be completed by each licensee in the foster family household.

DCS requires each licensee in the foster family home to successfully complete 15 hours of in-service training annually, which includes specialized training to meet the child’s specific needs.

DCS requires each licensee with a therapeutic certification to successfully complete 20 hours of in-service training annually, which includes 10 hours of general training and 10 hours of additional therapeutic training to meet the child’s specific needs.

DCS will allow any in-service training completed in the three (3) month period prior to the end of the current training year to be counted toward the annual requirement for the next training year, if the in-service training credit is not needed to fulfill the training requirement for the current year. No more than five (5) training hours can be carried over to the following year. Rationale for exceptions to In-Service Training requirements must be maintained in an individual file at each licensing agency.

Issuance of the foster care license demonstrates that all license requirements are met and begins the annual cycle for completion of in-service training requirements. The applicant is in applied status until the effective date of their license.

Each DCS region will provide opportunities for in-service training on a regular basis.

DCS will allow licensees to earn up to eight (8) hours through alternative trainings (e.g., online trainings, books, and videos).

Note: CPR, First Aid, and Universal Precautions will not count as in-service credit as they are considered licensing requirements.

Code Reference
1. 465 IAC 2-1.5: Licensing of Foster Family Homes for Children
2. IC 31-27-4-2: Therapeutic foster home; certificates; requirements; supervision and care limits

PROCEDURE

Each foster parent who substitutes alternative training hours will:
1. Verify alternative training activities are on Approved Alternative In-Service Training document lists;
2. Contact the Resource and Adoptive Parent Training (RAPT) and Provider Assistant Deputy Director to request approval of any non-approved training activities; and
3. Complete and submit an Alternative Training Verification (SF52643) form to be approved by the RAPT and Provider Assistant Deputy Director.

The licensing worker will:
1. Maintain documentation for in-service trainings and any training requirement exceptions in an individual file at the DCS local office or LCPA office;
2. Log in-service training records, including dates of completion, in the foster family's case file and the case management system;
3. Track training hours and documentation by each participant, not by family or home; and
4. Request approval from the Staff Development Supervisor for any alternative training requests that are not listed on the Approved Alternative In-Service Training document lists.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Approved Alternative In-Service Training
2. Alternative Training Verification (SF52643)

RELATED INFORMATION

Alternative Training
For foster family homes licensed by a local DCS office, all in-service training curriculum must be related to the roles of the foster parent in working with families and children and must be approved by the RAPT and Provider Assistant Deputy Director. All requests for additions to the Approved Alternative In-Service Training document list, including requests from LCPAs, should be sent to the RAPT and Provider Assistant Deputy Director for review and approval. The training must increase the knowledge and parenting skills of the foster parents for the population of children they serve. Foster parents may only be awarded training hours from training received through employment if it directly relates to increasing their ability to parent children. The types of training that may be awarded include live conference trainings, webcasts, webinars, zoom, or live podcast hours. Training hours will be rounded to the nearest 15 minute. Only materials written or produced by credentialed authorities which are available to all resource parents free of charge or at a minimal cost will be approved.

Those who view the materials on the Approved Alternative In-Service Training document may receive in-service training credit following these established guidelines:
1. For videos, 60 minutes equals one (1) hour of training credit.
2. For written resources, 60 pages equals one (1) hour of training credit.
3. Time is figured in quarter hour (15 minute) increments and rounded when necessary. For example, 53 pages rounds to 1 hour, 47 pages rounds to .75 hours.
4. Credit hours are not given for completing the Alternative Training Verification (SF52643) form.
5. Each person is responsible for completing their own verification form even if two (2) people from the same household review the same resource.
**Web Based Courses**
There are currently only two (2) approved on-line trainings:

1. [www.fosterparents.com](http://www.fosterparents.com); and
2. Indiana University (IU) CANVAS.

These sites offer training on issues directly related to fostering and foster children. When tests are required by the website, a score of at least 80% is needed to earn in-service training credit. A printed certificate will be provided by the website. This certificate must be submitted to the licensing worker\(^1\) for verification and documentation. Fees may be charged by the website, [www.fosterparents.com](http://www.fosterparents.com), for utilizing this method. Payment of fees are the responsibility of the foster parent choosing to utilize this option. The Regional Foster Care Specialists (RFCS) may provide instructions to the foster parent to access IU CANVAS.

**College Courses**
Some college course may be approved for in-service training credit hours. These courses must be directly related to children, the care of children, meeting the special needs of children, child welfare, or social services related to foster care or children. Examples of approvable courses include child development, childcare, psychology, and sociology.

To receive credit for a college course, the resource parent must provide a transcript with a passing grade, a syllabus, and/or course schedule. Credit may be given for the completion of appropriate college courses with the number of college credit hours being doubled upon receiving the required documentation. (For example: If a foster parent attends a three (3) hour college course; with appropriate documentation, they could receive six (6) hours of in-service credit.) Partial credit may be given when only portions of the course are applicable. This would be done on a percentage basis and be determined by the RAPT and Provider Assistant Deputy Director or LCPA.

**Foster Parent Recognition Banquets**
Foster parent recognition banquets are social in nature, commonly involving networking, door prizes, and a meal, with a limited training component. One (1) hour of in-service training credit may be given when a speaker presents an approved program. Training credit may only be given for one (1) banquet per training year. The determination as to whether one in-service hour may be awarded will be made by the RAPT and Provider Assistant Deputy Director or LCPA after careful review of the information regarding the banquet activities.

**Community Training Opportunities**
DCS and LCPA licensing staff or foster parents may become aware of training opportunities offered through local sources such as schools, social service agencies, medical or mental health facilities, court systems, etc. It is the responsibility of the resource parent licensed through a local DCS office to submit information related to the training to the RFCS to determine if there is a training component suitable for awarding in-service training credit. Suitability will be determined based upon the training topic, its relevance to the role of the foster care provider or foster children, and the credentials of the presenter. Credit will be awarded based upon length of actual training time. LCPA staff will determine whether a training has components suitable for awarding in-service training credit for foster parents licensed by the LCPA. To receive credit for community training opportunities, the foster parent attending them must obtain verification of

\(^1\) The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
completion. This can be in the form of a certificate, a training credit form, a written statement from the sponsoring agency, or a copy of the sign-in sheet.

**Individual Instruction Opportunities**
When service providers come to a foster parent’s home to work with a child, this time cannot be used as in-service training hours for the foster parents. If the service provider is providing a training to the foster parent in a one-on-one situation that includes a curriculum or medical training that will increase the foster parent’s knowledge of the population being served and documents that contact, then that time may be used as in-service training hours (i.e., being trained on medical equipment). If this is a provider training (i.e., non-medical), the training should be approved by the RAPT and Provider Assistant Deputy Director.

If a foster parent is trained by a medical or mental health professional on issues related to a specific child in the foster parent’s care, in-service training credit may be awarded if there is documentation about the curriculum or teaching provided by the professional. This documentation should also indicate the date of the instruction, length of time spent, topic covered, the reason for the session, and the credentials of the professional providing the instruction, which may include the professional’s education, experience, and/or certification. This may be on letterhead or a prescription pad. Credit for this method of instruction would be the same as a classroom session, minute for minute. This time would be considered as classroom training and not alternative training.

If a foster parent is told by a medical or mental health professional to read a specific resource that will assist them in understanding and dealing with the issues related to the care of a specific child placed with them, and that resource is not on the state approved list, in-service training credit may still be awarded for the review of this material (following the Alternative Training Guidelines including the verification form and limit of maximum hours) if a statement is received from that professional confirming the request.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires that each licensed foster family home be visited annually by the licensing worker\(^1\) to update household information, complete background checks and determine if the family continues to meet the requirements for licensure.

DCS requires the annual review to be completed each year until relicensure is due. All licensing workers are responsible for tracking the dates when a foster family home annual review is due and when it has been completed.

If the licensed foster parent fails to respond to the licensing worker within 90 days from the annual review due date and does not submit a voluntary withdrawal of the license, the licensing worker must recommend revocation of the foster family home license. See separate policy, 12.21 Revocations.

Code Reference

1. IC 31-27-2-5: Monitoring of licensed entities
2. IC 31-27-4-18: Inspection of foster family homes
3. IC 31-27-4-19: Records of monitoring activities and inspections

PROCEDURE

Prior to the annual review, the licensing worker will:

1. Notify the foster family at least 90 days in advance of the annual review due date of the requirements and paperwork to be completed;
2. Determine with the foster parents their decision to continue fostering;
3. Provide annual review forms and materials;
4. Schedule a home visit;
5. Review and discuss the content of forms with the foster home and answer any questions;
6. Send the Licensing Staff Inquiry Regarding Foster Family Home (SF53214) to the Family Case Manager (FCM) for each child that has been in the home during that licensed year; and
7. Assist the foster parents with completing forms or documentation, as necessary.

**Note:** If the annual review is due and the licensed foster family has not completed the requirements, the licensing worker should encourage the family to either proceed with

\(^1\) The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
licensure or voluntarily withdraw their license. See separate policy, 12.26 Withdrawing from the Foster Family Home Program.

8. If the licensed foster parent fails to respond or withdraw their license, the licensing worker must recommend revocation to the DCS Local Office Director (LOD). See separate policy, 12.21 Revocations.

To evaluate the home and ensure the home continues to meet requirements, the licensing worker will:
1. Conduct a home visit to update information and determine if the family continues to meet the requirements for licensure;
2. Complete the Resource Family Home Physical Environment Checklist (SF53186);
3. Use the Annual Review Checklist for Foster Family Homes (SF53154) to track the receipt of documents and processing of requirements; and
4. Collect the following completed and signed documents and forms:
   a. Results from the Water Agreement (SF54612), if applicable,
   b. Verification of completed In-Service Training Requirements. See separate policy, 12.14 In-Service Training Requirements,
   c. Request for a Child Protection Services (CPS) History Check (SF52802), on all household members, and
   d. Application for Criminal History Background Check (SF53259).

Following the annual review home visit, the licensing worker will:
1. Process criminal history checks. See separate policy, 13.9 Conducting Background Checks for Foster Home Licensing;
2. Complete the Annual Report Regarding Resource Family Home (SF53213);
3. Complete the Annual Review Checklist for Foster Family Homes (SF53154) and place in the licensing file;
4. Place the licensed foster family home on a Corrective Action Plan if all licensing requirements are not met by the annual licensure date; and

   **Note**: If there are safety concerns, the home should be placed on probation with a Corrective Action Plan until all licensing requirements are met. No new placements are permitted while the home is on probation. See separate policy, 12.17 Probationary Status.

5. Process the annual review update in the Management Gateway For Indiana’s Kids (MaGfIk).

See separate policies, 12.16 Foster Family Home Relicensure and 12.22 Licensing File Requirements.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

1. Resource Family Home Physical Environment Checklist (SF53186)
2. Annual Review Checklist for Foster Family Homes (SF53154)
3. Water Agreement (SF54612)
4. Request for a Child Protection Services (CPS) History Check (SF52802), on all household members
5. Application for Criminal History Background Check (SF53259)
6. Annual Report Regarding Resource Family Home (SF53213)
7. Licensing Staff Inquiry Regarding Foster Family Home (SF53214)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires each licensed foster family home to complete relicensure every four (4) years.

An application for relicensure should be signed and dated before the date of expiration of the license.

If the application for relicensure is not received timely, and the home intends to apply for relicense, the license will remain in effect until renewed.

If the requirements for relicensure have not been met, but the licensed foster family and DCS has determined that relicensure will proceed, it will be necessary for the licensing worker to request a license with a Corrective Action Plan. See separate policy, 12.17 Probationary Status.

If the non-compliance of a licensing requirement constitutes a safety concern the licensing worker must submit a request to the Central Office Licensing Unit to place the home on probation in addition to implementing a Corrective Action Plan. See separate policy, 12.17 Probationary Status.

If a licensee submits an application for relicensure, whether timely or not, DCS will process the application and issue a decision of licensure or denial.

If the home is relicensed, the relicensure would be effective at the time of expiration of the previous license.

Code Reference

IC 31-27-4-16: Duration of license; limitations; renewal

PROCEDURE

The application for relicensure of a foster family home should be completed, signed and dated on, or prior, to the expiration date of the license that is in effect. This signature date will be entered into the case management system as the application date.

Ninety (90) days prior to the license expiration, the licensing worker will:

1. Communicate with the foster parents about the relicensing timeframes and inquire if they wish to be relicensed;

1 The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker.
2. Provide applicable forms and documents to be completed for licensure renewal; and
3. Inform the foster family that a visit will be scheduled when it is time for relicensure.

During the relicensure home visit, the licensing worker will:
1. Conduct a home visit to update information and determine if the family continues to meet the requirements for licensure;
2. Complete the Resource Family Home Physical Environment Checklist (SF53186) to ensure the safety of the home;
3. Utilize the Re-Licensure Checklist for Foster Family Homes (SF53155) to track completion of all the relicensure requirements;
4. Collect the following relicensure forms and documents; and
   a. Application for Foster Family Home License (SF10100),
   b. Verification of the number of training hours required by level of care for the supervision provided by the foster home. See separate policy, 12.14 In-Service Training Requirements,
   c. Verification of completion of medical trainings. See separate policy, 12.6 Medical Training Requirements,
   d. Updated Foster/Adoptive Family Inventory (SF54607),
   e. Signed Application for Criminal History Background Check (SF53259),
   f. Signed Resource Parent Role Acknowledgment (SF54642) for the renewal period,
   g. Results from the Water Agreement (SF54612), if applicable,
   h. Completed Medical Report for Caregivers (SF45145), and
   i. Completed Medical Report for Household Members (SF45144), if applicable.
5. Provide feedback to the foster family home from the Family Case Manager (FCM) by using the Licensing Staff Inquiry Regarding Foster Family Home (SF53214) form regarding the children currently placed in the foster family home, if applicable.

Following the home visit and collection of forms, the licensing worker will:
1. Inform the foster family home of any missing documentation by utilizing the Initial Licensure Checklist for Foster Family Homes (SF53153) form;
2. Process the background checks. See separate policy, 13.9 Conducting Background Checks for Foster Home Licensing;
3. Update the Foster Family/Adoptive Home Preparation Assessment Summary incorporating changes from the previous three (3) years and as reported in the most recent Annual Report Regarding Resource Family Home (SF53213);
4. Discuss the recommendation with his or her Supervisor;
5. Update the case management system with the date each requirement was completed; and
6. Process the licensure recommendation in the case management system.

See separate policies, 12.13 Licensing Recommendation and Approval Process, 12.18 License Denials, 12.26 Withdrawing from the Foster Family Home Program, and 13.10 Evaluating Background Checks for Foster Family Licensing.

<table>
<thead>
<tr>
<th>PRACTICE GUIDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

DCS CW Manual/Chapter 12 Section 16: Foster Family Home Relicensure 2 of 3
FORMS AND TOOLS

1. Resource Family Home Physical Environment Checklist (SF53186)
2. Re-Licensure Checklist for Foster Family Homes (SF53155)
3. Application for Foster Family Home License (SF10100)
4. Annual Report Regarding Resource Family Home (SF53213)
5. Application for Criminal History Background Check (SF53259)
6. Foster/Adoptive Family Inventory (SF54607)
7. Resource Parent Role Acknowledgment (SF54642)
8. Water Agreement (SF54612)
9. Medical Report for Caregivers (SF45145)
10. Medical Report for Household Members (SF45144)
11. Initial Licensure Checklist for Foster Family Homes (SF53153)
12. Licensing Staff Inquiry Regarding Foster Family Home (SF53214)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) Central Office Licensing Unit Manager, or designee, may revise a license to a probationary status for noncompliance with licensing regulations upon recommendation from the Local Office or from a Licensed Child Placing Agency (LCPA).

A licensee with a current valid license may be revised to a probationary status. The probationary status:

1. Will be issued for a specific time period, not to exceed 12 months;
2. May not extend past the expiration date of the license; and
3. May be issued to any licensee if:
   a. The noncompliance is safety related but does not present an immediate threat to the safety, health or well-being of the child,
   b. The licensing agency files a Corrective Action Plan (SF53171) with the Central Office Licensing Unit using the case management system to correct the areas of noncompliance within the probationary period, and
   c. The Central Office Licensing Unit approves the plan.

Note: If a foster family home is placed on probation, no new placements can be made in the home until the home is removed from probationary status. The licensing worker\(^1\) should initiate a placement hold in the case management system.

If the non-compliance is not safety related, a Corrective Action Plan (SF53171) without probation can be implemented for violations of the following:

1. DCS policy;
2. Indiana statute; or
3. Administrative rule.

The licensing worker can recommend the revocation of a license if a licensee fails to meet the terms of the probation or corrective action plan. See separate policy, 12.21 Revocations.

Code Reference

IC 31-27-4-17: Probationary status; duration; expiration; extension

---

\(^1\) The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
PROCEDURE

The licensing worker may request a probationary status for a foster family home by completing the following steps:

1. Work with the family to create a plan of correction;
2. Enter the plan for corrective action into the case management system;
3. Submit to the local DCS office or LCPA director the required plan of correction stating the noncompliance, the method of correction, and the date that compliance will be achieved;
4. DCS local offices will submit the revision for the probationary status to the DCS Local Office Director or designee for endorsement prior to submission to the Central Office Licensing Unit; and
5. LCPAs will submit the revision for the probationary status to the Central Office Licensing Unit for approval.

The Central Office Licensing Unit Manager will approve or deny the request for the probationary status within 30 business days.

At the end of the probationary status period, the licensing worker will take one of the following actions:

1. Upon successful completion of the corrective action plan:
   a. Enter the family’s compliance into the case management system,
   b. DCS local offices will submit the request for reinstatement of the original license to the DCS Local Office Director, or designee, for endorsement prior to submission to the Central Office Licensing Unit,
   c. LCPAs will submit the request for reinstatement of the original license to the Central Office Licensing Unit for approval, and
   d. The Central Office Licensing Unit Manager will:
      i. Approve or deny the request for licensure reinstatement within 30 business days; and
      ii. Print and mail a license to the family if the request has been approved.

2. Upon the family’s noncompliance, process the recommendation for revocation in the case management system. See separate policy, 12.21 Revocations.

The licensing worker may request a Corrective Action Plan (SF53171) without probationary status by:

1. Signing the plan;
2. Obtaining the foster parent’s signature; and
3. Submitting it to the LOD or designee for approval.

The LOD will:

1. Approve or deny the request for a Corrective Action Plan (SF53171) without probationary status; and
2. Notify the licensing worker within seven (7) business days.

If approved the licensing worker must:

1. Place a copy of the Corrective Action Plan (SF53171) without probationary status in the licensing file;
2. Monitor the Corrective Action Plan (SF53171) and ensure compliance occurs:
a. The Corrective Action Plan can be in place for up to six (6) months,
b. If the foster family home meets all the requirements prior to six (6) months, the family should be notified in writing that they have been removed from the Corrective Action Plan, and
c. If the licensed foster family has made substantial progress over a period of six (6) months but has not yet met the licensure requirements, then the licensing worker can consider requesting an extension of up to six (6) months.

Note: If the foster parent refuses to sign the Corrective Action Plan (SF53171) and fails to voluntary relinquish his or her license, the licensing worker must submit a recommendation to revoke to the LOD. See separate policy, 12.21 Revocations.

<table>
<thead>
<tr>
<th>PRACTICE GUIDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FORMS AND TOOLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrective Action Plan (SF53171)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATED INFORMATION</th>
</tr>
</thead>
</table>

**Examples of the use of a plan of correction without probation:**
1. Lack of training hours;
2. Licensing paperwork not completed;
3. Licensing complaints; and/or
4. Background checks not completed.

**The Corrective Action Plan**
The purpose of the Corrective Action Plan is to support the foster parent in the development and utilization of more appropriate methods of meeting the needs of children under DCS care and supervision. In addition, the Corrective Action Plan clarifies the role of DCS and the foster parent to prevent further violations of DCS policy. The Corrective Action Plan serves as a supportive intervention rather than a punitive intervention.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 12: Foster Family Home Licensing  
Effective Date: September 1, 2017

Section 18: License Denials  
Version: 6

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) and its licensing workers\(^1\) should not recommend licensing a foster home if there are any concerns about placing a child in the home.

The licensing worker will recommend denial of a foster family home initial or relicensure application if:

1. The applicant or the applicant’s household members, employees, or volunteers who are required to have background checks do not pass the background checks. See separate policies, 13.9 Conducting Background Checks for Foster Home Licensing and 13.10 Evaluating Background Checks for Foster Family Licensing for more information on the background check requirements;
2. The applicant made false statements on the application or the records required for licensure or relicensure; or
3. The applicant failed to meet any other foster care licensing requirements as set out in Indiana Statute or Indiana Administrative Code.

If a denial is based on a report of abuse or neglect that was substantiated prior to October 15, 2006, the Regional Manager (RM) or designee must review the appropriateness of the substantiation prior to the licensing worker requesting the denial. The applicant may also request this review at any time in the process. See separate policy, 2.03 Child Care Worker Assessment Review Process.

DCS will not allow an applicant to voluntarily withdraw or transfer their foster home license application to another licensing entity once a denial recommendation has been made.

Code References

1. IC 31-27-4-5: Apply for licenses; criminal history checks
2. IC 31-27-4-6: Grounds for denial of license applications; waiver
3. IC 31-27-4-13: Denial of license; notice; administrative hearing upon written request
4. IC 31-27-4-16: Duration of license; limitations; renewal
5. 465 IAC 2-1.5: Licensing of Foster Family Homes for Children
6. 465 IAC 3-2-2: Administrative review procedure for child care workers and licensed foster parents
7. 465 IAC 3-3: Administrative Hearings

---

\(^1\) The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
PROCEDURE

The licensing worker should consult with other DCS staff or agency staff as needed to arrive at a written recommendation about the appropriateness of granting the license based on:

1. Information found in all background checks. See separate policy, 13.10 Evaluating Background Checks for Foster Family Licensing; and

2. Any other information obtained through the state-approved foster family home licensing study related to:
   a. The current home environment, and
   b. The ability of the prospective foster parent to provide for the child’s safety, well-being, and permanency.

Note: A denial recommendation may be made upon receipt of information supporting a denial. A complete written home study is not required if a denial is recommended.

For all denials, the licensing worker will:

1. Develop a denial recommendation letter, within 90 days of the decision to deny, containing the following:
   a. Any specific statute or rule with which the foster family home is not in compliance,
   b. A general description of the circumstances which constitute the non-compliance or other grounds for denial, and
   c. Documentation supporting the decision.

2. Ensure each denial recommendation letter is signed by the following persons:
   a. The RM, RFCS Supervisor, and the DCS licensing worker (for DCS Licensed Foster Family Homes), or
   b. Licensed Child Placing Agency (LCPA) licensing worker, LCPA Director, or designee (for LCPA Licensed Foster Family Homes).

3. Upload the following information into the case management system:
   a. Denial recommendation letter,
   b. Supporting documentation that provides evidence of non-compliance (e.g., case management system contact notes, e-mail communications, background check information, and assessment information),
   c. The Foster Home Revocation or Denial Due Process Verification form if the denial is based on substantiated abuse or neglect.

4. Submit the denial request in the case management system to the Central Office Foster Care Licensing Unit for approval;
5. Ensure the applicant is aware of the denial recommendation and has a basic understanding of the process that will occur; and
6. Ensure any DCS or agency staff responsible for placement of a child is notified of the concerns and resulting recommendation to deny the renewal of the license if there are children currently placed in the home.

Upon receipt and agreement with the recommendation to deny, the Central Office Foster Care Licensing Unit will:

1. Send a certified letter, within 60 days of the recommendation, to the applicant advising the individual of; and
a. The fact the application for a new foster family home license, or renewal of the current license, is being denied effective 30 days from receipt of the letter,
b. The nature of the allegation(s) of non-compliance with Indiana Code, Indiana Administrative Code, or other foster parent requirements,
c. The right to appeal the decision within 30 days of receipt of the letter,
d. The statutory authority of DCS to license resource family homes, and
e. The civil and criminal penalties for operating a foster family home without a license.

2. Send a copy of the certified letter denying the license to the licensing worker for his or her file.

If Central Office disagrees with the recommendation to deny a license, the Central Office Licensing Unit will return the recommendation to the recommending agency with guidance on next steps. The recommending agency will follow up based upon the guidance received from Central Office.

If the denial is based on a substantiated report of abuse or neglect that was approved prior to October 15, 2006, the RM (or designee) for the region where the assessment took place will, prior to sending the request for denial to Central Office, complete a file review of the substantiated assessment.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

Foster Home Revocation or Denial Due Process Verification

RELATED INFORMATION

Denial Appeals
If the foster family home appeals the license denial and requests an administrative hearing as provided in IC 31-27-4-13 and 465 IAC 3-3, a DCS attorney will represent the DCS. The assigned DCS administrative law judge (ALJ) will schedule the hearing date and any prehearing conferences. The DCS Hearings and Appeals staff will notify the assigned DCS attorney, the foster family home, and any attorney representing the license applicant for purposes of the appeal, of the date, time and location of the scheduled hearing and any applicable post-hearing final order procedures under IC 4-21.5-3.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) may grant a waiver for a foster family home to be noncompliant with a specific rule or regulation, only upon approval from the Central Office Licensing Unit.

Waivers shall be granted only for rules and regulations and not for Indiana statutory requirements.

To receive a waiver, the applicant or licensee must provide proof that compliance with the rule or regulation would constitute an undue hardship and that noncompliance does not compromise the health, safety, and welfare of children.

The Central Office Licensing Unit has sole authority to approve or deny a waiver.

Code Reference
1. IC 31-27-2-8: Granting of variances and waivers
2. IC 31-27-2-9: Expiration of variances and waivers
3. IC 31-27-2-10: Renewal of variances and waivers
4. IC 31-27-2-11: Revocation of variances and waivers
5. IC 31-27-4-12: Eligibility for waivers and variances

PROCEDURE

To request a licensing waiver, the applicant or licensee will submit documentation that:
1. Compliance with the rule or regulation specified in the application for the waiver will create an undue hardship on the applicant for the waiver; and
2. Noncompliance with the rule or regulation specified in the application for a waiver will not be adverse to the health, safety, or welfare of any child receiving services from the applicant for the waiver.

To request a waiver, the licensing worker\(^1\) must:
1. Process the waiver request, including the documentation narrative, in the case management system; and
2. Submit the request for waiver to the Central Office Licensing Unit.

Upon receipt of the waiver request, the Central Office Licensing Unit will:
1. Review the request and ask for additional information, if applicable;
2. Approve or deny the request; and

\(^1\) The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
3. Notify the licensing worker of waiver approval or denial.

The licensing worker will notify the applicant or licensee of the approval or denial.

**PRACTICE GUIDANCE**

Case by case waivers of non-safety related licensing requirements are permitted. An example of a safety related licensing requirement that cannot be waived is background checks. Common examples of non-safety related licensing requirements that can be waived include, but are not limited to:

1. Pre-service/in-service training (with the exception of RAPT 1);
2. CPR, Universal Precautions and First Aid (all or just one);
3. Square footage of bedrooms;
4. Bedrooms in a hall, basement or living area;
5. Children must have their own beds;
6. Reference letters; and
7. Licensing a married applicant without licensing his or her spouse due to spouse’s physical absence from the household.

**RELATED INFORMATION**

**Expiration of Waivers**

Waivers granted or renewed will expire on one (1) of the following dates, whichever comes first:

1. Date when the license affected by the waiver expires;
2. Date set by the Central Office Licensing Unit for the expiration of the waiver; or
3. Occurrence of the event set by the Central Office Licensing Unit for the expiration of the waiver.

If a licensee violates a condition of a waiver, the licensing worker should contact the Central Office Licensing Unit for consultation on how to proceed. The Central Office Licensing Unit may recommend to the DCS Director or designee an order terminating the waiver before it expires.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) may grant a variance for a foster family home to meet the intent of a DCS rule or regulation in an alternate method that still protects the health, safety, and welfare of children. A variance can be granted only upon approval from the Central Office Licensing Unit.

Variances can be granted only for rules and regulations and not for Indiana statutory requirements.

The Central Office Licensing Unit has sole authority to approve or deny a variance.

Code Reference
1. IC 31-27-2-8: Granting of variances and waivers
2. IC 31-27-2-9: Expiration of variances and waivers
3. IC 31-27-2-10: Renewal of variances and waivers
4. IC 31-27-2-11: Revocation of variances and waivers
5. IC 31-27-4-12: Eligibility for waivers and variances

PROCEDURE

To request a licensing variance, the applicant or licensee will submit documentation that outlines the alternative plan for meeting the regulation and supporting information as to how this plan does not compromise the health, safety, or welfare of any child receiving services.

To request a variance, the licensing worker\(^1\) must:

1. Process the variance request, including the documentation narrative, in the case management system; and
2. Submit the request for variance to the Central Office Licensing Unit.

Upon receipt of the variance request, the Central Office Licensing Unit will:

1. Review the request and ask for additional information, if applicable;
2. Approve or deny the request; and
3. Notify the licensing worker of variance approval or denial.

The licensing worker will notify the applicant or licensee of the approval or denial.

---

\(^1\) The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
Examples of Possible Variances
1. Substituting bottle water for well water; or
2. Substituting professional medical training for the CPR, First Aid, and Universal Precautions training.

Expiration of Variances
Variances granted or renewed will expire on one (1) of the following dates, whichever comes first:
1. Date when the license affected by the variance expires;
2. Date set by the Central Office Licensing Unit Manager for the expiration of the variance; or
3. Occurrence of the event set by the Central Office Licensing Unit for the expiration of the variance.

If a licensee violates a condition of a variance, the licensing worker should contact the Central Office Licensing Unit for consultation on how to proceed. The Central Office Licensing Unit may recommend to the DCS Director or designee an order terminating the variance before it expires.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 12: Foster Family Home Licensing
Effective Date: November 1, 2017
Section 21: Revocations
Version: 6

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) and its licensing workers¹ will recommend revocation of a foster family home license if:

1. The licensee or the licensee’s household members, employees, or volunteers who are required to have background checks do not pass the background checks. See separate policies, 13.9 Conducting Background Checks for Foster Home Licensing and 13.10 Evaluating Background Checks for Foster Family Licensing for more information on the background check requirements;
2. The licensee made false statements on the application or the records required for licensure;
3. The licensee failed to meet any other foster care licensing requirements as set out in Indiana Statute or Indiana Administrative Code;
4. The licensee failed to meet the terms of progressive discipline² developed with the licensing worker; or
5. There has been a substantiation of abuse or neglect against the licensee or against a member of the licensee’s household.

Note: If a revocation is based on a report of abuse or neglect that was substantiated prior to October 15, 2006, the Regional Manager (RM) or designee must review the appropriateness of the substantiation determination prior to the licensing worker requesting the revocation. The licensee may also request this review at any time in the process. See separate policy, 2.03 Child Care Worker Assessment Review Process.

DCS will not allow a licensee to voluntarily relinquish their foster home license or transfer to another Licensed Child Placing Agency (LCPA) once the revocation process has begun unless approved by the Central Office Foster Care Licensing Unit.

DCS will not place children in a foster family home whose license is on probationary status, placement hold, pending revocation, or has been revoked.

Code References
1. 465 IAC 2-1.5: Licensing of Foster Family Homes for Children
2. 470 IAC 1-4: Administrative Appeals

¹The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

² Progressive discipline is a process of improving the performance of a foster home. It may include, but is not limited to guiding discussion, education, team meetings, developing a working agreement, safety planning, a corrective action plan, a placement hold, and probation with or without a placement hold. See Separate Policy 12.17 Probationary Status.
3. **465 IAC 3-2-2**: Administrative review procedure for child care workers and licensed foster parents
4. **465 IAC 3-3**: Administrative Hearings
5. **IC 31-27-4-22**: Notice of enforcement actions; informal meetings
6. **IC 31-27-4-23**: Administrative hearings
7. **IC 31-27-4-24**: Procedure for administrative hearings
8. **IC 31-27-4-30**: Notice
9. **IC 31-27-4-32**: Grounds for revocation of license; waiver
10. **IC 31-27-4-33**: Compliance with rules; disciplinary sanctions; revocations of license

<table>
<thead>
<tr>
<th>PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>To arrive at a written recommendation regarding revocation of a license the licensing worker should consult with other DCS staff or LCPA staff, as applicable, based on:</td>
</tr>
<tr>
<td>1. Information found in all background checks. See separate policy, <strong>13.10 Evaluating Background Checks for Foster Family Licensing</strong>;</td>
</tr>
<tr>
<td>2. Any information obtained through the state-approved foster family home licensing study; and/or</td>
</tr>
<tr>
<td>3. Any other information related to the current home environment, and the ability of the foster parent to provide for the child’s safety, well-being, and permanency.</td>
</tr>
</tbody>
</table>

For all revocations, the licensing worker will:
1. Develop a revocation recommendation letter, within 90 days of identification of non-compliance, containing the following:
   a. Any specific statute or rule with which the foster family home is not in compliance, |
   b. A general description of the circumstances which constitute the non-compliance or other grounds for revocation, and |
   c. Documentation supporting the decision. |
2. Ensure each revocation recommendation letter is signed by the applicable group: |
   a. DCS Licensed Foster Family Homes: RM, RFCS Supervisor, and DCS licensing worker, or |
   b. LCPA Licensed Foster Family Homes: LCPA licensing worker, LCPA Director or Designee. |
3. Upload the following information into the case management system: |
   a. Revocation recommendation letter, |
   b. Supporting documentation that provides evidence of the violations (e.g., case management system contact notes, e-mail communications, background check information, assessment information), and |
   c. The **Foster Home Revocation or Denial Due Process Verification (SF 55232)** if the revocation is based on substantiated abuse or neglect. |
4. Submit the revocation request in the case management system to the Central Office Foster Care Licensing Unit for approval, |
5. Ensure the foster home is aware of the revocation recommendation and has a basic understanding of the process that will occur, and |
6. Ensure any person or agency responsible for supervision of a child placed in the home is notified of the concerns and resulting recommendation.
Upon receipt and agreement with the recommendation to revoke, the Central Office Foster Care Licensing Unit will:

1. Send a certified letter, within 60 days of receipt of recommendation, to the foster family home advising the individuals of:
   a. The fact that the license for a foster family home is being revoked effective 30 days from receipt of the letter,
   b. The nature of the allegation(s) of non-compliance with Indiana Code, Indiana Administrative Code, or other foster parent requirements,
   c. The right to request an informal meeting with the LOD in the county where the home is located within 10 business days of receipt of the letter (if the home is licensed by an LCPA, an LCPA representative must attend the informal meeting),
   d. The right to appeal the decision within 30 days of receipt of the letter,
   e. The statutory authority of DCS to license foster family homes, and
   f. The civil and criminal penalties for operating a Foster Family Home without a license.

2. Send a copy of the certified letter revoking the license to the licensing worker for his or her file.

As a result of an approved recommendation to revoke the foster family home license, the Central Office Foster Care Licensing Unit will:

1. Notify all DCS local offices and any other agency responsible for supervision of a child placed in the home that the license has been revoked; and
2. Enter the revocation effective date in the case management system 30 days after the date the foster parent received the revocation letter or when the Administrative Appeal process was completed, if applicable.

If the request to revoke a foster family home license is not approved, the Central Office Foster Care Licensing Unit will:

1. Notify the recommending DCS office or LCPA of the decision to deny the request; and
2. Require the recommending DCS office or LCPA to discuss and address areas of concern with the foster family home.

If the licensee does not appeal or is not successful in his or her appeal and the home has not ceased operation, the Central Office Foster Care Licensing Unit will:

1. Notify the prosecuting attorney in the county where the home is located and the Indiana Attorney General regarding the illegal operation; and
2. Notify all DCS local offices and, if applicable, the supervising LCPA responsible for supervision of a child placed in the home that the license has been revoked.

If the licensee is successful on appeal the Central Office Foster Care Licensing Unit will:

1. Notify the licensing agency of the decision and direct them to reinstate the license; and
2. Ensure the license is effective in the case management system.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

Foster Home Revocation or Denial Due Process Verification (SF 55232)
**Related Information**

**Revocation Appeals**
If the foster family home appeals the license revocation and requests an administrative hearing as provided in [IC 31-27-4-13](#) and [465 IAC 3-3](#), a DCS attorney will represent the DCS. The assigned DCS administrative law judge (ALJ) will schedule the hearing date and any prehearing conferences. The DCS Hearings and Appeals staff will notify the assigned DCS attorney, the foster family home, and any attorney representing the foster family home for purposes of the appeal, of the date, time, and location of the scheduled hearing and any applicable post-hearing final order procedures under [IC 4-21.5-3](#).
**INDIANA DEPARTMENT OF CHILD SERVICES**  
**CHILD WELFARE POLICY**

<table>
<thead>
<tr>
<th>Chapter 12: Foster Family Home Licensing</th>
<th>Effective Date: September 1, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 22: Licensing File Requirements</td>
<td>Version: 3</td>
</tr>
</tbody>
</table>

## STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) local office or Licensed Child Placing Agency (LCPA) will be responsible for obtaining and maintaining forms and other materials used to document its decision-making process for a foster family home to become licensed and maintain licensure.

Licensing files are the property of DCS. The Placement Support and Compliance Division will conduct random reviews and/or audits of DCS local office and LCPA licensing files.

### Code Reference

1. [IC 31-27-2-5: Monitoring of licensed entities](#)
2. [IC 31-27-4-19: Records of monitoring activities and inspections](#)
3. [IC 31-27-4-20: Cooperation by licensees](#)

## PROCEDURE

The licensing worker will:

1. Use forms, **Initial Licensure Checklist for Foster Family Homes (SF53153), Annual Review Checklist for Foster Family Homes (SF53154)**, and **Re-Licensure Checklist for Foster Family Homes (SF53155)**, to aid in gathering all the necessary documentation for the relevant licensure action (i.e., initial licensure, annual review, or re-licensure). These forms may also be used for supervisory review;
2. Log dates of completed forms and other materials in the appropriate checklists in the case management system; and
3. Ensure the forms and other materials listed below are in the licensing file, as appropriate, for foster family homes to be licensed and to maintain licensure:
   a. Completed **Application for Foster Family Home License (SF10100)**,
   b. **Resource Family Home Physical Environment Checklist (SF53186)** completed at initial licensure, annual review, and re-licensure,
   c. **Water Agreement (SF54612)** and documentation of results or statement of city water completed at initial licensure, annual review, and re-licensure,
   d. Original state-approved foster family home licensing study,

**Note:** If the original home study was not the **Structured Analysis Family Evaluation (SAFE)**, the signed **Resource Family Preparation Assessment Cover Page (SF52795)** should also be included in the licensing file.

---

1 The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
e. Original signed Resource Parent Role Acknowledgment (SF54642) and each subsequent signed agreement at initial licensure, annual review, and re-licensure,
f. Completed SAFE Annual Update,
g. Completed Licensing Staff Inquiry Regarding Foster Family Home (SF53214) form regarding each child placed in the foster family home at the time of the child’s departure from the home or at annual review or re-licensure, whichever comes first,
h. Verification the foster parent has met the pre-service training requirement (copy of training records) completed at initial licensure, annual review, and re-licensure,
i. Completed Pre-Service / In-Service Evaluation of Trainee (SF52760) if applicable,

Note: The Pre-Service / In-Service Evaluation of Trainee (SF52760) will be completed by the Resource and Adoptive Parent Training (RAPT) Trainer if there are concerns or issues that arise during RAPT training.

j. Verification of the required annual in-service training hours (copy of training records),
k. Verification of Cardiopulmonary Resuscitation (CPR), first aid, and universal precautions training (copy of training records) at initial licensure, annual review, and re-licensure to ensure certification of the licensee remains current,
l. Completed Application for Criminal History Background Check (SF53259) at initial licensure, annual, and re-licensure,
m. Results of background checks at initial licensure, annual review, and re-licensure, and the results of criminal history checks at annual review (see separate policy, 13.10 Evaluating Background Checks for Foster Family Licensing),

Note: If the Pre-Service / In-Service Evaluation of Trainee (SF52760) is completed by the Resource and Adoptive Parent Training (RAPT) Trainer, it must be documented in the case management system and in the hard copy file.

n. Copy of supporting documentation for any waiver, variance, or exception, if applicable (see separate policies, 12.12 Foster Family Home Capacity, 12.19 Waivers, 12.20 Variances),
o. A copy of the Medical Report for Caregivers (SF45145) for each applicant at initial licensure and re-licensure,
p. A copy of the Medical Report for Household Members (SF45144) for each household resident at initial licensure and re-licensure,
q. Four (4) Request for Personal Reference Statement for Foster Family Home License Applicants (SF53203),
r. Completed questionnaires (assessment tools) and inventory (psychosocial) from the SAFE (process) home study should be documented in case management system and in the hard copy file,
s. Completed Financial Verification for Foster Family Homes (SF 55734) completed at initial licensure, annual review, and re-licensure (see separate policy, 12.31 Financial Verification for Licensure),
t. Completed 5.B Tool- Family Network Diagram Instruction Guide completed at initial licensure, annual review, and re-licensure,
u. Completed Compatibility Inventory,
v. Completed Child Care Plan (SF54608) completed at initial licensure, annual review, and re-licensure,
w. Verification of the applicant or licensee’s birth (birth certificates or other forms of verification),
x. Verification of the applicant or licensee’s marriage and divorce (if applicable),
y. Documentation (letters, narratives, forms) related to the closure of a resource home, whether it is the result of a voluntary withdrawal or an action of the DCS local office to revoke the license, if applicable,
z. Completed Initial Licensure Checklist for Foster Family Homes (SF53153),
aa. Completed Annual Review Checklist for Foster Family Homes (SF53154),
bb. Completed Re-Licensure Checklist for Foster Family Homes (SF53155),
cc. Foster Parent Safety Agreement Regarding Firearms and Other Weapons (SF 56320) completed at initial licensure, annual review, and re-licensure, if applicable,
dd. Completed Record of Child Placement (SF 54610), and
ee. Documentation of Corrective Action Plan (SF 53171), if applicable.

The DCS Central Office Licensing Unit will conduct a licensing file Quality Assurance Review (QAR) process for DCS local offices and LCPAs. Random samplings of hard copy licensing files will be reviewed. The process will be as follows:
1. LCPSA and DCS local office’s will receive a listing of licensing files that have been selected for review. Licensing staff will forward copies (NOT ORIGINALS) of the complete file to the Central Office Licensing Unit. Documentation should be organized as requested. The complete licensing case files are due in Central Office two (2) weeks after the QAR notice is received by the DCS Local Office or LCPSA. The licensing worker will provide a copy of the requested information to the Central Office Licensing Unit via mail or scanned into email;
2. Upon completion of the review, a feedback notification will be forwarded to the licensing agency. The licensing worker will be expected to correct any errors and provide missing documentation within a two (2) week time period. Anything received by the Central Office Licensing Unit after the two (2) week period will not be reviewed as part of the QAR and will be noted as an error or omission;
3. The Central Office Licensing Unit may request additional licensing case files to be reviewed when errors or omissions appear to be consistent throughout the initial sample files; and
4. A summary outlining the general findings will be sent to each LCPSA and DCS local office within 60 days of the QAR completion.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Application for Foster Family Home License (SF10100)
2. Resource Family Home Physical Environment Checklist (SF53186)
3. Water Agreement (SF54612)
4. Resource Parent Role Acknowledgment (SF54642)
5. Licensing Staff Inquiry Regarding Foster Family Home (SF53214)
6. Application for Criminal History Background Check (SF53259)
7. Request for a Child Protection Service (CPS) History Check (SF 52802) on all household members
8. Medical Report for Caregivers (SF45145)
9. Medical Report for Household Members (SF45144)
10. Request for Personal Reference Statement for Foster Family Home License Applicants (SF53203)
11. Financial Verification for Foster Family Homes (SF 55734)
12. 5.B Tool- Family Network Diagram Instruction Guide
13. Child Behavioral / Health Challenges (SF53199)
14. Child Care Plan (SF54608)
15. Initial Licensure Checklist for Foster Family Homes (SF53153)
16. **Annual Review Checklist for Foster Family Homes (SF53154)**
17. **Re-Licensure Checklist for Foster Family Homes (SF53155)**
20. **Foster Parent Safety Agreement Regarding Firearms and Other Weapons (SF 56320)**
21. **Record of Child Placement (SF 54610)**
22. **Corrective Action Plan (SF 53171)**

**RELATED INFORMATION**

**Additional Information**
Due to the accreditation standards of the Council on Accreditation (COA) (see http://coanet.org/standards/standards-updates/ for further information), the licensing agency may require additional documentation. This information may be added in the comments section of state forms or documented in the licensing file. State forms may not be altered.

**DCS Central Office Licensing Unit Address**
DCS Central Office Licensing Unit
Indiana Department of Child Services, Central Office
302 West Washington Street, E306
Indianapolis, IN 46204
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will assess any Child Abuse and/or Neglect (CA/N) allegation regarding licensees of Licensed Child Placing Agency (LCPA) or DCS local office foster homes.

The DCS local office or LCPA responsible for licensing compliance will investigate allegations of licensing rule violations that do not meet the statutory definition of CA/N.

DCS or an LCPA licensing worker\(^1\) may use the results of the Child Protective Service (CPS) assessment as the basis for revocation of a license if CA/N is substantiated or a rule violation is determined. The findings of the licensing complaint investigation may also be used as the basis for corrective action, probationary status, or revocation.

Code Reference
1. 465 IAC 2-1.5: Licensing of Foster Family Homes for Children
2. IC 31-27-4-17: Probationary status; duration; expiration; extension
3. IC 31-27-4-18: Inspection of foster family homes
4. IC 31-27-4-19: Records of monitoring activities and inspections
5. IC 31-27-4-20: Cooperation by licensees
6. IC 31-27-4-33: Compliance with rules; disciplinary sanctions; revocation of license

PROCEDURE

DCS Field Staff will:
1. Assess CA/N allegations on foster family homes licensed by DCS local offices and LCPAs;
2. Evaluate the results of the assessment and make appropriate findings; and
3. Submit the completed report to the licensing worker

Upon receipt of the CPS assessment findings or after a licensing complaint investigation, the licensing worker will:
1. Evaluate the findings and present to the DCS Local Office Director or designee, or the LCPA director, and DCS Staff Attorney for review;
2. Process the recommendation for probationary or negative action in the case management system. See separate policies, 12.17 Probationary Status and 12.21 Revocations;
3. Submit written recommendations to the Central Office Licensing Unit for approval;

\(^1\) The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
4. Cooperate with the Central Office Licensing Unit by providing necessary records, documentation, and witnesses upon the request of the Central Office Licensing Unit.

Upon receipt of the findings of the CPS assessment or licensing complaint investigation, the Central Office Licensing Unit will:

1. Gather and review additional information as needed;
2. Make decisions concerning any appropriate sanctions and provide direction and recommendations to the licensing staff; and
3. Inform the appropriate parties of decision.

### PRACTICE GUIDANCE

N/A

### FORMS AND TOOLS

N/A

### RELATED INFORMATION

N/A
The Indiana Department of Child Services (DCS) prohibits an employee who is a licensed foster parent from having any professional responsibilities related to the employee's own license.

DCS prohibits a DCS local office or Licensed Child Placing Agency (LCPA) from providing pre-service or in-service training for an applicant or licensee who is employed by the agency.

DCS prohibits staff of an LCPA who are licensed foster parents from being licensed through or having placements monitored by the agency by which they are employed.

Licensed foster parents who become employed by a DCS local office or LCPA must immediately transfer their license to a DCS local office in a region other than the region in which they are employed or to an LCPA.

Licensed foster parents who become employed by an LCPA must immediately transfer their license to a DCS local office or to another LCPA.

Any individual employed by a DCS local office choosing to become a licensed foster parent must be licensed by an LCPA or a DCS local office in a region other than the region in which he or she is employed. The employee may not accept placement of children from the DCS local office in which he or she is employed unless prior approval is obtained by the Deputy Director of Field Operations.

Note: Regional Foster Care Specialists (RFCS) must be licensed in a region other than the region in which they are employed.

Any individual employed by a LCPA and choosing to become a licensed foster parent must be licensed by another LCPA or a DCS local office. The employee may not accept placement of children who are supervised by the LCPA in which he or she is employed unless prior approval is obtained by the Deputy Director of Field Operations.

Code Reference
N/A

PROCEDURE

The RFCS will notify his or her Supervisor when a foster parent or individual applying to be a foster parent is an employee of DCS.

The RFCS Supervisor will:
1. Determine if the foster parent or individual applying to be a foster parent is employed by a DCS local office; and
2. Ensure no conflict of interest exists by requesting the RFCS to begin transferring an employee’s existing license or application to a different region or an LCPA, whichever is chosen by the licensee or applicant.

The RFCS will then:
1. Contact the foster parent applicant or foster parent to discuss getting licensed in another region, or transferring their license to an LCPA;
2. Discuss with the foster parent or applicant which DCS local office (outside of the region where he or she is employed) or LCPA is most appropriate to hold the license in order to ensure there are no conflicts;
3. Contact the DCS local office in the region where the foster parent chooses to maintain their license or the LCPA and ask if the transfer is possible; and
4. Begin transferring the license or application in the case management system. See separate policy, 12.27 Transferring a Foster Family Home License.

The LCPA licensing worker will notify the Central Office Licensing Unit when a foster parent or applicant is an employee of the LCPA.

The LCPA licensing worker will:
1. Contact the foster parent or applicant to discuss being licensed by another LCPA or DCS local office;
2. Discuss with the foster parent which local office or LCPA is most appropriate to hold the license in order to ensure there are no conflicts of interest;
3. Contact the DCS local office or the LCPA and ask if the transfer is possible; and
4. Begin transferring the license or application in the case management system. See separate policy, 12.27 Transferring a Foster Family Home License.

If the two (2) agencies involved agree that it would be in the child’s best interest to have case management services provided by the agency where the foster parent works, a proposal may be submitted to the Central Office Licensing Unit outlining why this arrangement is best for the child and what procedures and/or policies have been put in place to avoid any potential conflict.

### PRACTICE GUIDANCE

N/A

### FORMS AND TOOLS

N/A

### RELATED INFORMATION

LCPAs may develop a Memorandum Of Understanding (MOU) to prevent the disruption of case management services until the child in question reaches permanency. LCPAs may continue providing therapeutic services which are Medicaid reimbursed regardless of which agency is providing the service.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will allow an applicant or licensee to cease participation in the program as a foster parent by:

1. Voluntary closure of initial or relicensure application; or
2. Voluntary closure of a license prior to expiration.

If a foster family does not voluntarily withdraw, then the foster home license will be revoked. See separate policy, 12.21 Revocations.

Code Reference
N/A

PROCEDURE

To withdraw from the foster family program, the applicant or licensee will complete and submit to the licensing worker\(^1\) a Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey (SF53237).

Upon receipt of the Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey (SF53237) form, the licensing worker will complete all of the following procedures, as applicable:

1. Request and conduct an exit interview with the applicant or licensee to determine the reasons for voluntarily withdrawing the application;
2. Process the recommendation to close the home in the case management system; and
3. Notify each Family Case Manager (FCM) of the pending closure of the foster home so that a transition plan may be developed for the child and a new placement located to accommodate the needs of the child. See separate policies, 8.38 Placement Changes and 8.41 Transitioning from Out-of-Home Care.

PRACTICE GUIDANCE

Foster parents should be informed that they have the right to withdraw from the foster family home program if they wish. There will be no penalty for implementing a voluntary withdrawal and, if they do so, the home will remain in good standing. If a foster parent wishes to withdraw and does not provide the appropriate documentation, a revocation will be sought. Revoking a foster parent license means that the license is forcibly closed and is not considered in good standing.

\(^1\) The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
FORMS AND TOOLS

Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey (SF53237)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will allow a licensed foster family home or a foster family home with an application pending to transfer their current license or application to a different licensing agency.

If a foster family home license transfer is requested, the receiving agency must complete a new state-approved foster family home licensing study (see separate policy, 12.11 Resource Family Preparation Assessment). The remainder of the licensing file must be copied and sent by the originating agency to the receiving agency. Any prior home study should remain in the file so the receiving agency has all of the historical information on the family. The licensing worker\(^1\) at the receiving agency will be required to complete a new home study.

Note: For purposes of this policy, the “licensing file” is defined as those documents that are required by Indiana code to license a foster family home (see separate policies, 12.03 Initial Licensing Packet and 12.11 Resource Family Preparation Assessment).

A foster family home license may only be transferred if communication has occurred throughout the evaluation process between both agencies and the agencies have determined the home to be in good standing. A home that is not in good standing shall not have its license transferred unless the Central Office Licensing Unit has granted prior approval (see Practice Guidance).

Code Reference
465 IAC 2-1.5: Licensing of Foster Family Homes for Children

PROCEDURE

When a licensed foster family home is transferring its license, the following procedures must be followed:

1. The foster parent will provide the originating agency a signed letter of intent indicating a request to transfer;
2. The originating agency will evaluate the foster home and determine if the home is in good standing (see Practice Guidance). If necessary, the originating agency will contact Central Office Licensing for assistance in determining if the home is in good standing;
3. The originating agency will complete the Resource Home License Transfer (SF54781) and send it to the receiving agency. The originating agency will advise the receiving agency if the home is in good standing. The receiving agency may contact Central Office Licensing for guidance if they feel the transfer should occur even though the foster family home may not be in good standing.

\(^1\) The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
4. The receiving agency will obtain statements from all Family Case Managers (FCMs) who have children in the home, if there are children currently placed in the home, stating whether they are supportive of the foster family home transferring to a different agency. If an FCM is not supportive and the licensing worker believes it is in a child’s best interest, a request may be made to Central Office Licensing for a review;

5. The receiving agency will review the Resource Home License Transfer (SF54781) for consideration of the transfer and will send written notification to the originating agency regarding whether or not they are willing to evaluate the transfer;

6. The originating agency has 14 business days to send the licensing file to the receiving agency once they have received written notification from the receiving agency that they are willing to evaluate the transfer of the foster family home;

7. The receiving agency will conduct an initial home visit and complete the Resource Family Home Physical Environment Checklist (SF53186) and the state-approved foster family home licensing study once the licensing file has been received;

8. The receiving agency will send a letter to the originating agency regarding whether or not they are willing to accept the transfer, pending approval by the Central Office Licensing Unit;

9. Both agencies will coordinate a transfer date if all parties agree to accept the licensure transfer;

10. The originating agency will maintain all licensing responsibilities for the foster family home until the agreed upon transfer date;

11. The originating agency will update the Management Gateway for Indiana’s Kids (MaGIK) with regard to all current licensing activities and information;

12. The originating agency will update MaGIK and click “Edit” on the “Foster Family Home Details” bar and change the “Supervising Agency” and the “Assigned Worker” information on or prior to the agreed upon transfer date;

   **Note:** Once the “Supervising Agency” and the “Assigned Worker” information has changed, the originating agency will no longer be able to edit or update information in MaGIK pertaining to the foster family home, so it is imperative to have all licensing information entered in the system prior to changing the “Supervising Agency” and “Assigned Worker”.

13. The receiving agency will enter MaGIK and submit a recommendation for transfer to the Central Office Licensing Unit, which will include completing the Transfer Checklist. The agreed upon date for the transfer must be entered in the last field of the Transfer Checklist in order for the effective date to be correct. The receiving agency will upload a new home study as well as other pertinent documents and e-mails and update any other licensing information prior to submitting the foster family home for approval in MaGIK;

   **Note:** It is important to double check the dates entered on the Transfer Checklist, as corrections cannot be made once the transfer is approved if the dates are entered incorrectly.

14. The Central Office Licensing Unit will approve or deny the transfer request in MaGIK and ensure the following are completed:

   a. Review each recommendation for transfer, including one (1) from the originating agency and one (1) from the receiving agency,
   b. Document the approval or denial of the transfer in MaGIK,
   c. Print the approved license reflecting the transfer and ensure the licensure dates from the original license remain the same, and
d. Mail the receiving agency’s licensing worker a copy of the new license to be filed and maintained. The receiving agency has the responsibility to send the license to the foster parent.

15. The Central Office Licensing Unit will contact the originating and receiving agencies if the request for transfer is denied to notify each of the reasons for denial.
16. The receiving agency will send the new hard copy license to the foster family home once it is received from Central Office Licensing Unit if the transfer is approved;
17. The receiving agency licensing worker will send an e-mail to the DCS Resource Unit (DCSResourceunit@dcs.in.gov) and the FCM for each child in the home advising of the approved transfer and the effective date in order for the home to be associated with the new agency for payment purposes; and
18. The FCM for each child in the home will complete a new Individual Child Placement Referral (ICPR) once the transfer is completed.

When a foster home application (the home is in Initial Application Pending status) is transferred, the following procedures must be followed:

1. The licensing worker will advise the applicant of his or her right to transfer his or her application to another agency;
2. The applicant will provide a written request to the originating agency to transfer his or her application and provide the reason for the request to transfer;
3. The originating agency will send to the receiving agency a summary with information regarding the applicant’s progress through the licensing process up to the point of the request for transfer;
4. The originating agency will update MaGIK with all pertinent information, including uploading pertinent documents and e-mails;
5. The originating agency will send the file to the receiving agency;
6. The receiving agency will send an e-mail to the originating agency indicating whether they accept or deny the transfer;
7. The originating agency will request the Central Office Licensing Unit to reassign the license if the transfer is from one (1) Licensed Child Placing Agency (LCPA) to another upon acceptance of the transfer;
8. The Central Office Licensing Unit will reassign the license to the receiving agency, if necessary; and
9. The receiving agency will complete the assessment of the home and update MaGIK for the purpose of sending their request for approval or denial of the license.

**PRACTICE GUIDANCE**

A foster family home is considered “not in good standing” if the home is on a placement hold, probation, pending revocation, has a Corrective Action Plan, or has an open CPS assessment or licensing investigation (see separate policies, 12.17 Probationary Status and 12.21 Revocations). If not successfully remedied, other issues that may result in the home being considered “not in good standing” include, but are not limited to:

1. Lack of cooperation with DCS, the LCPA, and/or service providers;
2. Problems communicating in a professional, respectful, or productive manner with DCS, LCPA staff, service providers, members of the family, and/or members of the community;
3. Multiple placement disruptions;
4. Multiple or unresolved child abuse and neglect assessments and/or licensing complaints; or
5. Failure to provide information relevant to child case planning or the foster home license that is requested by the court, DCS, and/or the LCPA.

**FORMS AND TOOLS**

1. [Resource Family Home Physical Environment Checklist (SF53186)](#)
2. [Request for Personal Reference Statement for the Foster Family Home License Applicants (SF53203)](#)
3. [Resource Home License Transfer (SF54781)](#)
4. [Transfer Checklist: Available in MaGIK](#)

**RELATED INFORMATION**

No fees may be charged for transfer of documents.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will allow an individual to request reinstatement of a withdrawn foster family home license if the request is received when there would be at least one (1) year remaining on the license had it not been withdrawn. Only foster family homes withdrawn in good standing will be eligible for license reinstatement. (See Practice Guidance for information about why a foster family home is considered “not in good standing”.)

DCS will assess the ability of both DCS’ and Licensed Child Placing Agencies' (LCPAs’) foster family home license applicants to foster and ensure the requirements of the Indiana Administrative Code for licensure are met. DCS shall assess all individuals requesting license reinstatement as a new applicant and shall approve or deny the applicant’s request for license reinstatement. The effective date of reinstatement is the date of approval in the case management system.

Note: If the license reinstatement is approved, any previous non-compliance from the prior license may not be held against the foster parent under the new license in a later decision to revoke unless the non-compliance continues to be an issue under the new license or the non-compliance is related to, or similar in some way to, the new non-compliance.

If the request for reinstatement is approved, DCS will require the individual to meet the training requirements for the previous annual review, if not previously completed, as well as the requirements needed for the annual review of the current year (see separate policy, 12.15 Annual Review and Related Information below).

The following foster family homes are not eligible for reinstatement and may seek relicensure (see separate policy, 12.16 Foster Family Home Relicensure):

1. License was revoked/not in good standing (see Related Information);
2. License has expired; and/or
3. License was voluntarily withdrawn in good standing but has less than one (1) year remaining on latest licensure period.

Code References

465 IAC 2-1.5-22: Foster parent training

PROCEDURE

If there is no history of denial or revocation of a license and the licensing worker is recommending license reinstatement, the licensing worker will complete the following upon receipt of a new application for the purpose of foster family home license reinstatement:
1. Verify all initial application verifications and annual requirements have been met (see separate policies, 12.03 Initial Licensing Packet, 12.05 Pre-Service Training Requirements, 12.06 Medical Training Requirements, 12.08 Receipt of Application, and 13.9 Conducting Background Checks for Foster Home Licensing);

**Note:** A limited criminal history check may substitute for a fingerprint-based check only if a fingerprint-based check was completed within one (1) year of the reinstatement date. The Medical Report for Caregivers (SF 45145) and Medical Report for Household Members (SF 45144), if applicable, must be completed if the forms were last completed one (1) or more years before the reinstatement date.

2. Open the existing resource in the case management system and select “add a Reinstatement License request”, which will move the resource to Reinstatement Pending status and will generate a Reinstatement Checklist;
3. Complete the required information in case management system; and
4. Submit the recommendation in case management system for appropriate approval. The effective date of reinstatement is the date of approval in the case management system.

If the licensing worker receives a new application for the purpose of foster family home license reinstatement and he or she does not recommend licensure, the licensing worker will:
1. Open the existing resource in case management system and select “add a Reinstatement License request”, which will move the resource to Reinstatement Pending status and will generate a Reinstatement Checklist;
2. Add the application for Reinstatement to the licensing file; and
3. Complete a “Deny License” request and submit for the appropriate approval. See separate policy, 12.18 License Denials.

**PRACTICE GUIDANCE**

A foster family home is considered “not in good standing” if the home is on a placement hold, probation, pending revocation, has a Corrective Action Plan, or has an open CPS assessment or licensing investigation (see separate policies, 12.17 Probationary Status and 12.21 Revocations). If not successfully remedied, other issues that may result in the home being considered “not in good standing” include, but are not limited to:
1. Lack of cooperation with DCS, the LCPA, and/or service providers;
2. Problems communicating in a professional, respectful, or productive manner with DCS, LCPA staff, service providers, members of the family, and/or members of the community;
3. Multiple placement disruptions;
4. Multiple or unresolved child abuse and neglect assessments and/or licensing complaints; or
5. Failure to provide information relevant to child case planning or the foster home license that is requested by the court, DCS, and/or the LCPA.

**FORMS AND TOOLS**

1. Medical Report for Caregivers (SF 45145)
2. Medical Report for Household Members (SF 45144)
RELATED INFORMATION

Prior Denial or Revocation
If an applicant for a foster family home license was previously denied a license or his or her license was revoked, he or she is not eligible for reinstatement.

Determining Training Requirements
When a family desires for their foster home license to be reinstated, it is important to ensure the training they receive is relevant to their previous length of service, previous experiences, skill level, etc. Therefore, it is important for the licensing worker to thoroughly assess the training needs of the applicants and have a discussion with them regarding an appropriate training plan for reinstatement purposes. For some individuals with limited length of service and experience, it may be best practice to have them complete portions of pre-service training again, which would count toward the total of 15 hours needed. For others who have extensive service and experience, their training plan may consist of specific in-service trainings, which are relevant to the specific needs of children for which the applicants are interested in having placed in their home or care. This process should mirror the development of a training plan which should occur each year at annual review with all licensed homes.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) partners with foster family homes to ensure children in foster care are placed in a safe and stable environment. In pursuit of this, DCS will evaluate the financial stability of persons applying for foster family home licensure or re-licensure.

In accordance with 465 IAC 2-1.5-5 (Qualifications Of The Foster Family; Finances), foster parents shall demonstrate that the household has sufficient income and appropriate fiscal management to maintain its stability and security without a foster care payment. Foster care payments received on behalf of the child are intended for the sole benefit and care of the child while in foster care.

Foster family home income and monthly expenses will be documented on the Financial Verification for Foster Family Homes (SF 55734) form as part of the licensure process. Income and expense information should be verified with appropriate documentation including, but not limited to: pay check stubs, tax forms, and monthly utility or other account statements. Required items needing verification are indicated on the form.

Code Reference
1. 465 IAC 2-1.5: Licensing of Foster Family Homes for Children
2. IC 31-27-4-33: Rules; establishment of standards
3. IC 31-27-2-5: Monitoring of licensed entities

PROCEDURE

Foster family applicants will complete the Financial Verification for Foster Family Homes (SF 55734) as part of the licensure/re-licensure process. The financial information section will include:
1. Source and amount of monthly household income; and
2. Source and amount of monthly expenses and outstanding debts.

The licensing worker\(^1\) will:
1. Review the information submitted by the applicants and address any missing or unclear information;
2. Evaluate the financial information received on the Financial Verification for Foster Family Homes (SF 55734) to determine whether the foster family home has adequate income to meet its monthly financial obligations without utilizing foster care payment as income;

\(^1\) The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker
3. Discuss with the foster family home the importance of utilizing foster care payments for the benefit and care of the child while in foster care; and
4. Re-evaluate the financial stability of the home if at any point circumstances of the foster family home suggest the need for reassessment due to any significant changes in monthly income or expenses (e.g., unexpected change in employment, relocation, or any additional children through adoption/custody change). A new Financial Verification for Foster Family Homes (SF 55734) may be requested to document the re-evaluation of financial stability.

**PRACTICE GUIDANCE**

**Evaluation of Financial Stability**
When evaluating the financial stability of a foster family home for licensure purposes, the licensing worker should consider monthly income including, but not limited to:

1. Wages from employment;
2. Rental property income;
3. Investment income;
4. Interest;
5. Monthly trust fund payments; and
6. Child Support Payments

Recurring, but not time limited payments, may also be considered as monthly income. This includes, but is not limited to:

1. Social Security (RSDI) payments;
2. Title IV-E Adoption Assistance (AAP);
3. Supplemental Security Income (SSI); and

Food stamps, Temporary Assistance for Needy Families (TANF), and time-limited income such as unemployment benefits would not be considered as monthly income for the purposes of foster family home licensure. However, receipt of these funds does not automatically disqualify an applicant from becoming a foster parent.

**Utilizing Foster Care Payment**
Foster parents should utilize per diem to cover reasonable costs of caring for the child including, but not limited to:

1. Food for the child (including infant formula);
2. Clothing (e.g., replacement clothing, repairs, mending, alterations);
3. Shelter (e.g., summer camp, or hotel accommodations during school trips);
4. Supervision that substitutes for daily supervision (i.e., day care/babysitter);
5. School supplies (e.g., paper, pens, calculator); and
6. Child’s ongoing personal incidentals (e.g., soap, shampoo, toothpaste, diapers, wipes, etc.);

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 payment. Expenses that should **not** be paid from per diem include, but are not limited to the foster parent’s rent, mortgage, insurance payment, car payment, or routine housing maintenance cost.
FORMS AND TOOLS

Financial Verification for Foster Family Homes (SF 55734)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will ensure that all foster family homes meet the minimum requirements for the physical environment as required by Indiana law.

Foster parents are required to report to DCS or the supervising licensed child placing agency (LCPA) any change within the foster family home impacting the health, safety, or general well-being of the child including, but not limited to, the following:

1. The physical location or mailing address of the foster family home, the telephone number of the foster parents, or both;
2. The physical condition of the foster family home or the use of bedrooms in the foster family home as it relates to the child, or both; and
3. Any new household members.

Note: The foster family shall fully disclose all business conducted on the premises of the foster family home. Commercial activities that adversely affect the welfare of children are prohibited.

The foster family home must be in compliance with Indiana Administrative Code regarding the physical facilities of foster family homes (see 465 IAC 2-1.5-8 through 465 IAC 2-1.5-12).

The foster family home must contain a clean interior, which is free from dangerous or hazardous conditions (such as exposed wiring or chipping paint).

The exterior premises of the foster family home must be clean and free from dangerous or hazardous conditions.

The foster family must have access to a working telephone.

The living area must be safe, comfortable, and accessible.

Areas not commonly used for sleeping shall not be used for a bedroom (see Related Information). These areas include, but are not limited to the following:

1. Living area;
2. Dining area;
3. Hall; and
4. Basement.

All foster family homes must provide:

1. A bed for each foster child (see Related Information for additional information);

Note: The foster family shall have sufficient bedroom space to allow at least 50 usable
square feet for each child. Every bedroom must have two (2) exits.

2. Adequate space for storage space for personal belongings;
3. Eating, recreation, bathroom, and bathing facilities; and

Note: The foster family home must have a functioning bathroom.

4. Adequate healthcare and food.

The foster family home shall have working utilities at all times except for temporary interruptions as may be necessary for repairs or natural disasters.

All household chemicals must be out of the reach of children. These chemicals include but are not limited, to the following:

1. Poisons;
2. Cleaners;
3. Detergents; and
4. Medications.

Foster parents who own or maintain firearms in the foster home will be expected to complete the Foster Parent Safety Agreement Regarding Firearms and Other Weapons (SF 56320). Foster parents must be in compliance with state and local laws with regard to firearms. Firearms, including BB guns and air guns, shall be unloaded, locked, and secured to prevent unauthorized use. Ammunition and projectiles, such as arrows, or other items which can be used to make a weapon operable, shall be locked separately from the weapon.

Foster children shall not be given access to firearms or other weapons unless the Regional Manager (RM) or designee gives written approval and a court order has been obtained. When possible, DCS will also seek the consent of the parent, guardian, or custodian (unless Termination of Parental Rights [TPR] has occurred).

Foster parents shall maintain current documentation verifying that household pets have had vaccinations required by law.

Note: A household pet with a known history of being vicious or infected with any disease transmittable to humans may not be kept by the foster parents.

The foster family home shall have one (1) smoke detector that is within 10 feet of each bedroom door. At least one (1) smoke detector in operating condition shall be on each level of the home. The home must have at least one (1) two and one-half (2 ½) pounds or greater A-B-C type fire extinguisher in operating condition on each floor of the home.

A carbon monoxide detector shall be required in the foster family home unless only electricity is used for cooking and heating the home.

The furnace, stove, heater, and other equipment requiring ventilation must be properly ventilated and operational.

Cooking and refrigeration equipment of the foster family home must be clean and sanitary both inside and outside. The foster family must have access to reliable transportation.
**Note:** The foster parent must provide a valid copy of his/her driver’s license, registration, and automotive insurance, if applicable. Additionally, appropriate car seats must be used, if applicable.

The foster home shall be connected to a public or private water supply. A private water supply shall be tested annually for safety, and the cost of testing will be covered by the foster family.

**Note:** Well water analysis must be completed, if applicable; or bottled water must be used for cooking and drinking.

The foster parents or another responsible person must be physically present at the swimming pool, hot tub, or body of water, to supervise children at all times. All in-ground or above-ground swimming pools or hot tubs accessible to children must be:

1. In compliance with all state and local laws and zoning ordinances;
2. Maintained in a clean and safe condition; and
3. Secured in an appropriate manner to prevent children from entering the area unsupervised.

If the foster family home is a mobile home, the following conditions must be met:

1. There shall be two (2) exits, located at least 20 feet apart. One (1) exit must be within 35 feet of each bedroom door; and
2. The mobile home shall be skirted and securely anchored.

**Code References**

1. 465 IAC 2-1.5 Licensing of Foster Family Homes for Children
2. 465 IAC 2-1.5-8: Physical facilities of the foster family home; general
3. 465 IAC 2-1.5-9: Physical facilities of the foster family home; bedrooms and bathrooms
4. 465 IAC 2-1.5-10: Physical facilities of the foster family home; safety; general
5. 465 IAC 2-1.5-11: Physical facilities of the foster family home; safety; fire and safety hazards
6. 465 IAC 2-1.5-12: Physical facilities of the foster family home; safety; cleanliness and sanitation

**PROCEDURE**

The Family Case Manager (FCM), Regional Foster Care Specialist (RFCS), and/or the LCPA worker will:

1. Conduct a visit to the home of the foster family;
2. Complete the Resource Family Home Physical Environment Checklist (SF53186);
3. Complete the Residential Pool Requirements/Body of Water Safety Plan (SF54609) and/or the Foster Parent Safety Agreement Regarding Firearms and Other Weapons (SF 56320), if applicable;
4. Obtain copies of required documents; and
5. Discuss safe sleep expectations, including crib compliance. See Safe Sleep Practice Guidance #2.
**PRACTICE GUIDANCE**

**Physical Environment Requirements**
Discuss the physical environment requirements with the family, such as having access to a working telephone and transportation.

**Smoking in Resource Homes**
It is important to ensure that children under DCS care and supervision are not exposed to second-hand smoke. Smoking should not occur in the immediate living area of the foster parent’s home or in the presence of children under DCS care and supervision. Smoking is prohibited in the child’s sleeping area(s). Foster parents must refrain from smoking in vehicles while transporting children in DCS care and supervision.

Foster parents must not purchase tobacco products for any child under DCS care and supervision, as it is illegal for children under 18 to have cigarettes. If a foster parent discovers a child under the age of 18 who is under DCS care and supervision is in possession of tobacco products, they should take control of the tobacco product and contact the child’s FCM.

**Safe Sleep**
FCMs will talk to parents, guardians, and caregivers about safe sleep for infants and will document the discussion in MaGIK. Refer to the below information for safe sleep guidelines:

1. Always place babies alone, on their backs, and in a crib (the ABCs) to sleep. The back sleep position is the safest. Keep other caregivers informed of these safe sleep guidelines.
2. In 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (i.e., cribs that allow for the sides to be lowered and raised). These types of cribs are not permitted for children under DCS care and supervision. See the following link for a picture of the new crib: [http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/](http://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/);
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on couches, car seats, swings, pillows, bean bags, quilts, sheepskins, or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of the baby’s sleep area. Do not use pillows, blankets, quilts, or pillow-like crib bumpers in the sleep area. A sleep sack is appropriate to keep the baby warm;
5. Keep baby’s sleep area close to, but separate from, where caregivers and others sleep. Babies should not sleep on any surface with adults or other children. They may sleep in the same room as the caregiver;
6. Consider using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult;
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. Also, change the direction that the baby lies in the crib and avoid excessive time in car seats, carriers, bouncers, and swings. These items should be placed/used on appropriate surfaces and should not be utilized in place of a crib; and

---

1 Riley Children’s Health: [https://www.rileychildrens.org/health-info/sleep-safety](https://www.rileychildrens.org/health-info/sleep-safety)
9. There should be no smoking around the baby as babies who are around cigarette smoke have a higher risk of sleep-related deaths.²

Additional information regarding safe sleep is available on the following websites:
1. The American Academy of Pediatrics;
2. Healthy Children.org;
3. The National Institute of Health;
4. Riley Children’s Health; and
5. The DCS Website.

**FORMS AND TOOLS**

1. Resource Family Home Physical Environment Checklist (SF 53186)
2. Residential Pool Requirements/Body of Water Safety Plan (SF 54609)
3. Foster Parent Safety Agreement Regarding Firearms and Other Weapons (SF 56320)

**RELATED INFORMATION**

**A-B-C Extinguisher**
The A-B-C extinguisher is a multi-purpose fire extinguisher that can be used on two or more types of fires. Class A extinguishers put out fires in ordinary combustible materials such as cloth, wood, rubber, paper, and many plastics. Class B extinguishers are used on fires involving flammable liquids, such as grease, gasoline, oil, and oil-based paints. Class C extinguishers are suitable for use on fires involving appliances, tools, or other equipment that is electrically energized or plugged in. For more information, please visit the U.S. Fire Administration.

**Foster Care Liability Insurance**
Foster Care Liability Insurance is protection and coverage provided to foster parents upon request; the insurance covers certain risks associated with caring for children under DCS care and supervision. DCS will seek to auto-enroll foster parents into the policy coverage when an initial placement occurs into a foster home. When this occurs, foster parents should receive a letter from DCS confirming their enrollment. However, any licensed foster parent is eligible to enroll in the policy at any time by contacting DCSInsurance@dcs.in.gov. 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.

**Requirement of 465 IAC 2-1.5-9 Physical Facilities of the Foster Family Home; Bedrooms and Bathrooms**
As stated in 465 IAC 2-1.5-9: Physical facilities of the foster family home; bedrooms and bathrooms, the requirements for bedrooms and bathrooms for foster family homes are as follows:
Sec. 9

- Bedrooms shall have adequate ventilation for the health, safety, and welfare of the child.
- Bedrooms shall be clearly identified as bedrooms. Living, dining, and other areas not commonly used for sleeping shall not be used for a bedroom. A bedroom located in a basement cannot be utilized for a child unless a waiver is granted by the department (Central Office Licensing Unit). The waiver must be specific to a particular child and

² Riley Children’s Health: https://www.rileychildrens.org/health-info/sleep-safety
cannot be a blanket waiver. Factors to consider in granting a waiver include, but are not limited to, the following:

1. Whether the bedroom is in an area of the basement that is finished,
2. Whether the bedroom has two (2) easily accessible forms of egress to the outside, and
3. The age (in terms of years and development) of the child that will be utilizing the bedroom.

c. Children six (6) years of age and older, who share a room, shall be of the same sex. Children over twelve (12) months of age shall not share a bedroom with adults, except in the case of illness or developmental disabilities requiring close supervision and only with the approval of the department (Central Office Licensing Unit). In no event shall a child ever sleep in the same bed as an adult.

d. Each child shall be provided an individual bed and mattress that is:
   1. Off the floor; and
   2. Of a size to accommodate the child.

e. A crib that meets current safety standards consistent with federal safety regulations shall be used for a child under two (2) years of age:

f. Appropriate bed linens shall be provided for the comfort of the child, taking into consideration the age of the child. Water resistant bed pads shall be provided for enuretic children. Bed linens should be changed as often as required for cleanliness and sanitation.

g. A convertible sofa or other bedding of a temporary nature shall not be used except for temporary care and only upon approval of the department (the FCM will provide written approval).

h. The foster family home shall have sufficient bedroom space to allow at least fifty (50) usable square feet for each child.

i. There shall be either closet or wardrobe in addition to drawer space provided for each child's possessions.

j. Sanitary bathroom facilities that provide privacy shall be available. Water provided for bathing shall be kept at a comfortable temperature.
Overview of the Family's Preparation
1. How did the family learn about adoption or resource parenting?
2. How long has the family been considering becoming an adoptive or resource parent?
3. What is the reason for adoption or resource parenting?
4. How many children are they interested in adopting or resource parenting?
5. What characteristics (e.g., age, race, sex, handicap) is the family expecting in a child?
6. Has the family received Foster, Adoptive, and Kinship Training pre-service training and when?

Current Family Structure, Family Network Diagram, Description of the current family:
Ecomap portion of the 5.B Tool- Family Network Diagram Instruction Guide
1. Who currently resides in the household?
2. Who helps out with the children?
3. Who visits regularly?
4. Who stays over?
5. To whom do they go for advice?
6. Describe the family's formal and informal support system.
7. For single persons, is there a special person in the single person's life?
8. Describe the relationship prospective resource parents have with their parents?
9. What supportive resources does the family currently have?
10. Anticipate issues affecting the family's Ecomap after the adoption or foster placement of a child, such as resources needing to be developed or changes in relationships with larger systems.

The Genogram portion of the 5.B Tool- Family Network Diagram Instruction Guide:
1. Who raised the prospective resource parents?
2. Describe any recent losses (death, moves, divorces, fights, estrangements, etc.) within the extended family, non-blood kin, or friendship network?
3. Present a brief biographical sketch of each parent, including date of birth, race, where born, who raised each, and present occupation.
4. Marital history of each parent, where they met, how long married.

Current Relationship
1. How does each partner describe the strengths of their relationship?
2. How does the couple describe the challenges in their relationship?
3. Describe how the couple plans to work together with discipline issues (or does currently if they have children).
4. How do members of the adoptive or resource family see their family's history and life experience leading to their decision to adopt or foster a child with special needs?
5. What is the extended family's history and experience with adoption or fostering?
6. Describe the extended family's attitude toward the family’s decision to be resource parents.
Parenting Style and Strengths
1. How were the potential resource parents parented as children?
2. What experience has this family had with parenting?
3. What discipline methods were used with them and what discipline methods have they used?
4. Describe the couple’s understanding of child development.

If children are presently in the household:
1. How do the parents describe each child, including the child's adjustment and needs?
2. How comfortable is the family with the agency's policy on discipline?
3. Describe the parents' expectations of each child?
4. Are there particular stresses and strains with each child, and how are they handled?
5. Are children included in decision-making?
6. How does the family deal with or control anger, rage, possessiveness, or withdrawal in parent and child interactions?
7. How are anger, affection, joy, sadness, and other feelings expressed?
8. What are the family's expectations of adoption; of the adoptive child; of fostering; of the foster child; of siblings; and of themselves as adoptive parents?

Home Environment - Community
1. Describe the home, neighborhood, and community.
2. Can the home adapt to the needs of any child or a child with physical limitations?

Financial Profile
1. For an adoption summary, attach the financial profile to the summary.
2. For a resource family summary, the financial profile can be attached or the information can be included in the narrative in a financial subsection.
3. Does the family have enough income to meet their ongoing expenses?
4. Has all income and expenses been verified?

Parental Understanding of Child's History
1. Visualize a specific child in the Family's Network Diagram and genogram.
2. Discuss the family's preparedness to deal with the child's previous history.
3. Consider physical abuse, sexual abuse, and neglect.
4. Address attitudes toward openness in adoption.
5. Address helping a child to adjust emotionally to the stress of separation and placement.
6. Discuss the family's ability to help a child maintain cultural and ethnic identity.
7. Address the family's readiness to maintain contact with the child's birth parents.

Child Specific Assessment
1. What are the needs and strengths in this proposed placement?
2. What child-specific preparation occurred?
3. What training needs have been identified? Include scores for the Casey Foster Applicant Inventory (CFAI) or Completing the Casey Home Assessment Protocol (CHAP), if available.
4. What are the factors that indicate success for this family with this child?
5. Can the family realistically project how their decision to adopt or foster this specific child will impact the family one year, three years, five years, ten years from now? Is the family open to seeking help in these areas?
6. Are there specific child safety risk factors?
7. What risk management techniques have been put into place to minimize these risks?
8. Describe the parent’s expectations regarding the child’s behavior.

Verifications
Complete the Requirements Checklist for foster care. For adoption summaries, address the information received from the following as required by the state adoption code and agency policies:
1. References
2. Medical report
3. Limited criminal history information

Family's Understanding of Agency Role
1. Describe the family’s understanding of their role and responsibilities as resource parents?
2. Describe the family’s understanding of the agency's role?
3. What is the family’s expectation of supportive services?
4. Describe the couple’s availability of time in their life to parent a foster child.
5. Describe the couple’s readiness to seek appropriate help and support from the agency?
6. Describe the couple’s readiness to inform the family case manager of critical challenges and concerns?

General and Summary Assessment
1. What are your impressions of this family?
2. Describe the family's strengths and needs?
3. How were they addressed?
4. What plans have the family developed to minimize safety risks for a child?
5. What are the family's potential areas of vulnerability?
6. What are the necessary supports and supervision?
7. Comments and signatures of resource parent.
8. Comments and recommendation of agency completing the assessment.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 13: Licensed Residential Agencies and Child Placing Agency

Effective Date: July 1, 2019

Section 1: Conducting Background Checks for Licensed Residential Agencies and Child Placing Agency

Version: 5

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires background checks for the purpose of residential and child placing agency licensing (referred to collectively as “DCS-licensed agencies”) on all persons who are a(n):

1. Employee, volunteer, contractor, and/or intern in DCS-licensed agencies;
2. Manager of a DCS-licensed agency; or
3. Licensing applicant of a DCS-licensed agency

The following background checks will be conducted on DCS-licensed agencies:

1. Fingerprint-Based National Criminal History Check (Fingerprint-Based Check);
2. Child Protective Services History Check (CPS History Check);
3. National Sex Offender Registry Check; and
4. Local Criminal Court Records Check.

The type of background check conducted will vary based on the age of the subject of the check.

Fingerprint-Based Checks conducted for a specific DCS-licensed agency and purpose may not be used for the same purpose at a different DCS-licensed agency or a different purpose at the same agency unless approved by DCS.

Initial and Relicensure of a DCS-licensed Agency

Background checks will 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. National Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years, and
   d. Local Criminal Court Records Checks in every criminal court jurisdiction the subject of the check has lived in the last five (5) years.

2. For all persons age 14 to 17 years, the background check will consist of the following:
   a. CPS History Check in every state the subject of the check has lived in the last five (5) years, and
   b. National Sex Offender Registry Check in every state the subject of the check has resided during the past five (5) years for all possible aliases.
**New Hires**
Once a DCS-licensed agency has an active license, all background checks must be completed and passed for all new employees, volunteers, contractors, and/or interns.

The DCS-licensed agency will have to complete another background check on employees/volunteers/contractors/interns if the agency license is being renewed and more than one (1) year has passed since they were printed.

**Exceptions to Fingerprinting**
The only exception to fingerprinting a subject of the check is if he or she has a physical disability that makes it impossible to obtain the subject’s fingerprint. The exception does not apply to subjects of the checks who can 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:

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

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

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

If the exception is granted, a nonfingerprint-based check is required in every state the subject of the check has lived in the last five (5) years. For Indiana, the required check is the Indiana Limited Criminal History (LCH) Check. A new fingerprint exception must be requested and granted each time fingerprinting is required (see Practice Guidance).

**Annual Reviews**
DCS recommends that all DCS-licensed agency employees/volunteers, contractor, and/or interns that are required to have background checks at hiring, licensure, and relicensure have the following annual checks completed:

1. CPS History Check;
2. National Sex Offender Registry Check; and
3. Local Criminal Court Records Check (age 18 and older).

DCS will maintain 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 31-27-3-3**: Apply for licenses; criminal history checks
2. **IC 31-27-3-5**: Grounds for denial of license applications; waiver
3. **IC 31-27-5-4**: Apply for licenses; criminal history checks
4. **IC 31-27-5-6**: Grounds for denial of license applications; waiver
5. **IC 31-27-6-2**: Apply for licenses; criminal history checks
6. **IC 31-27-6-3**: Grounds for denial of applications; waiver
7. **IC 31-9-2-22.5**: Conduct a criminal history check
PROCEDURE

DCS residential licensing staff will ensure that the licensing applicant for the DCS-licensed agency completes all steps of the background check process on him/herself and attaches these results to the application for licensure or relicensure when submitting for approval to the DCS Central Office Residential Licensing Unit.

DCS residential licensing staff will check for compliance with the following steps:

The DCS-licensed agency will complete the following background checks for all required personnel:

1. Verify the identity of each subject of the check, regardless of age (see separate policy, 2.9 Verifying Identity), by reviewing one (1) available and valid, government-issued identification document such as, but not limited to a:
   a. Driver’s license,
   b. Photo identification card,
   c. Passport,
   d. Social Security card, or
   e. Birth certificate.

2. Have the subject of the check complete the Application for Criminal History Background Check (SF 53259) using their legal name as it appears on a current government issued picture ID.
   a. The subject of the check must sign and date the form, and
   b. Place the original in the subject’s personnel file after the completion of the background check process.

3. Register the person age 18 and older for the Fingerprint-Based Check, unless requesting an Exception to Fingerprinting, which consists of:
   a. Completing the registration process for 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 fingerprints if the agency is unable to complete the registration themselves (see registering for fingerprinting below),
   c. Informing the subject of the check to use the same government issued identification used during registration 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 e-mail to the agency contact person handling all background check material and inform them of the Fingerprint-Based Check status.
      i. If fingerprints are rejected, follow the instructions on the Reprint Notice. A ‘reprint’ appointment must be scheduled. Do not start a new registration or there will be a duplicate charge for the cost of printing. Provide the subject of the check a copy of the notice if they will be scheduling their ‘reprint’ appointments themselves, and
      ii. For all other results see separate policy, 13.2 Evaluation of Background Checks for Licensed Residential Agencies and Child Placing Agency.
4. Conduct a National Sex Offender Registry Check for all persons and print off the results via the Dru Sjodin National Sex Offender Public website at [http://www.nsopw.gov](http://www.nsopw.gov). If a match is found, refer to separate policy, 13.2 Evaluation of Background Checks for Licensed Residential Agencies and Child Placing Agency.

**Note:** If 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.

5. Conduct a CPS History Check for all persons:
   a. For Indiana:
      i. Initiate the necessary search utilizing the CPI/CPS electronic portal submission;
      ii. The agency will complete Section A of the Indiana [Request for Child Protection Service (CPS) History Check (SF 52802)](http://www.cwicenter.org/ChildProtective/AdamWalsh.pdf); or
      iii. The subject of the check, or representative if a minor, will complete Section B.

      **Note:** DCS-licensed agencies are unable to access the necessary information to complete this check and will need to send a copy of the Indiana [Request for a Child Protection Service (CPS) History Check (SF 52802)](http://www.cwicenter.org/ChildProtective/AdamWalsh.pdf) to the DCS local office.

   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.cwicenter.org/ChildProtective/AdamWalsh.pdf](http://www.cwicenter.org/ChildProtective/AdamWalsh.pdf), and

   c. Refer to separate policy, 13.2 Evaluation of Background Checks for Licensed Residential Agencies and Child Placing Agency for further required action if the subject of the check has CPS history in any state.

   **Note:** DCS-licensed agencies are unable to access this information and will need to:
      i. Send a copy of the Indiana [Request for a Child Protection Services (CPS) History Check (SF 52802)](http://www.cwicenter.org/ChildProtective/AdamWalsh.pdf) to the DCS local office for completion; or
      ii. Submit requests to COBCU using the KidTraks Vendor Portal, by signing in to the case management system.

6. Conduct a Local Criminal Court Records Check for all persons age 18 and older who work, volunteer, or are contracted by a DCS-licensed agency by completing a court record search, including all aliases, within each county court, as well as applicable city courts, in which the subject resided in the past five (5) years. For further instructions about completing Local Criminal Court Records Checks, see the [Local Law Enforcement Agency Instructions](http://www.cwicenter.org/ChildProtective/AdamWalsh.pdf).

## PRACTICE GUIDANCE

### Notifying DCS of Arrest, Convictions or Substantiation of Abuse or Neglect

DCS requires the applicant and/or his or her agency’s Human Resources Department or designee to notify the assigned Central Office Residential Licensing Unit Consultant within 24 hours of the arrest, conviction, or substantiation of abuse or neglect of the applicant or any employee/volunteer/contractor/intern in the agency. The Central Office Residential Licensing Unit Consultant should 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 agency’s Human Resources Department or designee 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 agency or agency name, Human Resources personnel’s or designee’s name, that person’s phone number and the correct reason for printing, and will also include the agency’s billing code for those agencies having an escrow account and who choose to pay the expense of printing for the subject.

Exception to Fingerprinting
If an Exception to Fingerprinting request is granted, COBCU will run an Indiana LCH. The agency will provide the checks for all other states the subject of the check has resided in during the past five (5) years to the COBCU. The COBCU will provide a letter via e-mail to the agency or agency contact person handling all background check material and inform them of the clearance state resulting from the search.

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.
5. A chiropractor licensed under IC 25-10.

FORMS AND TOOLS
1. Application for Criminal History Background Check (SF 53259)
2. Request for a Child Protection Services (CPS) History Check (SF 52802)

RELATED INFORMATION

Special Fingerprinting Issues
If the subject of a check is unable to leave his or her home for fingerprinting, the licensing worker should contact the COBCU for appropriate instruction and approval.

Unreadable Fingerprints and Reprint Notice
Fingerprints may be rejected by Indiana State Police (ISP) or the 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 Check be processed. Once the name based check has been requested, the processing timeframe is longer than a fingerprint-based check.

Inaccurate Criminal Records
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 convictions, this would be made to the ISP.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will evaluate the results of Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) on all required persons for the purpose of licensing Residential Facilities and Child Placing Agencies (referred to collectively as “DCS licensed agencies”). The DCS licensed agency will evaluate the remaining background checks. See separate policy, 13.1 Conducting Background Checks for Licensed Residential Facilities and Child Placing Agency.

Fingerprint-Based Check

The DCS Central Office Background Check Unit (COBCU) will evaluate the results of the Fingerprint-Based Check and notify the assigned DCS licensed agency contact person of the criminal history clearance status by e-mailing 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 the required verification of charges, including, but not limited to court orders showing disposition and level of conviction, a court order showing dismissal, and/or arrest reports. Upon receipt of all necessary verifications, the COBCU will re-evaluate the status and issue an amended Fingerprint-Based Check Status Letter to the assigned DCS licensed agency contact person by e-mail.

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

1. Any misdemeanor that may relate 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 30 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 Protective Services (CPS) History Check

The DCS licensed agency will review the completed CPS History Check results from Indiana and all other states of residency within the past five (5) years (if applicable), and the DCS licensed agency will determine if there are reports of any substantiations of child abuse and/or neglect (CA/N) for the subject of the check. If there is a substantiated CPS history in Indiana or the equivalent in another state, the filing and approval by COBCU of a CPS waiver is required for consideration of, or continued, employment, volunteering, or contracting (see “Waivers” section).

National Sex Offender Registry Check

The DCS licensed agency will evaluate the National Sex Offender Registry Checks to determine if there are any matches. If there is a match, the subject of the check cannot be employed, volunteer, or contract for the facility, and the DCS licensed agency will notify the COBCU immediately. The COBCU will re-evaluate the Fingerprint-Based Check report and reissue an amended Fingerprint-Based Check Status Letter, if applicable.

Local Criminal Court Records Check

The DCS licensed agency will evaluate the results of the Local Criminal Court Records Check. See Policy 13.1 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agency for more information regarding who should complete the Local Criminal Court Records Checks. If this name-based court record check returns convictions for a felony, total of four (4) or more misdemeanors, or a misdemeanor that may relate to the health and safety of a child, the DCS licensed agency shall contact COBCU for additional guidance if the fingerprint based status letter was qualified.

Waivers

Upon receipt of the positive written recommendation of support for employment, volunteering, or contracting from the DCS licensed agency Executive Director or HR Director, 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, or is pending conviction, of any of the felonies listed below (as defined by Indiana Criminal Code):

1. Murder;
2. Causing suicide;
3. Assisting suicide;
4. Voluntary manslaughter;
5. Involuntary manslaughter;
6. Reckless homicide;
7. Feticide;
8. Battery within the past five (5) years;
9. Domestic battery;
10. Aggravated battery;
11. Criminal recklessness within the past five (5) years;
12. Strangulation;
13. Kidnapping;
14. Criminal confinement within the past five (5) years;
15. Human and sexual trafficking;
16. A felony sex offense under (IC 35-42-4);
17. Arson within the past five (5) years;
18. Incest;
19. Neglect of a dependent;
20. Child selling;
21. [NEW] Reckless supervision;
22. [NEW] Nonsupport of a dependent child within the past five (5) years;
23. [NEW] Operating a motorboat while intoxicated within the past five (5) years;
24. A felony involving a weapon under (IC 35-47) within the past five (5) years;
25. A felony relating to controlled substances under (IC 35-48-4) within the past five (5) years;
26. An offense relating to material or a performance that is harmful to minors or obscene under (IC 35-49-3);
27. A felony under IC 9-30-5 (driving while intoxicated) within the past five (5) years;
28. [NEW] A felony related to the health or safety of a child (as defined in IC 31-9-2-13(h)) or an endangered adult (as defined in IC 12-10-3-2);
29. [NEW] Attempt (IC 35-41-5-1) to commit a felony listed in subdivisions one (1) through 28. If a conviction for a felony is nonwaivable for a stated duration under subdivisions one (1) through 28, a conviction for an attempt to commit the felony is nonwaivable for the same duration under this subdivision; and
30. [REVISED] A felony that is substantially equivalent to a felony described in subdivisions one (1) - 29 for which the conviction was entered in another jurisdiction. If a conviction for a felony is nonwaivable for a stated duration under subdivisions one (1) through 29, a conviction for a substantially equivalent felony in another jurisdiction is nonwaivable for the same duration under this subdivision.

[REVISED] The DCS licensed agency will immediately ensure the subject of the check will not be employed, volunteer, or contract with the agency if the criminal or waiver process subsequently reveals:
1. Disqualified criminal history that is not eligible to be waived;
2. Disqualified criminal history or substantiated CPS history in which a waiver action is not supported or pursued by the DCS licensed agency; or
3. Disqualifying criminal history or substantiated CPS history in which a waiver is not granted by DCS.

The decision of the Background Check Waiver Committee regarding criminal and/or CPS waiver is not subject to appeal. However, if the subject's situation were to change and/or additional information is obtained, a new waiver packet may be resubmitted for re-evaluation by COBCU. A new evaluation will then be completed, and a subsequent official decision will be issued.

Code References:
1. IC 31-27-3-3: Applying for a Child Caring Institution License
2. IC 31-27-3-5: Grounds for denial of license applications; waiver
3. IC 31-27-5-4: Apply for licenses; criminal history checks
4. IC 31-27-5-6: Grounds for denial of license applications; waiver
5. IC 31-27-6-2: Apply for licenses; criminal history checks
6. IC 31-27-6-3: Grounds for denial of license applications; waiver
7. [NEW] IC 31-9-2-84.8: Nonwaivable offense

PROCEDURE

DCS Residential Licensing staff will ensure that the DCS licensed agency completes the following:
1. Review the results letter received from COBCU for a Fingerprint-Based Check;
a. Provide a copy of the Fingerprint-Based Check Status Letter to the subject of the check,
b. [REVISED] Instruct the subject of the check to contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter and provide the required documentation to that COBCU Consultant within 10 business days of the date of the fingerprint-based status results letter when the fingerprint-based status returns as conditionally disqualified. Upon receipt of the required information, the COBCU Consultant will reevaluate and issue an amended fingerprint status letter reflecting Qualified or Disqualified. If the subject of the check is conditionally disqualified, they may not be hired, volunteer, or contract with the DCS licensed agency. If already employed, volunteering, or contracting, the subject of the check must have the conditionally disqualified status resolved within 10 business days. If resolved satisfactorily, the DCS licensed agency will receive an amended fingerprint-based status letter from COBCU of Qualified before the end of the 10th business day. If the DCS licensed agency does not receive an amended qualified status before the end of the 10th business day, the subject of the check shall be removed from the schedule immediately, or the DCS licensed agency will ensure the subject of the check will not be employed, volunteer, or contract with the agency. Upon reevaluation, refer to “c” below if the status is disqualified, and/or
c. [REVISED] Instruct the subject of the check to contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter in order to determine whether he or she is eligible to apply for a waiver when the fingerprint-based status returns as disqualified and the DCS licensed agency is in support of pursuing a criminal history waiver for the subject of the check. If eligible and the DCS licensed agency supports the waiver, the DCS licensed agency and the subject of the check shall work together to submit a complete waiver packet to COBCU as quickly as possible (see Practice Guidance regarding applying for a waiver). If the subject of the check is disqualified they may not be hired, volunteer, or contract with the DCS licensed agency unless the necessary waiver(s) have been granted. If already employed, volunteering, or contracting, the DCS licensed agency will immediately remove the subject from the work schedule, unless the necessary waiver(s) have been granted.

2. Review the results of the CPS History Check:
   a. The DCS licensed agency will give the subject of the check a copy of the completed Indiana Request for a Child Protection Services (CPS) History Check (SF 52802) form showing substantiated history if a substantiated CPS history is discovered from Indiana (see separate policy, 2.6 Sharing of Confidential Information), and
   b. [REVISED] The DCS licensed agency and the subject of the check will work together to submit a complete waiver packet to COBCU as quickly as possible when CPS substantiation is discovered and the DCS licensed agency is in support of pursuing the CPS history waiver. A request for a CPS waiver should be filed and processed at initial agency licensing, agency relicensure, hiring, or discovery of any additional CPS substantiations, which have not previously been granted a CPS waiver if discovered between these points (see Practice Guidance regarding applying for a waiver). The request for the waiver must be granted by COBCU for the employee, volunteer, or contractor to be hired, volunteer, or contract in the DCS licensed agency. If the subject of the check is already hired, volunteering, or contracting, the DCS licensed agency will immediately remove the subject from the work schedule, unless the necessary waiver(s) has been granted.
3. **[REVISED]** Review the results of the National Sex Offender Registry Check for a match to the subject of the check. Each name or combination of names the subject has used in his or her lifetime must be searched individually. Upon obtaining the results of a name search, the results should be printed. The screen shot must be printed, signed, and dated by the reviewing worker. For those results without matches, the reviewing worker at the DCS licensed agency will also write “NO MATCH” on the printed page that has his or her signature and date the result was reviewed. If there is a match for the subject of the check, do not hire or allow the subject to volunteer or contract with the facility. If already employed, volunteering, or contracting, then the subject of the check must be dismissed;

4. **[REVISED]** Review the results of the Local Criminal Court Records Checks by completing a court record search, including all aliases, within each county court, as well as applicable city courts, in which the subject resided in the past five (5) years. For further instructions regarding completing the Local Criminal Court Records Checks, see the Local Law Enforcement Agency (LEA) Instructions;

5. **[REVISED]** Contact the COBCU Consultant listed on the fingerprint based status letter within five (5) days if the Local Criminal Court Record Check returns convictions of a felony, four (4) or more misdemeanors, or a misdemeanor related to the health and safety of a child and the fingerprint based letter was qualified. The COBCU Consultant will re-evaluate the fingerprint based status and, if necessary, issue a new amended status letter. If at any time the DCS licensed agency believes the Local Criminal Court Records Check report may alter the Fingerprint-Based Check Status, the DCS licensed agency will contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter for further action;

6. Request a waiver of a disqualified criminal history and/or substantiated CPS history by submitting the required information to the COBCU (see Practice Guidance for a list of the required information); and

7. **[REVISED]** Place a copy of the results for all background checks and any waiver letters in the employee’s, volunteer’s, or contractor’s personnel file.

**[REVISED] Note:** A criminal history or CPS waiver granted for the purpose of employment, volunteering, or contracting in a DCS licensed agency may not be used for any additional purpose. A new waiver request must be submitted and granted for each additional purpose.

The DCS COBCU will:

1. Evaluate the criminal history report within five (5) business days of receipt of the Fingerprint-Based Check and notify, by e-mail, the DCS licensed agency’s assigned contact person regarding the Fingerprint-Based Check status;

2. Provide guidance regarding conditionally disqualified or disqualified applicants and DCS licensed agency staff personnel;

3. Re-evaluate history based on the documentation received from the subject and issue a new Fingerprint-Based Check Status Letter when applicable; and

**Note:** For waivers of disqualified criminal history and substantiated CPS history:

a. Upon receipt of the complete waiver request packet from the subject of the check and the DCS licensed agency’s Executive Director or HR director, the COBCU Consultant will summarize, make a recommendation, and submit the request to the Central Office Background Check Team manager or designee within three (3) business days,
b. The Central Office Background Check Team manager or designee will submit the recommendation to the Background Check Waiver Committee for a joint decision within two (2) business days, and
c. Notify, by e-mail, the DCS licensed agency’s assigned contact person of the waiver decision. A decision will be returned in approximately 10 business days after submission to the Background Check Waiver Committee members and the status will be either “waiver granted” or “waiver not granted” (see Related Information).

At times, additional information will be requested and this will delay the issuance of the final “Waiver granted” or “Waiver not granted” status. Additional information may be needed to submit a complete waiver or after the waiver is submitted and questions have been asked by the Background Check Waiver Committee members. Failure to submit the requested information by the stated deadline may result in the waiver denial due to failure to cooperate.

4. Collect all necessary verifications and requests as required for a request for a Medical Exception to Fingerprint and submit to Indiana State Police (ISP) for approval. Upon approval from ISP, generate the Indiana Limited Criminal History (LCH) check and issue a Medical Exception Fingerprint Granted status letter to the DCS licensed agency’s contact person by e-mail if the subject is found to be eligible (see separate policy, 13.1 Conducting Background Checks for Licensed Residential Facilities and Child).

---

**PRACTICE GUIDANCE**

[REVISED] The information below is to be submitted to COBCU in one (1) packet by the DCS licensed agency. The following items are required to be submitted in the waiver packet for the purpose of applications for a license; facility manager; or an employment, volunteerism, contractor, and/or internship with a DCS licensed agency:

1. **[REVISED] Proof of Previous Waiver**
   Provide the official notice previously issued to the subject by COBCU granting the criminal and/or CPS waiver for the purpose of hiring employees, volunteers, contractors, and/or interns at DCS licensed agencies, if applicable, at relicensure. The waiver cannot be processed unless this is included in the waiver packet.

2. **[REVISED] Letter from the Subject**
   A signed letter from the subject of the check requesting a criminal and/or CPS waiver for the purpose of becoming an employee, volunteer, or contractor at a DCS licensed agency. The letter should explain in detail the situation involving each arrest and CA/N investigation. The letter should include, but is not limited to, the following:
   a. Provide the date, location, and charge of each arrest during the subject’s lifetime.
      i. Indicate which of the arrests resulted in any type of conviction,
      ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
      iii. For each conviction indicate the sentence given, time served, time on probation/parole as well as other court ordered fines, therapy, and other obligations that were court ordered,
      iv. Indicate if the subject is currently on probation/parole or the date probation/parole was officially ended on each conviction, and
      v. Provide any information regarding self-referred services related to this conviction or arrest.
b. Provide the date of each CPS report and assessment involving the subject during his or her lifetime.
   i. Indicate if the investigation resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
   ii. Include the final findings (physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
   iii. Indicate whether the child was removed from the subject’s home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time out-of-home and indicate whether the child has returned to the subject’s home, and
   iv. Identify the services the subject participated in and indicate whether these were court ordered services. Also, identify what the subject learned through the services and how the subject’s behavior changed as a result of the services.

c. Provide evidence of the person’s rehabilitation, including the person’s cooperation with a treatment plan.
   i. Include and explain past and ongoing treatment if mental illness and/or substance abuse is/was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation, and
   ii. Explain the subject’s ability and long-term plan to provide for the child’s safety and well-being in an environment that will allow the child to thrive.

d. The subject requesting the waiver may also include any additional reference letters or documentation that would support any rehabilitation that has occurred in his or her lifetime.

3. **Letter from the DCS Licensed Agency**
   Provide a written recommendation from the DCS licensed agency’s Executive Director or HR director in regard to the subject’s criminal and/or CPS waiver request. The letter must be signed by the Executive Director or HR director and submitted on the DCS licensed agency’s letterhead or sent by e-mail from his or her business e-mail address. The letter should include the Executive Director’s or HR director’s observations of the subject of the check, as well as, the reasons he or she does or does not support the waiver request. The DCS licensed agency shall include a description of the subject’s anticipated job duties if hired or for continued employment or a formal job description.

4. **[REVISED] CPS History Check**
   A CPS history check must be completed and submitted for all states in which the subject of the check has resided in the previous five (5) years.
   a. For dates of residency in Indiana, the current version of Indiana Request for a Child Protection Services (CPS) History Check (SF 52802) must be completed in accordance with the published instructions. If any portion of the form is missing information or incorrectly completed, it is not acceptable and will be returned for correction.
   b. For dates of residency outside of Indiana, the DCS licensed agency must obtain and submit the appropriate documentation for confirmation of CPS checks in that specific state.
   c. If there is a substantiation in Indiana, a copy of the approved Assessment of Alleged Child Abuse or Neglect (SF 113) for all assessments must be submitted with the CPS waiver request. A screen print from the Management Gateway for Indiana’s Kids (MaGiK) is not an acceptable substitution for the completion of the appropriate form or copy of the approved Assessment of Alleged Child Abuse or Neglect (SF
This may mean locating the hard copy case file and including supporting documentation from the hard copy file with the waiver submission.

d. If substantiation of CA/N is found in another state, the approved assessment (the narrative similar to the Assessment of Alleged Child Abuse or Neglect (SF 113) in Indiana) must be obtained from that other state and submitted with the CPS waiver request.

5. **Screen Print of National Sex Offender Registry Check**
The National Sex Offender Registry Check is required for any subject 14 years or older. All sex offender searches must be completed on the Dru Sjodin National Sex Offender Public website at [http://www.nsopw.gov/Core/Portal.aspx](http://www.nsopw.gov/Core/Portal.aspx). Any other website search is unacceptable and is duplicating the worker’s efforts, because the other search sites are all linked to this national site.

   a. Each name or combination of names the subject has used in his or her lifetime must be searched individually.

   b. Upon obtaining the results of a name search, the results should be printed. The screen shot must be printed, signed, and dated by the assigned worker. For those results without matches, the assigned worker at the DCS licensed agency will also write “NO MATCH” on the printed page that has his or her signature and date the result was reviewed.

6. **[REVISED] Local Criminal Court Records Results**
A Local Criminal Court Records Check is required for all persons age 18 and older. For further instructions about completing Local Criminal Court Records Checks, see the Local Law Enforcement Agency (LEA) Instructions.

7. **[REVISED] Local Name Based Arrest Record Checks**
The Local Name Based Arrest Records Check is a name-based arrest record check with the police or sheriff department. A copy of the written results must be obtained from each of the local LEAs that have jurisdiction to respond to an emergency 911 call at the subject’s current home address, as well as, all other home addresses in which the subject has resided in the past five (5) years. These searches should be completed for every name or combination of names used by the subject for each LEA. Provide court issued dispositions on arrests.

   **[REVISED] Note:** The Local Criminal Court Records Check nor the Local Name Based Arrest Record Check is an ISP Limited Criminal History Check.

8. **[REVISED] Fingerprint-Based Check Status Letter**
If requesting only a CPS waiver, include a copy of the Fingerprint-Based Check Status letter, which was e-mailed to the DCS licensed agency and was completed for the purpose of employment, volunteerism, or contracting and showed the fingerprint-based status of qualified. This applies to subjects 18 years and older.

### FORMS AND TOOLS

1. Indiana Request for a Child Protection Services (CPS) History Check (SF 52802)
2. Assessment of Alleged Child Abuse or Neglect (SF 113)
3. **[NEW]** Local Law Enforcement Agency (LEA) Instructions
RELATED INFORMATION

Background Check Waiver Committee
The Background Check Waiver Committee is made up of the Residential Licensing Program Manager, the DCS Local Office Director (LOD), Regional Manager (RM), and the Central Office Background Check Team Manager or designee. Additional members may be consulted from time to time. The committee’s decision may be made via phone or e-mail.

Factors for the DCS Licensed Agency and Background Check Waiver Committee to Consider when Recommending and/or Approving the Criminal and/or CPS History Waivers
When evaluating background check information, the factors the DCS licensed agency and Background Check Waiver Committee should consider include, but are not limited to:
1. The length of time that has passed since the conviction, juvenile adjudication, or CA/N substantiation;
2. The severity of the offense; and/or
3. Evidence of the person’s rehabilitation.

Disclosing Fingerprint-Based Check Information
Neither the DCS licensed agency nor the subject of the check shall 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 subject of the check may formally challenge the record. A Review Challenge of inaccurate information must be made to the law enforcement agency that posted the record. To refute inaccurate Indiana criminal history records or information, the subject of the check must request a Review Challenge from ISP. The subject of the check must be fingerprinted for the Review Challenge, at his or her own expense. The process of the Review Challenge takes place between ISP and the subject of the check, and DCS is not involved in the process.

Disqualified Fingerprint Status
“Disqualified” fingerprint status means that unless a waiver is granted, the subject of the check is ineligible to be a(n):
1. Applicant for a license;
2. Manager of a DCS licensed agency; or
3. [REVISED] Employee, volunteer, contractor, and/or intern in a DCS licensed agency.

[REVISED] Conditionally Disqualified Fingerprint Status
“Conditionally Disqualified” fingerprint status means that the subject of the check is ineligible to be hired as a new employee, volunteer, or contractor. If an existing employee, volunteer, or contractor, the conditional status must resolved in a timely manner (per this policy), be removed from the work schedule, or have a change of duty assignment 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(n):
1. Applicant for a license;
2. Manager of a DCS licensed agency; or
3. Employee, volunteer, contractor, and/or intern in a DCS licensed agency.

Examples of reported information on a Fingerprint-Based Check Report that will lead to a “Conditional Disqualification” include, but are not limited to:
1. An arrest without a disposition,
2. A conviction without the level of the conviction being a misdemeanor or a felony, or
3. A conviction where additional information on the circumstances of the arrest and conviction are required.

[REVISED] **Qualified Fingerprint Status**

“Qualified” fingerprint status means that the subject of the check is eligible to be an applicant for a license; facility manager; or an employee, volunteer, contractor, and/or intern in a DCS licensed agency, as long as the subject of the check passes all other background checks.

[REVISED] **Existence of CPS substantiated History**

The existence of CPS history of CA/N means that unless a waiver is granted, the subject of the check is ineligible to be a(n):

1. Applicant for a license;
2. Manager of a DCS licensed agency; or
3. Employee, volunteer, contractor, and/or intern in a DCS licensed agency.
STATEMENTS OF PURPOSE
This policy does not apply to contractors of Licensed Residential Agencies or Child Placing Agencies (LCPAs). See separate policy, 13.1 Conducting Background Checks for Licensed Residential Agencies and Child Placing Agency for further information.

The Indiana Department of Child Services (DCS) requires background checks for the purpose of contracts on all employees, volunteers, interns, and subcontractors.

Note: All required checks must be completed prior to the contractor submitting the contract for State signature.

DCS will conduct the following background checks for DCS Contractors, which include:
1. Fingerprint-Based National and State Criminal History Check (Fingerprint-Based Check);
2. Child Protective Services (CPS) History Check;
3. National Sex Offender Registry Check; and
4. Local Criminal Court Records Check.

The type of background check conducted will vary based on the age of the subject of the check and the subject’s performance of services or activities pursuant to the contract.

DCS will maintain 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).

Fingerprint-Based Checks conducted for a specific contractor and purpose may not be used for the same purpose with a different contractor. If a Covered Personnel takes on a new position with the same contractor/subcontractor agency, new background checks will only be required if the position requires additional checks than already completed.

Initial Contract Award
For those with direct contact with children on a regular and continuing basis or any contact when a child is alone or only with the contractor’s staff in connection with performance of any services or activities pursuant to a contract with DCS, a background check will consist of the following for initial award of a DCS contract:
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. National Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years, and
   d. Local Criminal Court Records Check in every criminal court jurisdiction the subject of the check has lived in the last five (5) years.
2. For all persons 14 to 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
   b. National Sex Offender Registry Check in every state the subject of the check has resided during the past five (5) years for all possible aliases.

For those with only electronic or physical access to children’s records, a background check will consist of the following for initial award of a DCS contract:
1. CPS History Check in every state the subject of the check has lived in the last five (5) years, and
2. National Sex Offender Registry Check in every state the subject of the check has resided during the past five (5) years for all possible aliases.

Once a contractor has an effective DCS contract, all background checks must be completed and passed prior to Covered Personnel performing any activities related to the DCS contract. Any Covered Personnel who might serve as a substitute for a covered position, even in emergency circumstances, should undergo the checks required for the covered position.

**Exceptions to Fingerprinting**
The only exception to fingerprinting a subject of the check is if he or she has a physical disability that makes it impossible to obtain the subject of the check’s fingerprint. The exception does not apply to those subjects of the check who can 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:
1. When the individual does not have fingers;
2. When a person trained to take fingerprints has documented that the subject of the check’s disabling condition prevents fingerprinting; or
3. When a qualified medical practitioner has documented the subject of the check’s disabling condition prevents fingerprinting.

To receive an exception, the following must be sent to the DCS COBCU:
1. A letter requesting the exception and explaining the disabling condition; and
2. The required documentation from the person trained to take fingerprints, or qualified medical practitioner or evidence that the individual does not have fingers.

If the exception is granted, a nonfingerprint-based check is required in every state the subject of the check has lived in the last five (5) years. For Indiana, the required Name-Based Check is the Indiana Limited Criminal History (LCH) Check. A new fingerprint exception must be requested and granted each time fingerprinting is required (see Practice Guidance).

**Annual Certification**
DCS requires contractors to collect from all personnel an annual attestation regarding whether they have any history of a CPS substantiation, arrest, or conviction. The contractor shall report this information to DCS annually.

**Four (4) Year Requirement**
The required background checks must be performed every four (4) years, based on the anniversary of the initial checks.
**Code References**

1. IC 10-13-3-27: Release of data to noncriminal justice organization or to individuals; national crime information center data restricted; penalties
2. IC 10-13-3-38.5: Use of fingerprints for employment or license; retention of fingerprints

---

**PROCEDURE**

DCS will check for compliance with the following steps:
The DCS Contractor will complete the following background checks for all Covered Personnel by:

1. Verifying the identity of each subject of the check, regardless of age (see separate policy, 2.9 Verifying Identity).
2. Having the subject of the check complete the Application for Criminal History Background Check (SF 53259):
   a. The subject of the check must sign and date the form, and
   b. Place the original in the subject’s personnel file.
3. Registering the person age 18 and older for the Fingerprint-Based Check, unless requesting an Exception to Fingerprinting, which consists of:
   a. Registering the subject of the check for electronic fingerprinting by the DCS approved fingerprint vendor and provide the subject of the check 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 fingerprints if the contractor is unable to complete the registration themselves [http://intranet.dcs.in.gov/Pages/Resources.aspx](http://intranet.dcs.in.gov/Pages/Resources.aspx),
   c. Informing the subject of the check to use the same government issued identification used during registration for fingerprints; and
   d. Ensuring the subject of the check is successfully fingerprinted.
4. Obtaining and following up on the Fingerprint-Based Check Status letter and informing the subject of the check of their status:
   a. If fingerprints are rejected, follow the instructions on the Reprint Notice. A ‘reprint’ appointment must be scheduled. Provide subject of the check a copy of the notice if they will be scheduling their ‘reprint’ appointments themselves.
   b. For all other results see separate policy, 13.4 Evaluation of Background Checks for DCS Contractors.
5. Conducting a National Sex Offender Registry Check for all persons age 14 years and older and printing the results via the Dru Sjodin National Sex Offender Public website at [http://www.nsopw.gov](http://www.nsopw.gov).
   
   **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 of the check has lived in the last five (5) years.
6. Conducting a CPS History Check for all persons:
   a. For Indiana:
      i. Initiate the necessary search utilizing the Child Protection Index (CPI)/CPS electronic portal submission; or
ii. The DCS Contractor will complete Section A of the Indiana Request for Child Protection Service (CPS) History Check (SF 52802);

iii. The subject of the check, or representative if a minor, will complete Section B of the Indiana Request for Child Protection Service (CPS) History Check (SF 52802); and

iv. Submit the form to DCS local office, who will complete Section C with the results and return to the contractor.

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 administrator to process your search request at; http://www.cwicenter.org/ChildProtective/AdamWalsh.pdf, and

c. Refer to separate policy, 13.4 Evaluation of Background Checks for DCS Contractors for further required action if the person has CPS history in any state.

Note: DCS Contractors are unable to access this information and will need to:

i. Send a copy of the Indiana Request for a Child Protection Services (CPS) History Check (SF 52802) to the DCS local office for completion; or

ii. Submit requests to COBCU using the KidTraks Vendor Portal, by signing in to the case management system.

7. Conducting Local Criminal Court Records Checks by completing a court record search, including all aliases, within each county court, as well as applicable city courts, in which the subject resided in the past five (5) years. For further instructions about completing Local Criminal Court Records Checks, see the Local Law Enforcement Agency Instructions.

PRACTICE GUIDANCE

Notifying DCS of Substantiation of child abuse or neglect or arrest or convictions
The contractor shall immediately notify DCS within 24 hours of any substantiation of child abuse or neglect, arrest, or conviction of Covered Personnel. The DCS Division responsible for the contract will contact COBCU and the severity and seriousness of the offense will be evaluated on a case-by-case basis.

FORMS AND TOOLS

1. Application for Criminal History Background Check (SF 53259)
2. Request for a Child Protection Services (CPS) History Check SF 52802)

RELATED INFORMATION

Unreadable Prints and Reprint Notice
Fingerprints may be rejected by the Indiana State Police (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 Check be processed. Once the Name-Based Check has been requested the processing timeframe is longer than a Fingerprint-Based Check.
Registering for Fingerprints
If the contractor 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 contract provider name, contact person for that contract provider, that person’s phone number and the correct reason for printing, and will also include the contractor’s billing code for those providers having an escrow account and how they choose to pay the expense of printing for the subject.

Exception to Fingerprinting
If an Exception to Fingerprinting request is granted, COBCU will run an Indiana LCH. The contractor will provide the nonfingerprint-based checks for all other states the subject of the check has resided in the past five (5) years to the COBCU. The COBCU will provide a letter via e-mail to the contractor and inform them of the clearance status resulting from the search.

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.
5. A chiropractor licensed under IC 25-10.

Inaccurate Criminal Records
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 convictions, this would be made to the ISP.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 13: Background Checks
Effective Date: July 1, 2019

Section 4: Evaluation of Background Checks for DCS Contractors
Version: 7

STATEMENTS OF PURPOSE
This policy does not apply to contractors of Licensed Residential Agencies or Child Placing Agencies (LCPAs). See separate policy, 13.2 Evaluation of Background Checks for Licensed Residential Agencies and Child Placing Agency for further information.

The Indiana Department of Child Services (DCS) will evaluate the results of Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) on all DCS Contractor Agencies and Subcontractor Agencies (referred to collectively as “DCS Contractor Agencies”). The DCS Contractor Agency will evaluate the remaining background checks. See separate policy 13.3 Conducting Background Checks for DCS Contractors.

Fingerprint-Based Check
The DCS Central Office Background Check Unit (COBCU) will evaluate the results of the Fingerprint-Based Check and notify the assigned contact person at the DCS Contractor Agency by e-mailing 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, a court order showing dismissal, and/or arrest reports. Upon receipt of all necessary verifications, COBCU will re-evaluate the status and issue an amended Fingerprint-Based Check Status Letter to the assigned contact person at the DCS Contractor Agency by e-mail.

The COBCU will disqualify all persons whose criminal history report includes the following convictions or pending convictions, although some may be eligible to file for a waiver (see “Waivers” section below):
1. Any misdemeanor that may relate to the health and/or safety of a child;
2. Any felony;
3. Four (4) or more misdemeanor convictions; or
4. A juvenile adjudication for an act that if committed by an adult would be one (1) of the 30 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 Protective Services (CPS) History Checks
The DCS Contractor Agency will review the completed CPS History Check results for persons from Indiana and all other states of residency within the past five (5) years (if applicable), and the DCS Contractor Agency will determine if there are reports of any substantiations of child abuse and/or neglect (CA/N) for the subject of the check. If there is substantiated CPS history in Indiana or the equivalent in another state, the filing and approval by COBCU of a CPS waiver is required for consideration of, or continued, employment or volunteering (see “Waivers” section).

National Sex Offender Registry Check
The DCS Contractor Agency will evaluate the National Sex Offender Registry Check to determine if there are any matches. If there is a match, the subject of the check cannot be employed or volunteer for the contractor; and the DCS Contractor Agency will notify the COBCU immediately. The COBCU will re-evaluate the Fingerprint-Based Check report and reissue an amended Fingerprint-Based Check Status Letter, if applicable.

Local Criminal Court Records Check
The DCS Contractor Agency will evaluate the results of the Local Criminal Court Records Checks. See Policy 13.3 Conducting Background Checks for DCS Contractors for more information regarding who should complete the Local Criminal Court Records Checks. If this name-based court record check returns convictions for a felony, four (4) or more misdemeanors, or a misdemeanor that may relate to the health and safety of a child, the DCS Contractor Agency or designee shall contact COBCU for additional guidance if the fingerprint based status letter was qualified.

Waivers
Upon receipt of the positive written recommendation of support for employment and/or volunteering from the DCS Contractor Agency Executive Director or Human Resources (HR) Director, COBCU will accept a request for a waiver of disqualified juvenile history or of substantiated CPS history. COBCU will also accept a waiver request for disqualifying criminal history if the subject of the check has not been convicted or is pending conviction of any of the felonies listed below (as defined by Indiana Criminal Code):

1. Murder;
2. Causing suicide;
3. Assisting suicide;
4. Voluntary manslaughter;
5. Involuntary manslaughter;
6. Reckless homicide;
7. Feticide;
8. Battery within the past five (5) years;
9. Domestic battery;
10. Aggravated battery;
11. Criminal recklessness within the past five (5) years;
12. Strangulation;
13. Kidnapping;
14. Criminal confinement within the past five (5) years;
15. Human and sexual trafficking;
16. A felony sex offense under (IC 35-42-4);
17. Arson within the past five (5) years;
18. Incest;
19. Neglect of a dependent;
20. Child selling;
21. Reckless supervision;
22. Nonsupport of a dependent child within the past five (5) years;
23. Operating a motorboat while intoxicated within the past five (5) years;
24. A felony involving a weapon under (IC 35-47)) within the past five (5) years;
25. A felony relating to controlled substances under (IC 35-48-4) within the past five (5) years;
26. An offense relating to material or a performance that is harmful to minors or obscene under (IC 35-49-3);
27. A felony under IC 9-30-5 (driving while intoxicated) within the past five (5) years;
28. A felony related to the health or safety of a child (as defined in IC 31-9-2-13(h)) or an endangered adult (as defined in IC 12-10-3-2);
29. Attempt (IC 35-41-5-1) to commit a felony listed in subdivisions one (1) through 28. If a conviction for a felony is nonwaivable for a stated duration under subdivisions one (1) through 28, a conviction for an attempt to commit the felony is nonwaivable for the same duration under this subdivision; and
30. A felony that is substantially equivalent to a felony described in subdivisions one (1) - 29 for which the conviction was entered in another jurisdiction. If a conviction for a felony is nonwaivable for a stated duration under subdivisions one (1) through 29, a conviction for a substantially equivalent felony in another jurisdiction is nonwaivable for the same duration under this subdivision.

The contractor will immediately ensure the subject of the check with:
1. A-1 level covered personnel duties will not be employed or volunteer in a capacity in which the subject of the check has or will have direct contact on a regular and continuing basis, or any contact where a child is alone or only with contractor’s staff, in connection with performance of any services of activities pursuant to the contract/subcontract with DCS; or
2. A-2 level covered personnel duties will not be employed or volunteer in a capacity in which the subject of the check has or will have electronic or physical access to children’s records if the criminal or waiver process subsequently reveals:
   a. Disqualifying criminal history that is not eligible to be waived;
   b. Disqualified criminal history or substantiated CPS history in which a waiver action is not supported or pursued by the DCS contractor agency; or
   c. Disqualified criminal history or substantiated CPS history in which a waiver is not granted by DCS.

The decision of the Background Check Waiver Committee regarding criminal and/or CPS waiver is not subject to appeal. However, if the subject’s situation were to change and/or additional information is obtained, a new waiver packet may be resubmitted for re-evaluation by COBCU. A new evaluation will then be completed, and a subsequent official decision will be issued.

Code References
1. IC 10-13-3-38.5 Conducting Fingerprint Criminal History Checks for Contractors
2. IC 10-13-3-27 Disclosure of State Limited Criminal History Information
3. IC 31-9-2-84.8: Nonwaivable offense

PROCEDURE
The DCS Contractor Agency will ensure that the DCS Contractor completes the following:

1. Review the results letter received from COBCU for a Fingerprint-Based Check:
   a. Provide a copy of the Fingerprint-Based Check Status Letter to the subject of the check;
   b. Instruct the subject of the check to contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter and provide the required documentation to that COBCU Consultant within 10 business days of the date of the fingerprint-based status results letter if it returns as conditionally disqualified. Upon receipt of the required information, the COSBU Consultant will re-evaluate and issue an amended fingerprint status letter reflecting Qualified or Disqualified. If the subject of the check is conditionally disqualified, he or she may not be hired or volunteer with the DCS Contractor Agency. If already employed or volunteering, the subject of the check must have the conditionally disqualified status resolved within 10 business days. If resolved satisfactorily, the DCS Contractor Agency will receive an amended fingerprint based status letter from COBCU of Qualified before the end of the 10th business day. If the DCS Contractor Agency does not receive this amended qualified status within the timeframe, the DCS Contractor Agency will:
      i. Immediately remove the subject of the check from the work schedule,
      ii. Ensure the subject of the check with A-1 level covered personnel duties will not be employed or volunteer in a capacity where he or she has, or will have, direct contact on a regular and continuing basis, or any contact where a child is alone or only with contractor’s staff, in connection with the performance of any services or activities pursuant to the contract/subcontract with DCS, or
      iii. Ensure the subject of the check with A-2 level covered personnel duties will not be employed or volunteer in a capacity where the subject of the check has or will have electronic or physical access to the children’s records unless the necessary waiver(s) has been granted. Upon re-evaluation, refer to "c" below if the status is disqualified.

   c. Instruct the subject of the check to contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter if the fingerprint-based status returns as disqualified, and the DCS contractor agency is in support of pursuing a criminal history waiver for the subject of the check, in order to determine whether he or she is eligible to apply for a waiver. If eligible and the DCS Contractor supports the waiver, the DCS Contractor Agency and the subject of the check shall work together to submit a complete waiver packet to COBCU as quickly as possible (see Practice Guidance regarding applying for a waiver). If the subject of the check is disqualified, he or she may not be hired or volunteer with the DCS Contractor Agency unless the necessary waiver(s) have been granted. If already employed or volunteering, the DCS Contractor Agency will:
      i. Immediately remove the subject of the check from the work schedule,
      ii. Ensure the subject of the check with A-1 level covered personnel duties will not be employed or volunteer in a capacity where he or she has, or will have, direct contact on a regular and continuing basis, or any contact where a child is alone or only with contractor’s staff, in connection with the performance of any services or activities pursuant to the contract/subcontract with DCS, or
      iii. Ensure the subject of the check with A-2 level covered personnel duties will not be employed or volunteer in a capacity where the subject of the check has or will have electronic or physical access to the children’s records unless the necessary waiver(s) has been granted.
2. Review the results of the CPS History Check;
   a. Give the subject of the check a copy of the completed Indiana Request for a Child Protection Services (CPS) History Check (SF52802) form showing substantiated history if a substantiated CPS history is discovered from Indiana (see separate policy, 2.6 Sharing of Confidential Information), and
   b. Work with the subject of the check to complete and submit a waiver packet to COBCU as quickly as possible when CPS substantiation is discovered and the DCS Contractor Agency is in support of pursuing the CPS history waiver. A request for a CPS waiver should be filed and processed at the time of initial contract award, every four (4) years (based on the anniversary of the covered individual’s personnel initial checks), hiring, or upon discovery of any additional CPS substantiation which was not previously granted a CPS waiver if discovered between these times (see Practice Guidance regarding applying for a waiver). The request for the waiver must be granted by COBCU for the employee or volunteer to be employed or volunteer as part of the DCS Contractor Agency. If the subject of the check is already hired or volunteering, the DCS Contractor will:
      i. Immediately remove the subject of the check from the work schedule,
      ii. Ensure the subject of the check with A-1 level covered personnel duties will not be employed or volunteer in a capacity in which he or she has, or will have, direct contact on a regular and continuing basis, or any contact where a child is alone or only with contractor’s staff, in connection with the performance of any services or activities pursuant to the contract/subcontract with DCS, or
      iii. Ensure the subject of the check with A-2 level covered personnel duties will not be employed or volunteer in a capacity in which the subject of the check has or will have electronic or physical access to the children’s records unless the necessary waiver(s) have been granted.

3. Review the results of the National Sex Offender Registry Check for a match to the subject of the check. Each name or combination of names the subject has used in his or her lifetime must be searched individually. Upon obtaining the results of a name-based search, the results should be printed. The screen shot must be printed, signed, and dated by the reviewing DCS Contractor Agency worker. For those results without matches, the reviewer at the DCS Contractor Agency will also write “NO MATCH” on the printed page that has his or her signature and date the result was reviewed. If there is a match for the subject of the check, the DCS Contract Agency cannot hire or allow the subject to volunteer at the facility. If already employed or volunteering, then the subject of the check must be dismissed;

4. Review the results of the Local Criminal Court Records Checks by completing a court record search, including all aliases, within each county court, as well as applicable city courts, in which the subject resided in the past five (5) years. For further instructions regarding completing the Local Criminal Court Records Checks, see the Local Law Enforcement Agency (LEA) Instructions;

5. Contact the COBCU Consultant listed on the fingerprint-based status letter within five (5) days if the Local Criminal Court Records Check returns convictions of a felony, four (4) or more misdemeanors or a misdemeanor related to the health and safety of a child and the fingerprint based status letter was qualified to have the COBCU Consultant re-evaluate the fingerprint-based status and if necessary issue a new amended status letter. If at any time the DCS Contractor Agency believes the Local Criminal Court Records Check report may alter the status of the Fingerprint-Based Check Status, the
DCS Contractor Agency will contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter for further action;

6. Request a waiver of disqualified criminal history and/or substantiated CPS history by submitting the required information to the COBCU. See Practice Guidance for a list of the required information; and

7. Place a copy of the results for all background checks and any waiver letters in the employee’s or volunteer’s personnel file.

**Note:** A criminal history or CPS waiver granted for the purpose of employment or volunteering with a DCS Contractor Agency may not be used for any additional purpose. A new waiver request must be submitted and granted for each additional agency or level of employment performance of service or activities requiring additional background checks (see separate policy, 13.3 Conducting Background Checks for DCS Contractors).

The DCS COBCU will:

1. Evaluate the criminal history report within five (5) business days of receipt of the Fingerprint-Based Check and notify, by e-mail, the DCS Contractor Agency’s assigned contact person regarding the clearance status;

2. Provide guidance regarding conditionally disqualified or disqualified applicants and contractor agencies (see separate policy, 2.6 Sharing Confidential Information);

3. Re-evaluate history based on the received documentation received from the subject and issue a new Fingerprint-Based Check Status Letter, when applicable; and

**Note:** For waivers of disqualified criminal history and substantiated CPS history:

a. Upon receipt of the complete waiver request packet from the subject of the check and the DCS Contractor Agency, the COBCU Consultant will summarize, make a recommendation, and submit the request to the Central Office Background Check Team Manager or designee within three (3) business days;

b. The Central Office Background Check Team Manager or designee will submit the recommendation to the Background Check Waiver Committee within two (2) business days for a joint decision; and

c. Notify, by e-mail, the DCS Contractor Agency’s assigned contact person of the waiver decision. A decision will be returned in approximately 10 business days after submission to the Background Check Waiver Committee members and the status will be either “Waiver granted” or “Waiver not granted” (see Related Information).

At times, additional information will be requested and this will delay the issuance of the final “Waiver granted” or “Waiver not granted” status. Additional information may be needed to submit a complete waiver or after the waiver is submitted and questions have been asked by the Background Check Waiver Committee members. Failure to submit the requested information by the stated deadline may result in the waiver denial due to failure to cooperate.

4. Collect all necessary verification and requests as required for a request for a Medical Exception to fingerprint and submit to the Indiana State Police (ISP) for approval. Upon approval from ISP, generate the Indiana Limited Criminal History (LCH) check and issue a Medical Exception Fingerprint Granted status letter to the DCS Contractor Agency’s contact person by e-mail if the subject is found to be eligible (see separate policy, 13.3 Conducting Background Checks for DCS Contractors).
PRACTICE GUIDANCE

The information below is to be submitted to COBCU in one (1) packet by the DCS contractor agency. The following items are required to be submitted in the waiver packet for the purpose of employment, volunteering, or interning with a DCS Contractor Agency:

1. **Proof of Previous Waiver**
   If applicable for continued employment, provide the official notice previously issued to the subject by COBCU granting the criminal and/or CPS waiver for the purpose of hiring employees, volunteers, and/or interns at DCS Contractor Agency. The waiver cannot be processed unless this is included in the waiver packet.

2. **Letter from the Subject**
   A signed letter from the subject of the check requesting a criminal and/or CPS waiver for the purpose of becoming an employee or volunteer at a DCS Contractor Agency. The letter should explain in detail the situation involving each arrest and CA/N investigation, regardless of conviction or substantiation. The letter should include, but is not limited to, the following:
   a. Provide the date, location, and charge of each arrest during the subject’s lifetime.
      i. Indicate which of the arrests resulted in any type of conviction,
      ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
      iii. Of each conviction indicate the sentence given, time served, time on probation/parole as well as other court ordered fines, therapy, fines and other obligations that were court ordered,
      iv. Indicate if the subject is currently on probation/parole or the date probation/parole was officially ended on each conviction, and
      v. Provide any information regarding self-referred services related to this conviction or arrest.
   b. Provide the date of each CPS report and assessment involving the subject during his or her lifetime.
      i. Indicate if the investigation resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
      ii. Include the final findings (physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
      iii. Indicate whether the child was removed from the subject’s home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time out-of-home and indicate whether the child has returned to the subject’s home, and
      iv. Identify the services the subject participated in and indicate whether these were court ordered services. Also, identify what the subject learned through the services and how the subject’s behavior changed as a result of the services.
   c. Provide evidence of the person’s rehabilitation, including the person’s cooperation with a treatment plan.
      i. Include and explain past and ongoing treatment if mental illness and/or substance abuse is/was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation, and
      ii. Explain the subject’s ability and long-term plan to provide for the child’s safety and well-being in an environment that will allow the child to thrive.
d. The subject requesting the waiver may also include any additional reference letters or documentation that would support any rehabilitation that has occurred in his or her lifetime.

3. **Letter from the DCS Contractor Agency**

   Provide a written recommendation from the DCS Contractor Agency in regard to the subject’s criminal and/or CPS waiver request. The letter must be signed by the Executive Director or HR director and submitted on the DCS Contractor Agency’s letterhead or sent by e-mail from his or her business e-mail address. The letter should include the Executive Director’s or HR director’s observations of the subject of the check, as well as, the reasons he or she does or does not support the waiver request. The DCS Contractor Agency shall include a description of the subject’s anticipated job duties if hired or for continued employment, or provide a formal job description as well as indicate the Indiana county(ies) in which that the subject of the check will be performing services.

4. **CPS History Check**

   A CPS history check must be completed and submitted for all states in which the subject of the check has resided in the previous five (5) years.
   
   a. For dates of residency in Indiana, the current version of *Indiana Request for a Child Protection Services (CPS) History Check (SF 52802)* must be completed in accordance with the published instructions. If any portion of the form is missing information or incorrectly completed, it is not acceptable and will be returned for correction.
   
   b. For dates of residency outside of Indiana, the DCS Contractor must obtain and submit the appropriate documentation for confirmation of CPS checks in that specific state.
   
   c. If there is a substantiation in Indiana, a copy of the approved *Assessment of Alleged Child Abuse or Neglect (SF 113)* for all assessments must be submitted with the CPS waiver request. A screen print from the Management Gateway for Indiana’s Kids (MaGIK) is not an acceptable substitution for the completion of the appropriate form or copy of the approved *Assessment of Alleged Child Abuse or Neglect (SF 113)*. This may mean locating the hard copy case file and including supporting documentation from the hard copy file with the waiver submission.
   
   d. If substantiation of CA/N is found in another state, the approved assessment (the narrative similar to the *Assessment of Alleged Child Abuse or Neglect (SF 113)* in Indiana) must be obtained from that other state and submitted with the CPS waiver request.

5. **Screen Print of National Sex Offender Registry Check**

   The National Sex Offender Registry Check is required for any subject 14 years or older. All sex offender searches must be completed on the Dru Sjodin National Sex Offender Public website at [http://www.nsopw.gov](http://www.nsopw.gov). Any other website search is unacceptable and is duplicating the worker’s efforts, because the other search sites are all linked to this national site.
   
   a. Each name or combination of names the subject has used in his or her lifetime must be searched individually.
   
   b. Upon obtaining the results of a name search, the results should be printed. The screen shot must be printed, signed, and dated by the assigned worker. For those results without matches, the DCS Contractor will also write “NO MATCH” on the printed page that has his or her signature and date the result was reviewed.
6. **Local Criminal Court Records Check Results**  
A Local Criminal Court Records Check is required for all persons age 18 and older. For further instructions about completing Local Criminal Court Records Checks, see the Local Law Enforcement Agency (LEA) Instructions.

7. **Local Name Based Arrest Records Checks**  
The Local Name Based Arrest Records Check is a name-based arrest record check with the police or sheriff department. A copy of the written results must be obtained from each of the local LEAs that have jurisdiction to respond to an emergency 911 call at the subject’s current home address, as well as, all other home addresses in which the subject has resided in the past five (5) years. These searches should be completed for every name or combination of names used by the subject for each LEA. Provide court issued dispositions on arrests.

**Note:** The Local Criminal Court Records Check nor the Local Name Based Arrest Record Check is an ISP Limited Criminal History Check.

8. **Fingerprint-Based Check Status Letter**  
If requesting only a CPS waiver, include a copy of the Fingerprint-Based Check Status letter, which was e-mailed to the DCS Contractor Agency and was completed for the purpose of employment or volunteering showing the fingerprint-based status of qualified. This applies to subjects 18 years and older.

### FORMS AND TOOLS

2. Indiana Request for a Child Protection Services (CPS) History Check (SF52802)  
3. Assessment of Alleged Child Abuse or Neglect (SF 113)  
4. Local Law Enforcement Agency (LEA) Instructions

### RELATED INFORMATION

**Background Check Waiver Committee**  
The Background Check Waiver Committee is made up of the Deputy Director of Outcomes and Services, the DCS Local Office Director (LOD), Regional Manager (RM), and the Central Office Background Check Team Manager or designee. Additional members may be consulted from time to time. The committee’s decision may be made via phone or e-mail.

**Factors for the DCS Contractor Agency and Background Check Waiver Committee to Consider when Recommending and/or Approving the Criminal and/or CPS History Waivers**  
When evaluating background check information, the factors the DCS Contractor Agency and Background Check Waiver Committee should consider include, but are not limited to:

1. The length of time that has passed since the conviction, juvenile adjudication, or CA/N substantiation;
2. The severity of the offense; and/or
3. Evidence of the person’s rehabilitation.

**Disclosing National Criminal History Check Information**  
Neither the DCS Contractor Agency nor the subject of the check shall 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 subject of the check shall receive a copy of the corrected record.
check may formally challenge the record. A Review Challenge of inaccurate information must be made to the law enforcement agency that posted the record. To refute inaccurate Indiana criminal history records or information, the subject of the check must request a Review Challenge from ISP. The subject of the check must be fingerprinted for the Review Challenge, at his or her own expense. The process of the Review Challenge takes place between ISP and the subject of the check, and DCS is not involved in the process.

**Disqualified Fingerprint Status**
“Disqualified” fingerprint status means that unless a waiver is granted, the subject of the check is ineligible to be an employee, volunteer, and/or intern (including a subcontractor) with a DCS contracted agency as an A-1 level Covered Personnel.

**Conditionally Disqualified Fingerprint Status**
“Conditionally Disqualified” fingerprint status means that the subject of the check is ineligible to be hired as a new employee or volunteer. If an existing employee or volunteer, the conditional status must be resolved in a timely manner per this policy or be removed from the work schedule or have a change or duty assignment 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) to be A-1 level Covered Personnel.

Examples of reported information on a Fingerprint-Based Check Report that will lead to a “Conditional Disqualification” include, but are not limited to:
1. An arrest without a disposition,
2. A conviction without the level of the conviction being a misdemeanor or a felony, or
3. 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 Covered Personnel, as long as the subject of the check passes all other background checks.

**Existence of CPS Substantiated History**
The existence of CPS history of CA/N means that unless a waiver is granted, the subject of the check is ineligible to be hired or continue employment in a position as an A-1 or A-2 level “covered personnel”. “Covered Personnel” is any person that is required by the contract or DCS policy to have some level or type of a background check.
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 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 14 or 18 years old; the Fingerprint-Based National Criminal History Check (Fingerprint-Based Check) and Local Criminal Court Records Checks are required within 30 days of his or her 18th birthday; and National Sex Offender Registry checks are required within 30 days of his/her 14th birthday; and Child Protective Services (CPS) History Check are required within 30 days of his/her 6th birthday; and
3. New employees and/or volunteers; checks are required prior to beginning work or volunteering in that unlicensed resource home.

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

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. non-emergency), on unlicensed resource homes:

1. **Triple I Check** (National Emergency Name-Based Criminal History Record Check);
2. Fingerprint-Based National and State Criminal History Check (Fingerprint-Based Check);
3. CPS History Check;
4. National Sex Offender Registry Check; and
5. Local Criminal Court Records Check.

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.

Note: The biological parent who has been approved by the court to live in the home of

---

1 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 a Triple I Check is completed. If this occurs, a new fingerprint based check is necessary if children are placed.
an unlicensed out-of-home resource must have background checks completed when the resource seeks Foster Family Home Licensure. See policy 13.9 Conducting Background Checks for Foster Home Licensing for more information.

**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 non-custodial parent is not considered a placement. Do not complete a Triple I 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:
   a. **Triple I Check** must be completed prior to placing the child,
      
      **Note:** See Exceptions to Fingerprinting section below.
   
   b. Fingerprint-Based Check must be completed within five (5) business days of conducting a **Triple I Check** if the child is placed,
      
      i. Remove the child from the placement if the subject of the check refuses to get fingerprinted within five (5) business days, and
      
      ii. Complete a **Triple I Follow Up Action (SF 53424)** indicating the subject of the check refused to be printed.
   
   c. Complete the **Triple I Follow Up Action (SF 53424)** within five (5) business days of conducting the **Triple I Check**, if the child are not placed with the subject for any period of time.
   
   d. CPS History Check must be completed in Indiana and initiated in every other 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. National 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. Local Criminal Court Records Check must be completed in every criminal court jurisdiction the subject of the check has lived in the last five (5) years prior to placement or within 72 hours of placing the child.

2. For all persons age 14-17 years, a:
   a. CPS History Check must be completed and initiated in every other 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. National Sex Offender Registry Check must be completed in every other 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 6-13 years a CPS History Check must be completed and initiated in every other state the subject of the check has lived in the last five (5) years either prior to placement.
placement or within 72 hours of placement.

**Note:** The CPS History check should be completed within 30 days of the child’s 6th birthday.

**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,
   b. CPS History Check in every state the subject of the check has lived in the last five (5) years,
   c. National Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years, and
   d. Local Criminal Court Records Check in every criminal court jurisdiction the subject of the check has lived in the last five (5) years.

   **Note:** Do not attempt to use the Triple I Check for non-emergency 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
   b. National 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 6-13 years CPS History Check must be completed and initiated in every other state the subject of the check has lived in the last five (5) years either prior to placement or within 72 hours of placement.

**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:
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 which 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**.
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 (5) years, contact COBCU for guidance on what type of check is needed in that state.

Background Checks for Custodial and Non-custodial Parents and Those Living in the Same Household When Planning to Reunify
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. National Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years, and
   d. Local Criminal Court Records Check from every criminal court jurisdiction where the subject of the check has lived in the last five (5) years.

   **Note:** Do not attempt to use the Triple I Check for non-emergency 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
   b. National 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 6 -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.

Use discretion in completing Fingerprints, CPS History Checks, LCH Checks, National Sex Offender Registry Checks, and Local Criminal Court Records Checks. Some factors to consider are:

1. Concerns about the household that have been communicated by the child;
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.

**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, National Sex Offender Registry Checks and/or LCH Checks are needed.

**Childcare**
Background checks have already been completed by the Indiana Division of Family Resources for licensed childcare 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 irregularly. Examples of irregular childcare 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. Consideration of child’s safety must remain a priority in addition to promoting a normal life for the child in care. Discretion should be used when deciding whether CPS History Checks, National Sex Offender Registry Checks and/or LCH Checks are needed.

Unlicensed out-of-home childcare providers that supervise the child on a regular and continuing basis shall have the following background checks conducted for all household members of the childcare provider’s home:
1. CPS History Checks in every state the subject of the check has lived in the last five (5) years (age 6 and older);
2. National 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 childcare providers.

Unlicensed in-home childcare 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, National Sex Offender Registry Check, and Local Criminal Court Records Check) should be completed. Examples of regular and continuous childcare include but are not limited to childcare 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 10-13-3-27.5**: Record check by department of child services under exigent circumstances; transmittal of report copy; providing fingerprints; removal of child for failure to provide fingerprints; compliance with federal law; contesting denial of placement; fee
2. **IC 10-13-3-31**: Release of data to subject person; fee; challenge of data authorized
3. **IC 31-9-2-22.5**: "Conduct a criminal history check"
4. **IC 31-26-5**: Family Preservation Services
5. **IC 31-34-18-6.1**: Predispositional report; contents
6. **IC 31-34-20-1.5**: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations
7. **240 IAC Article 6**: Criminal History Record Information
PROCEDURE

For emergency and non-emergency 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. Drivers’ license. See separate policy, 2.9 Verifying Identity
   b. Photo identification card,
   c. Social Security card,
   d. Birth certificate, or
   e. Passport,

2. Have each subject of the check, age 18 or older, complete the Application for Criminal History Background Check (SF 53259) using his or her legal name as it appears on a current government issued picture identification.
   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 non-emergency, proceed to step 5 below:

1. Request a Triple I 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, or 1-800-622-4961,
   b. The FCM must:
      i. Identify him or herself through an assigned password and question and identify the DCS local office of the request; and
      ii. Convey name, date of birth (DOB), and Social Security Number (SSN) exactly as listed on the subject of the check’s government issued identification.
   c. If ISP provides any arrests and/or convictions for the subject when the Triple I Check is completed, record this information exactly as provided and see separate policy, 13.6 Evaluation of Background Checks for Unlicensed Placements for additional information
   d. If placement occurs, record the arrests and/or convictions returned to the FCM from the Triple I Check as well as any staffing decisions regarding moving forward with placement on the subject’s person profile in the case management system.

2. If the Triple I Check for emergency placement is completed, but the child is not placed with the prospective placement for any period of time, even hours:
   a. Complete the Triple I Follow Up Action (SF 53424) indicating that no child was placed with this applicant, and
   b. Scan and e-mail the form to DCS TripleIFollowUp@dcs.in.gov within five (5) business days of the Triple I Check. If e-mailing is not an option, fax it to 317 232-1567.

3. If a child is placed, even briefly, follow-up fingerprinting is required within five (5) business days for all those that were checked through the Triple I Check process. If the
subject of the check refuses to be fingerprinted within the five (5) business days the child must be removed.

a. Complete the Triple I Follow Up Action (SF53424) 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 TripleIFollowUp@dcs.in.gov. If e-mailing is not an option, fax the form to 317-232-1567.

4. If the fingerprinting process has begun and the subject was rejected but refuses to complete the printing process, if children are still in placement, they must be removed. On the Triple I Follow Up Action (SF53424) document due diligence in at least three separate attempts to request the reprinting of the subject, scan and e-mail a copy of the completed Triple I Follow Up Action (SF53424) to TripleIFollowUp@dcs.in.gov or fax the form to 317-232-1567.

5. 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 e-mail to the DCS local office contact person handling all background check material and inform them of the Fingerprint-Based Check Status.

i. 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.

ii. For all other results see separate policy, 13.6 Evaluation of Background Checks for Unlicensed Placements.

6. Conduct a National 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;

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.

7. Conduct a CPS History Check for all persons:

a. For Indiana:

i. As the local office is the requesting agency, the FCM will complete Section A of the Indiana Request for a Child Protection Services (CPS) History Check (SF 52802);

ii. Have the subject of the check or representative if a minor, complete Section B.

iii. Complete a case management system search 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.cwcenter.org/ChildProtective/AdamWalsh.pdf. If the person has CPS history in any state, refer to separate policy, 13.6 Evaluation of Background Checks for Unlicensed Placements, for further action required.

8. Conduct Local Criminal Court Records Checks by completing a court record search, including all aliases, within each county court, as well as applicable city courts, in which the subject resided in the past five (5) years. For further instructions about completing Local Criminal Court Records Checks, see the Local Law Enforcement Agency Instructions.

### 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 local office shall contact COBCU for additional guidance.

**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: DCS Emergency Relative Instruction for Fingerprinting in Indiana or DCS Non-Emergency Relative Registration Instruction for Fingerprinting in Indiana. The instructions must be customized to the correct DCS local office, FCM’s name, phone number, and correct reason for printing with the DCS billing code included.

**Searching CPS History**
Local DCS Offices should complete a search of the case management system.

### FORMS AND TOOLS

1. Application for Criminal History Background Check (SF 53259)
2. Indiana Request for a Child Protection Services (CPS) History Check (SF 52802)
3. Triple I Follow Up Action (SF 53424)
4. Background Check Matrix for Unlicensed Placements and Foster Care
5. DCS Emergency Relative Instruction for Fingerprinting in Indiana
6. DCS Non-Emergency Relative Registration Instruction for Fingerprinting in Indiana

### 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 COBCCU 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 complete background checks outside the statutory authority, please contact the Deputy Director of Juvenile Justice Initiatives and Support.

**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 at cobcuiquiry@dcs.in.gov.

**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 is 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 e-mailing the COBCU at COBCUinquiry@dcs.in.gov.

**Limited Criminal History (LCH)**
An 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 a Triple I 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, please e-mail COBCUinquiry@dcs.in.gov. For issues with passwords please contact Access Indiana at 1-888-4IN-eGOV, option 1.

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.

**Triple I Check**
The Triple I Check is only for unlicensed relative resource homes being considered for Emergency Placements, and the Triple I Checks must be completed prior to the placement. Indiana statute allows DCS the ability to access the Triple I Check without fingerprints at the time 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 Triple I Check is only used to provide immediate results for an emergency placement, with fingerprinting as an Emergency Relative Placement required to follow within five (5) business days to verify identity.
and results. Using the Triple I 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 e-mail requesting help to COBCUinquiry@dcs.in.gov.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will evaluate the results of Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) on all required persons for the purpose of unlicensed out-of-home placements (see separate policy, 13.5 Conducting Background Checks for Unlicensed Placements). The final results will be placed in the child’s file and documented in the Management Gateway for Indiana’s Kids (MaGiK).

Fingerprint-Based Check

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

The COBCU will conditionally disqualified 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 re-evaluate 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 disqualified all persons whose criminal history report includes the following convictions or pending convictions, although some may be eligible to file for a waiver (see “Waivers” section below):

1. Any misdemeanor that may relate 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 (1) of the 30 felonies listed in the Waivers 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 Protective Services (CPS) History Check

[REVISED] The Family Case Manager (FCM) will review the completed CPS History Check results for persons six (6) years and older from Indiana and from all other states of residency within the past five (5) years (if applicable), and the FCM will determine if there are reports of
any substantiation of child abuse and/or neglect (CA/N) for the subject of the check. If there is substantiated CPS history in Indiana or the equivalent in another state, the filing and granting of a CPS waiver by COBCU is required for DCS to recommend the placement continue in emergency relative placements or to occur in the future for non-emergency relative out of home placements (see "Waivers" section).

[REVISED] National Sex Offender Registry Check
The FCM will evaluate the National Sex Offender Registry Check to determine if there are any matches. If there is a match and a child is already placed in the home, DCS will remove the child immediately and notify the COBCU immediately. If there has not yet been a placement, the subject of the check is not eligible to be considered as a placement resource and the COBCU will be immediately notified. The COBCU will re-evaluate the Fingerprint-Based Check report and reissue an amended Fingerprint-Based Check Status Letter, if applicable.

[REVISED] Local Criminal Court Records Check
The FCM will evaluate the results of the Local Criminal Court Records Check (see Policy 13.5 Conducting Background Checks for Unlicensed Placements for information regarding who should complete the Local Criminal Court Records Checks). If the name-based court record check returns a conviction of a felony, a total of four (4) or more misdemeanors, or a misdemeanor that may be related to the health and safety of a child, the FCM shall contact COBCU for additional guidance if the fingerprint based status letter was qualified.

Waivers
[REVISED] Upon receipt of a positive recommendation of support from the child’s FCM, 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 or is pending conviction of any of the felonies listed below (as defined by Indiana Criminal Code):

1. Murder;
2. Causing suicide;
3. Assisting suicide;
4. Voluntary manslaughter;
5. [NEW] Involuntary manslaughter;
6. Reckless homicide;
7. [NEW] Feticide;
8. Battery within the past five (5) years;
9. Domestic battery;
10. Aggravated battery;
11. [NEW] Criminal recklessness within the past five (5) years;
12. [NEW] Strangulation;
13. Kidnapping;
14. Criminal confinement within the past five (5) years;
15. [REVISED] Human and sexual trafficking;
16. A felony sex offense under (IC 35-42-4);
17. Arson within the past five (5) years;
18. Incest;
19. [REVISED] Neglect of a dependent;
20. Child selling;
21. [NEW] Reckless supervision;
22. [NEW] Nonsupport of a dependent child within the past five (5) years;
23. [NEW] Operating a motorboat while intoxicated within the past five (5) years;
24. A felony involving a weapon under *(IC 35-47)* within the past five (5) years;
25. A felony relating to controlled substances under *(IC 35-48-4)* within the past five (5) years;
26. An offense relating to material or a performance that is harmful to minors or obscene under *(IC 35-49-3)*;
27. A felony under *(IC 9-30-5)* (driving while intoxicated) within the past five (5) years;
28. [NEW] A felony related to the health or safety of a child (as defined in *(IC 31-9-2-13(h))* or an endangered adult (as defined in *(IC 12-10-3-2)*);
29. [NEW] Attempt *(IC 35-41-5-1)* to commit a felony listed in subdivisions one (1) through 28. If a conviction for a felony is nonwaivable for a stated duration under subdivisions one (1) through 28, a conviction for an attempt to commit the felony is nonwaivable for the same duration under this subdivision; and
30. [REVISED] A felony that is substantially equivalent to a felony described in subdivisions one (1) - 29 for which the conviction was entered in another jurisdiction. If a conviction for a felony is nonwaivable for a stated duration under subdivisions one (1) through 29, a conviction for a substantially equivalent felony in another jurisdiction is nonwaivable for the same duration under this subdivision.

[REVISED] DCS cannot recommend a home for out-of-home placement if the subject of the check who would live, work, or volunteer in the home and the subject’s criminal background check or criminal and/or CPS waiver process subsequently reveals:
- 1. Disqualified criminal history that is not eligible to be waived;
- 2. Disqualified criminal history or substantiated CPS history which the waiver is not supported or pursued by the FCM; or
- 3. Disqualified criminal history or substantiated CPS history in which the waiver is not granted by DCS.

**Note:** If the household member voluntarily leaves the home permanently and all other household members have passed all required background checks, the placement may be recommended after that disqualified subject moves out of the home.

DCS will immediately remove a child who has been placed in the home of an unlicensed relative through an emergency placement or court order, and the background check or waiver process for a subject who lives, works, or volunteers in the home reveals:
- 1. [REVISED] Disqualified criminal history that is not eligible to be waived;
- 2. Disqualified criminal history or substantiated CPS history which the waiver is not granted by DCS; or
- 3. Disqualified criminal history or a substantiated CPS history in which a waiver is not submitted to COBCU as a complete and valid waiver within 10 business days from the date of the fingerprint-based disqualified status letter or the date of CPS substantiation history discovery.

**Note:** If the household member voluntarily leaves the home permanently and all other household members have passed all required background checks, the child may remain in the home.

The decision of the Background Check Waiver Committee regarding criminal and/or CPS waiver is not subject to appeal. However, if the subject’s situation were to change and/or additional information is obtained, a new waiver packet may be resubmitted for re-evaluation by COBCU. A new evaluation will be done and a subsequent official decision issued.
Reunification Background Checks
The FCM will evaluate the results of all background checks that are conducted on a parent, guardian, custodian, or household member for purposes of reunification. The FCM will use critical decision-making skills to decide whether it is safe for the child to return home. For Fingerprint-Based Check for the purposes of reunification, COBCU will provide a letter with a summary of the results to the assigned contact person at the DCS local office (COBCU will not provide a qualified, disqualified, or conditionally disqualified letter). The FCM may contact the COBCU for complete details of what information was returned on the fingerprint-based report.

[REVISED] Note: If the child is placed in an out-of-home placement and his or her parent lives in the same home, this is not to be treated as reunification with the parent. In this case, the biological parent is considered a household member of the out-of-home placement resource. When there is a court approval for the biological parent to live within the out-of-home placement, the biological parent is not required to complete the background check process for the purpose of unlicensed out-of-home placement.

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
4. [NEW] IC 31-9-2-84.8: Nonwaivable offense

PROCEDURE

The FCM will:
1. Evaluate the results of the Emergency Relative Name-Based Search (Triple I check) and determine the appropriateness of the prospective emergency placement. The FCM will ensure follow-up fingerprints are obtained if placement does occur or that the Follow-Up Action for Name-Based Check Form (SF 53424) is completed if placement does not occur;
   a. Placement cannot occur if the Triple I check returns a conviction or an arrest without a disposition for a misdemeanor that may be related to the health and safety of a child or a felony that is not eligible for a waiver (see “Waiver” section for all felonies not eligible for a waiver),
   b. Use discretion to determine if placement is in the best interest of the child if the check returns a conviction or an arrest without a disposition for a criminal act that is eligible for a waiver. Consideration should include, but not be limited to:
      i. Any pre-existing relationship between the child and the relative caregiver;
      ii. The age of the child in need of placement;
      iii. The length of time since the arrest or conviction;
      iv. The severity of the arrest or conviction;
      v. The total number of arrest or convictions;
      vi. Other available background check results (CPS searches and national sex offender search); and
      vii. Whether the applicant is currently on probation or parole.
2. Review the Fingerprint-Based Check Status Letter received from COBCU for a Fingerprint-Based Check:
a. Provide a copy of the Fingerprint-Based Check Status Letter to the subject of the check;

b. [REVISED] Instruct the subject of the check to contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter and provide the required verification to the COBCU Consultant within 10 business days of the date of the fingerprint-based results letter when the fingerprint based status letter is conditionally disqualified. Upon receipt of the required information, the COBCU Consultant will re-evaluate and issue an amended fingerprint-based status letter reflecting Qualified or Disqualified. If the subject of the check is conditionally disqualified, the FCM may not place a child into the home until the status is Qualified or Disqualified with the subsequent criminal waiver being granted. If the subject of the check is conditionally disqualified and the child is already placed in the out-of-home placement, the FCM will ensure that an amended status letter of Qualified or Disqualified is issued by COBCU within 13 calendar days, otherwise the FCM will immediately remove the child from the out-of-home placement. Upon re-evaluation, refer to “c” below if the status is disqualified,

c. Contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter when the fingerprint-based status returns as disqualified and the FCM is interested in possibly pursuing a waiver action in order to determine if the subject of the check is eligible to apply for a waiver. If eligible and the FCM supports the waiver, the FCM and the subject of the check will work together to submit a complete waiver packet to COBCU when the child is not already placed into the out-of-home placement because DCS may not recommend placement into the home until the time the waiver has been approved by COBCU. If the subject of the check is disqualified and the child is already placed into this out of home placement when the disqualified status was discovered the FCM will ensure the complete and correct waiver packet is submitted to COBCU within 10 business days of the date of the Fingerprint-Based Check Status Letter or immediately remove the child from the out-of-home relative placement.

[REVISED] Note: If the court orders placement over DCS objections, the FCM is still obligated to follow through with the required background checks on all household members including obtaining missing information for conditional disqualified criminal history within the above indicated timeframe and submission of complete waiver packets to COBCU within 10 business days from the date of disqualified criminal history notice or the date of the court ordered placement, whichever is the later of the two dates.

3. Review the results of the CPS History Check
   a. Provide the subject of the check a copy of the completed Indiana Request for a Child Protection Services (CPS) History Check (SF52802) form showing substantiated history if a substantiated CPS history is discovered in Indiana (see separate policy, 2.6 Sharing Confidential Information),
   b. Work with the subject of the check to submit a complete waiver packet to COBCU as quickly as possible when the child has not already been placed into the home and CPS substantiation is discovered and the FCM is in support of pursuing a CPS history waiver. The placement cannot occur until the waiver has been granted by COBCU. If the subject of the check has CPS substantiated history and the child is already placed into the out-of-home placement, the FCM will ensure the complete and correct waiver packet is submitted to COBCU within 10 business days of the
discovery of the CPS history or immediately remove the children from the out-of-home placement when the CPS substantiation history is discovered, and

c. Complete the required background checks on all household members and submit the complete waiver packet to COBCU within 10 business days from the date of the order as noted in the court’s Chronological Case Summary (CCS) entry or the date of CPS substantiation, whichever is the earlier of the two (2) dates, if the child is placed into the out of home placement by the court even over DCS objection.

4. **[REVISED]** Review the results of the National Sex Offender Registry Check for a match to the subject of the check. Each name or combination of names the subject has used in his or her lifetime must be searched individually. Upon obtaining the results of a name search, the results should be printed. The screen shot must be printed, signed, and dated by the FCM. For those results without matches, the FCM will also write “NO MATCH” on the printed page that has his or her signature and date the result was reviewed. 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. **[REVISED]** Review the results of the Local Criminal Court Records Checks by completing a court record search, including all aliases, within each county court, as well as applicable city courts, in which the subject resided in the past five (5) years. For further instructions about completing Local Criminal Court Records Checks, see Local Law Enforcement Agency (LEA) Instructions;

6. **[REVISED]** Contact the COBCU Consultant listed on the fingerprint-based status letter within five (5) days if the Local Criminal Court Records Check returns convictions of a felony, a total of four (4) or more misdemeanors, or a misdemeanor related to the health and safety of a child and the fingerprint based status letter was qualified to have the COBCU Consultant re-evaluate the fingerprint based status, and if necessary, then the COBCU Consultant will issue a new amended status letter. If at any time the FCM believes the Local Criminal Court Records Checks report may alter the status of the fingerprint-based check status, the FCM will contact the COBCU Consultant listed on the fingerprint-based check status letter for further action;

7. Request a waiver of disqualified criminal history and/or substantiated CPS history by submitting the required information to the COBCU (see Practice Guidance for a list of the required information);

8. Place a copy of the results for all background checks and any waiver letters in the child’s file, and document the results in MaGIK. This may include scanning the official fingerprint-based status notices, waiver notices, and other background check information into MaGIK and attach to the subject of the check’s person profile;

9. Submit the waiver decision to the court;

10. Notify the family and develop a plan to prepare the child for placement if the decision is to approve the placement and the child is not currently placed (see separate policy, 8.8 Preparing Child for Placement); and/or

11. 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 foster family home licensure, adoption, employment, or any other purpose. A new waiver request must be submitted to and granted by the COBCU for each additional purpose.
The DCS COBCU will:

1. Evaluate the criminal history report within five (5) business days of receipt of the Fingerprint-Based Check Report and notify, by e-mail, the DCS local office’s assigned contact person regarding the Fingerprint-Based Check Status;
2. Provide guidance regarding conditionally disqualified or disqualified applicants and the FCM;
3. Re-evaluate history based on the documentation received from the applicant and issue a new Fingerprint-Based Check Status Letter when applicable; and

**Note:** For waivers of disqualified criminal history and substantiated CPS history:

a. Upon receipt of the complete waiver request packet, the COBCU Consultant will summarize, make a recommendation, and submit the request to the Central Office Background Check Team Manager or designee, within three (3) business days,

b. The Central Office Background Check Team Manager or designee will submit the recommendation to the Background Check Waiver Committee for a joint decision within two (2) business days, and

c. Notify, by e-mail, the assigned contact person at the DCS local office of the waiver decision. A decision will be returned in approximately 10 business days after submission to the Background Check Waiver Committee members and the status will either be “Waiver granted” or “Waiver not granted” (see Related Information).

At times, additional information will be requested and this will delay the issuance of the final “Waiver granted” or “Waiver not granted” status. Additional information may be needed to submit a complete waiver or after the waiver is submitted and questions have been asked by the Background Check Waiver Committee members. Failure to submit the requested information by the stated deadline may result in the waiver denial due to failure to cooperate.

4. Collect all necessary verifications and requests as required for a request for a Medical Exception to Fingerprint and submit to the Indiana State Police (ISP) for-approved. Upon approval from ISP, generate the Indiana Limited Criminal History (LCH) check and issue a Medical Exception Fingerprint Granted status letter to the DCS local office contact person by e-mail if the subject is found to be eligible (see separate policy, 13.5 Conducting Background Checks for Unlicensed Placements).

---

**PRACTICE GUIDANCE**

The information below is to be submitted to COBCU in one packet by the FCM. The following items are required to be submitted in the waiver packet for the purpose of unlicensed placements:

1. **Letter from the Subject**
   A signed letter from the subject of the check requesting a criminal and/or CPS waiver for the purpose of unlicensed relative placement (parent or guardian may write if the subject of the check is a minor and he or she is unable to write his or her own letter; however, the minor should sign if able). The letter should explain in detail the situation involving each arrest and CA/N investigation. The letter should include, but is not limited to, the following:
   a. Provide the date, location, and charge of each arrest during the subject’s lifetime.
      i. Indicate which of the arrests resulted in any type of conviction,
ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
iii. Of each conviction indicate the sentence given, time served, time on probation/parole as well as other court ordered fines, therapy, fines and other obligations that were court ordered,
iv. Indicate if the subject is currently on probation/parole or the date probation/parole was officially ended on each conviction, and
v. Provide any information regarding self-referred services related to this conviction or arrest.

b. Provide the date of each CPS report and assessment involving the subject during his or her lifetime.
i. Indicate if the investigation resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
ii. Include the final findings (physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
iii. Indicate whether the child was removed from the subject’s home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time out-of-home and indicate whether the child has returned to the subject’s home, and
iv. Identify the services the subject participated in and indicate whether these were court ordered services. Also, identify what the subject learned through the services and how the subject’s behavior changed as a result of the services.

c. Provide evidence of the person’s rehabilitation, including the person’s cooperation with a treatment plan.
i. Include and explain past and ongoing treatment if mental illness and/or substance abuse is/was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation, and
ii. Explain the subject’s ability and long-term plan to provide for the child’s safety and well-being in an environment that will allow the child to thrive.

d. The subject requesting the waiver may also include any additional reference letters or documentation that would support any rehabilitation that has occurred in his or her lifetime.

2. Letter from the FCM
Provide a written recommendation from the FCM. The recommendation letter must be signed and submitted on DCS letterhead or sent from the child’s FCM’s business e-mail address. The recommendation letter must include
a. The FCM’s observations of the subject of the check,
b. The FCM’s recommendation to support or not support the granting of the unlicensed relative placement criminal and/or CPS waiver, including reasons to support that recommendation,
c. Whether the child has already been placed with the subject requesting the waiver,
d. The relation between the child and the subject of the request,
e. Services being provided in the home,
f. Copies of safety plans, and
g. Details outlined in items a, b and c in #2 above (Letter From the Subject) from the FCM’s point of view.
3. **[REVISED] CPS History Check**
   A CPS history check must be completed for persons six (6) years and older and submitted for all states in which the subject of the check has resided in the previous five (5) years.
   a. For dates of residency in Indiana, the current version of Indiana Request for a Child Protection Services (CPS) History Check (SF 52802) must be completed in accordance with the published instructions. If any portion of the form is missing information or incorrectly completed, it is not acceptable and will be returned for correction.
   b. For dates of residency outside of Indiana, the FCM must obtain and submit the appropriate documentation for confirmation of CPS checks in that specific state.
   c. If there is substantiation in Indiana, a copy of the approved Assessment of Alleged Child Abuse or Neglect (SF 113) for all assessments must be submitted with the CPS waiver request. A screen print from MaGIK is not an acceptable substitution for the completion of the appropriate form or copy of the approved Assessment of Alleged Child Abuse or Neglect (SF 113). This may mean locating the hard copy case file and including supporting documentation from the hard copy file with the waiver submission.
   d. If substantiation of CA/N is found in another state, the approved assessment (the narrative similar to the Assessment of Alleged Child Abuse or Neglect (SF 113) in Indiana) must be obtained from that other state and submitted with the CPS waiver request.

4. **Screen Print of National Sex Offender Registry Check**
   The National Sex Offender Registry Check is required for any subject 14 years or older. All sex offender searches must be completed on the Dru Sjodin National Sex Offender Public website at http://www.nsopw.gov/Core/Portal.aspx. Any other website search is unacceptable and is duplicating the FCM’s efforts, because these other search sites are all linked to this national site.
   a. Each name or combination of names the subject has used in his or her lifetime must be searched individually.
   b. Upon obtaining the results of a name search, the results should be printed. The screen shot must be printed, signed, and dated by the FCM. For those results without matches, the FCM will also write "NO MATCH" on the printed page that has his or her signature and date the result was reviewed.

5. **[REVISED] Local Criminal Court Check Results**
   A Local Criminal Court Records Check is required for all persons age 18 and older. For further instructions about completing Local Criminal Court Records Checks, see the Local Law Enforcement Agency (LEA) Instructions.

6. **[REVISED] Local Name Based Arrest Record Checks**
   The Local Name Based Arrest Records Check is a name-based arrest record check with the police or sheriff department. A copy of the written results must be obtained from each of the local LEAs that have jurisdiction to respond to an emergency 911 call at the subject’s current home address, as well as, all other home addresses in which the subject has resided in the past five (5) years. These searches should be completed for every name or combination of names used by the subject for each LEA. Provide court issued dispositions on arrests.

   **[REVISED] Note:** The Local Criminal Court Records Check nor the Local Name Based Arrest Records Check is an ISP Limited Criminal History Check.
7. **Fingerprint-Based Check Status Letter**
   If requesting only a CPS waiver, include a copy of the Fingerprint-Based Check Status letter, which was e-mailed to the FCM and was completed for the purpose of unlicensed relative placement showing the fingerprint-based status of qualified. This applies to subjects 18 years and older.

---

**FORMS AND TOOLS**

1. Application for Criminal History Background Check (SF 53259)
2. Indiana Request for a Child Protection Services (CPS) History Check (SF52802)
3. Follow-up Action for Name-Based Check (SF 53424)
4. Background Check Matrix for Unlicensed Placements and Foster Care Desk Guide
5. Assessment of Alleged Child Abuse and Neglect (SF 113)
6. [NEW] Local Law Enforcement Agency (LEA) Instructions

---

**RELATED INFORMATION**

**Background Check Waiver Committee**
The Background Check Waiver Committee is made up of the, the DCS Local Office Director (LOD), Regional Manager (RM), and the Central Office Background Check Team Manager or designee. Additional members may be consulted from time to time. The committee’s decision may be made via phone or e-mail.

**Factors for the FCM and Background Check Waiver Committee to Consider When Recommending and/or Approving the Background Check Waivers**
When evaluating background check information, the factors the FCM and Background Check Waiver Committee should consider include, but are not limited to:

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. This includes reviewing all elements of the subject’s current situation, lifestyle, and judgments. Examples include, but are not limited to:
   a. Review of dates and reasons of unsubstantiated CPS reports,
   b. Arrests without convictions,
   c. Police runs to the subject’s residency, and
   d. Current involvement in treatment for alcohol or drug use (especially if this was a contributing factor to past criminal behavior or CPS substantiation).
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 written request, including an explanation for the need and purpose, 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 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 subject of the check may be formally challenge the record. To refute inaccurate Indiana criminal history records or information, the subject of the check must request a Review Challenge from ISP. The subject of the check must be fingerprinted for the Review Challenge, at his or her own expense. The process of the Review Challenge takes place between ISP and the subject of the check, and DCS is not involved in the process.

**Disqualified Fingerprint Status**

“Disqualified” fingerprint status means that unless a waiver is granted, the subject of the check is ineligible to be a(n):

1. Unlicensed relative out-of-home placement caregiver;
2. **[REVISED]** Household member of a current or prospective the unlicensed relative out-of-home placement resource (this excludes court approved child’s biological parent who is also living in the out-of-home placement in which the child is placed); or
3. Employee or volunteer working or volunteering inside the home of the relative out-of-home placement.

**Conditionally Disqualified Fingerprint Status**

“Conditionally Disqualified” fingerprint 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 out-of-home placement caregiver;
2. **[REVISED]** Household member of a current or prospective the unlicensed relative out-of-home placement resource (this excludes court approved child’s biological parent who is also living in the out-of-home placement in which the child is placed); or
3. An employee or volunteer working or volunteering inside the home of the relative out-of-home placement.

Examples of reported information on a Fingerprint-Based Check report that will lead to a conditional disqualification include, but are not limited to:

1. An arrest without a disposition,
2. A conviction without the level of the conviction being a misdemeanor or a felony, or
3. A conviction where additional information on the circumstances of the arrest and conviction are required.

**Qualified Fingerprint Status**

**[REVISED]** “Qualified” fingerprint status means that the subject of the check is eligible to be a placement option, as a unlicensed relative caregiver, household member of the unlicensed relative out-of-home placement (this excludes court approved child’s biological parent who is also living in the out of home placement in which the child is placed), or an employee or volunteer who is working or volunteering inside the home of the out-of-home relative unlicensed placement, as long as the subject of the check passes all other background checks.

**Existence of CPS substantiated History**

The existence of CPS history of CA/N means that unless a waiver is granted, the subject of the check is ineligible to be a(n):  
1. Unlicensed out-of-home placement caregiver;
2. **[REVISED]** Household member of a current or prospective unlicensed relative out-of-home placement resource (this excludes court approved child’s biological parent who is also living in the out of home placement in which the child is placed); or

3. An employee or volunteer working or volunteering inside the home of the out-of-home relative unlicensed placement.
**POLICY**

The Indiana Department of Child Services (DCS) will complete the following background checks on members of the prospective DCS adoptive household or members of a prospective private adoptive household who are applying for the Indiana Adoption Assistance Program (AAP), which will vary based on the age of the subject of the check and the type of check being conducted:

1. Fingerprint-Based Check;
2. Child Protective Services (CPS) History Check;
3. National Sex Offender Registry Check; and
4. Local Criminal Court Records Check.

**Note:** Fingerprint-Based Checks conducted for the purpose of adoption may not be used for foster care licensing, employment, or any other purpose and a new fingerprint check is required.

DCS requires background checks on all persons who live in a:

1. Prospective adoptive home wishing to adopt a DCS ward; or
2. Prospective private adoptive home applying for the AAP.

Background checks must be completed for purposes of the adoption home study, adoption summary, or AAP eligibility determination. If it has been 12 months since the last adoption background check, new background checks must be completed prior to the following:

1. Pre-adoptive placement;
2. Adoption home study or adoption summary;
3. Submission of the Indiana Adoption Program Application; or
4. Filing the petition for adoption.

After a child is placed in a prospective adoptive home, DCS requires background checks on:

1. New household members who have an intent to reside in the home for 21 days or more (the days do not have to be consecutive). Checks must be completed prior to the new household member moving into the prospective adoptive home and then completed annually; or
2. Current household members who turn 14 or 18 years old; Fingerprint-Based National Criminal History Check (Fingerprint-Based Check) and Local Criminal Court Records Check are required within 30 days prior to his or her 18th birthday; and National Sex Offender Registry checks are required within 30 days prior to his or her 14th birthday.

The type of background check conducted will vary based on the age of the subject of the check:

1. For all persons in the home age 18 and older, the background check will consist of the following:
   a. Fingerprint-Based Check,
b. CPS History Check in every state the subject of the check has resided during the past five (5) years,
c. National Sex Offender Registry check for all possible aliases, and
d. Local Criminal Court Records Check in every criminal court jurisdiction the subject of the check has lived in the last five (5) years for all possible aliases.

2. For all persons in the home age 14 to 17 years, the background check will consist of the following:
   a. CPS History Check in every state the subject of the check has resided during the past five (5) years, and
   b. National Sex Offender Registry Check in every state the subject of the check has resided during the past five (5) years for all possible aliases.

3. For all persons in the home age six (6) to 13 years, a CPS History Check must be completed in every state the subject of the check has resided during the past five (5) years.

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

**Exceptions to Fingerprinting**

An exception may only be granted by the DCS Central Office Background Check Unit (COBCU) and is for limited and case-specific situations, such as the following:

1. When the subject 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.

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

1. A letter requesting the exception and explaining the disabling condition;
2. Required documentation from the person trained to take fingerprints or a qualified medical practitioner or evidence that the individual does not have fingers; and
3. Signed and complete Application for Criminal History Background Check (SF 53259) with associated Power of Attorney (POA), if applicable.

If the exception is granted, the COBCU will complete the Indiana Limited Criminal History Check (LCH) on the subject of the check and provide official notice of the fingerprint exception status. If the subject lived in any other state in the last five (5) years, contact the COBCU for guidance on what type of check is needed in that state.

**Extracurricular Activities**

DCS does not have the statutory authority to request individuals to be fingerprinted who are involved in extracurricular activities in which the child participates. These activities 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). However, discretion should be used when deciding whether CPS History Checks, Sex Offender Registry Checks and/or LCH Checks are needed.
Employees, Contractors, and Volunteers of the Prospective Adoptive Home, including Child Care Providers

If the family utilizes a child care provider who is licensed by the Division of Family Resources (DFR), all background checks have already been completed as part of the licensing process. DCS should not complete additional background checks. Background checks are not required on employees, contractors, and/or volunteers of a prospective adoptive home including child care providers. Discretion should be used when deciding if a CPS History Check, National Sex Offender Registry, and/or Limited Criminal History Check are needed. Fingerprint-Based Checks should not be conducted.

Private Adoptions

DCS does not conduct Fingerprint-Based Checks for domestic or international private adoptions. The private agencies and/or legal representative will run Fingerprint-Based Checks through the Indiana State Police (ISP). The only exception is when the prospective private adoptive home is applying for AAP through DCS.

DCS will maintain 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 31-19-11-1: Decree; affidavit; criminal convictions and juvenile adjudications
2. IC 31-19-7-1: Prior written approval of placements; criminal history checks
3. IC 31-9-2-22.5: "Conduct a criminal history check"
4. IC 31-19-2-7.3: Waiver of criminal history check requirements prohibited
5. IC 31-19-2-7.5: Submission of information, forms, or consents for criminal history check
6. IC 31-19-8-5: Agency report and recommendation; filing requirements; waiver of report
7. IC 12-17.2-2-8: Licensure exemptions

PROCEDURE

The DCS local office or Licensed Child Placing Agency (LCPA) adoption worker\(^1\) will:

**Note:** For private adoption cases where the prospective adoptive parent is applying for AAP, the LCPA adoption worker will complete the following procedure.

1. Verify the identity of each subject of the check, regardless of age (see separate policy, 2.9 Verifying Identity); by reviewing one (1) available and valid, government-issued Identification Document (ID) such as, but not limited to, a:
   a. Social Security card,  
   b. Birth certificate,  
   c. Passport,  
   d. Photo Identification Card, or  
   e. Driver’s license.

2. Have each subject of the check complete the Application for Criminal History Background Check (SF 53259) using his or her legal name as it appears on the current government issued picture ID: The subject of the check must sign and date the form.

\(^1\) In cases where the home study is contracted out, the “adoption worker” may either be the DCS or the LCPA worker. The person conducting the home study would complete the required background checks.
The adoption worker must place the original form in the file after completion of the Background Check Process;

3. Register each person age 18 and older for a Fingerprint-Based Check, unless he or she requests an Exception to Fingerprinting. This consists of the adoption worker:
   a. Completing the registration process for the purpose of adoption and making an appointment for the subject of the check for electronic fingerprinting through the DCS approved fingerprint vendor and providing the subject of the check with a copy of the registration confirmation number given at the end of the registration process (if unable to complete the registration/make the appointment, see “b”),
   b. Providing the subject of the check with the customized [DCS Ward Adoption Registration Instruction for Fingerprinting in Indiana](#), which provides step-by-step instructions for registering for fingerprints if the adoption worker is unable to register the subject of the check, and
   c. Informing the subject of the check to use the same government issued ID used during registration for fingerprints.

**Note:** If a prospective adoptive family requests that DCS pay for fingerprints for the purpose of adopting a DCS ward, an RM appeal must be completed. Consideration will only be given to families who exhibit financial hardship due to at least one (1) of the following:
   i. The prospective adoptive parent has a low income (e.g., SSI, or SSDI);
   ii. Four (4) or more household members are required to be fingerprinted; or
   iii. The prospective adoptive parent is an unlicensed relative who does not receive a per diem.

If a Regional Manager (RM) Appeal is needed:
   i. The FCM will submit the completed [Request for Additional Funding (SF 54870)](#) detailing the financial hardship to the adoption worker Supervisor for approval or denial prior to the expenditure of any funds;
   ii. The FCM Supervisor will review and approve or deny the RM appeal;
   iii. The FCM Supervisor will submit the RM appeal decision to the Local Office Director (LOD)/Division Manager (DM) for approval or denial;
   iv. The LOD/DM will review and approve or deny the RM appeal;
   v. The LOD/DM will send the RM appeal to the RM for final approval or denial;
   vi. The RM will review the appeal and submit a copy to the Regional Finance Manager (RFM), if approved;
   vii. The RM will notify the LOD/DM of the final determination via written correspondence;
   viii. The LOD/DM will ensure the final determination is sent to the FCM and FCM Supervisor and that the prospective adoptive family is notified of the decision; and
   ix. The LOD/DM will ensure the billing code and fingerprint registration instructions are provided to the prospective adoptive family if the RM appeal is approved.

**Note:** A unique billing code is used when DCS pays for an adoptive family’s fingerprints following the approval of an RM appeal. Other DCS billing codes should not be utilized.

4. Ensure the subject of the check is successfully fingerprinted by obtaining the results of the Fingerprint-Based Check from the COBCU. The COBCU will provide a letter via e-mail to the DCS local office or LCPA contact person handling all background check material to inform him or her of the Fingerprint-Based Check status. For additional
information concerning Fingerprint-Based Check results, see separate policy, 13.8 Evaluating Background Checks for Adoptions;

**Note:** If fingerprints are rejected, follow the instructions on the Reprint Notice. A ‘reprint’ appointment must be scheduled. Do not start a new registration or there will be a duplicate charge for cost of printing. Provide the subject of the check a copy of the notice if he or she will be scheduling his or her own ‘reprint’ appointment.

5. Conduct a National Sex Offender Registry Check for all persons 14 years of age and older and print the results off of the Dru Sjodin National Sex Offender Public website at [http://www.nsopw.gov](http://www.nsopw.gov). If a match is found, refer to separate policy, 13.8 Evaluating Background Checks for Adoptions;

**Note:** Narrow the search by state if searching a common name results in multiple matches. Complete a search of every state the subject of the check has resided during the past five (5) years.

6. Conduct a CPS History Check for all persons in Indiana aged six (6) years and older by:
   a. Completing Section A of the [Indiana Request for a Child Protection Services (CPS) History Check (SF 52802)](#);
   b. Having the subject of the check or representative, if a minor, complete Section B of the [Indiana Request for a Child Protection Services (CPS) History Check (SF 52802)](#); and
   c. Completing a search of the case management system and reflect the results of the search in Section C.

**Note:** LCPAs are unable to access this information and will need to:
   i. Send a copy of the [Indiana Request for a Child Protection Services (CPS) History Check (SF 52802)](#) to the DCS local office for completion; or
   ii. Submit requests to COBCU using the KidTraks Vendor Portal, by signing in to the case management system.

7. Conduct a CPS search for every other state where a household member has lived during the past five (5) years, if applicable. Locate information for a CPS administrator to process the search request at [http://www.cwicenter.org/ChildProtective/AdamWalsh.pdf](http://www.cwicenter.org/ChildProtective/AdamWalsh.pdf) (select “List of Contacts for Other State’s Child Abuse and Neglect Registries”); and

**Note:** If a household member has CPS history in any state, refer to separate policy, 13.8 Evaluating Background Checks for Adoptions for further required action.

Conduct a Local Criminal Court Records Check by completing a court record search, including all aliases, within each county court, as well as applicable city courts, in which the subject resided in the past five (5) years. For further instructions about completing Local Criminal Court Records Checks, see the [Local Law Enforcement Agency Instructions](#).
PRACTICE GUIDANCE

Undocumented Individuals
If an individual is undocumented, the adoption worker should contact the COBCU for instructions and approval. Background checks, including fingerprints, are still required. The fingerprint registration cannot be completed without a Social Security Number (SSN) or the assistance of COBCU. A request to COBCU should be emailed to cobcuinquiry@dcs.in.gov and include the following information for each pre-adoptive parent and all household members:
1. Legal Name;
2. DOB;
3. Height;
4. Weight;
5. Eye color;
6. Hair color;
7. Country of birth;
8. Citizen of what country;
9. Short explanation of how long the individual has been in the United States of America (USA);
10. Steps taken by the individual, if any, to become legal in the USA and obtain a SSN;
11. Copy of a current government issued picture ID;
12. Completed and signed Application for Criminal History Background Check (SF 53259);
13. Address of the location where the individual wants to be printed; and
14. Three (3) dates and times that the individual is available to be printed.

Notifying the Adoption Worker of Arrest, Conviction, or Substantiation of Abuse or Neglect
The prospective adoptive home must notify the adoption worker within 24 hours of the arrest, conviction or substantiation of abuse or neglect of the prospective adoptive parent, or a household member. The adoption worker and supervisor will evaluate the severity and seriousness of the offense on a case-by-case basis. If there is an arrest that results in a conviction or CPS substantiation, the COBCU should be contacted for additional guidance and instruction.

Registering for Fingerprints
If the adoption worker is unable to complete the registration process for the subject of the check, the worker is to provide the subject of the check with the step-by-step instructions for registering for fingerprinting through the DCS approved vendor. The instructions should include the correct DCS local office or LCPA, adoption worker’s name, adoption worker’s phone number, and the reason for printing.

Note: If a prospective adoptive family requests that DCS pay for fingerprints for the purpose of adopting a DCS ward, an RM appeal must be completed. Consideration will only be given to families who exhibit financial hardship due to at least one (1) of the following:
1. The prospective adoptive parent(s) has a fixed income (e.g., SSI, or SSDI);
2. Four (4) or more household members are required to be fingerprinted; or
3. The prospective adoptive parent(s) is an unlicensed relative who does not receive a per diem.
Special Circumstances Regarding 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.

DCS may only complete Fingerprint-Based Checks on those over whom DCS has statutory authority to fingerprint. If the FCM or DCS Staff Attorney believes at any time that DCS is being required to complete background checks outside the statutory authority, the FCM or DCS Staff Attorney shall contact the Deputy Director of Juvenile Justice Initiatives and Support.

Exception to Fingerprinting
If an Exception to Fingerprinting request is granted, COBCU will run an Indiana LCH check. The adoption worker will provide the non-fingerprint based checks for all other states the subject of the check has resided in during the past five (5) years to the COBCU. The COBCU will provide a letter via e-mail to the DCS local office or LCPA contact person handling all background check material and inform them of the clearance status resulting from the search.

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; and

Homebound
If the subject of a check is physically unable to leave his or her home for fingerprinting without special transportation (such as an ambulance or other special requirements), the adoption worker should contact 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 within 10 days of receiving the reprint notice. This may occur several times. Once the appropriate number and type of rejections have been reached within the appropriate time frame, on the same transaction, COBCU may request that a non-emergency FBI Name-Based Check be processed in lieu of the individual’s fingerprints. The processing time for the Name-Based Check is longer than that of a fingerprint check.

Searching CPS History
Local DCS Offices should complete a search in the case management system.

Note: COBCU is able to provide a more thorough search of CPS History. Using information provided by the applicant, COBCU searches the Indiana DCS Statewide Electronic Child Protective Services Index Database. The database contains historical case information extending as far back as January 1, 1988, depending on jurisdiction.

FORMS AND TOOLS
1. Application for Criminal History Background Check (SF 53259)
2. Request for Child Protection Service (CPS) History Check (SF 52802)
3. Request for Additional Funding (SF 54870)
4. DCS Ward Adoption Registration Instruction for Fingerprinting in Indiana
5. Background Check Matrix Adoptions Desk Guide
6. Indiana DCS Statewide Electronic Child Protective Services Index Database

RELATED INFORMATION

Checking the Status of a Fingerprint-Based Checks Report
The DCS local office COBCU contact person is provided access to the administrative website to check the status of prints. Questions regarding the username and password for the website may be e-mailed to the COBCU at cobcuinquiry@dcs.in.gov.

Limited Criminal History (LCH) Check
An 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 used if fingerprinting is being completed for the same purpose. Accuracy of this information is dependent upon local law enforcement participation. DCS may provide a copy of the Indiana LCH to the subject of the check. This search is available online at https://secure.in.gov/apps/isp/lch/. This site may be accessed by the general public and results are immediate. Designated DCS local office staff have access to this site. For assistance with username issues, please e-mail cobcuinquiry@dc.gov.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will evaluate the results of all Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) on all required persons for the purpose of adoption. The DCS Local Office or Licensing Child Placing Agency (LCPA) adoption worker will evaluate the remaining background checks. See separate policy, 13.7 Conducting Background Checks for Adoptions. The final results will be placed in the child’s file and documented in the Management Gateway for Indiana’s Kids (MaGIK).

**Fingerprint-Based Check**

The DCS Central Office Background Check Unit (COBCU) will evaluate the results of the Fingerprint-Based Check and notify the assigned contact person at the DCS local office or LCPA contact person of the criminal history clearance status by e-mailing 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 the required verification of charges, including but not limited to court orders showing disposition and level of conviction, a court order showing dismissal and/or arrest reports. Upon receipt of all necessary verifications, COBCU will re-evaluate the status and issue an amended Fingerprint-Based Check status letter to the assigned DCS local office or LCPA contact person by e-mail.

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

1. Any misdemeanor that may related to the health and/or safety of a child;
2. Any felony;
3. Four (4) or more misdemeanor convictions; or
4. A juvenile adjudication for an act that if committed by an adult would be one (1) of the 30 felonies listed in the Waivers 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 Protective Services History Checks (CPS) History Checks**
The adoption worker will review the completed CPS history results for persons six (6) years and older from Indiana and all other states of residency within the past five (5) years (if applicable), and the adoption worker will determine if there are reports of any substantiation of child abuse and/or neglect (CA/N) for the subject of the check. If there is substantiated CPS history in Indiana or the equivalent in another state, the filing and granting of a CPS waiver by COBCU is required for DCS to recommend the adoption (see section on Waivers).

**National Sex Offender Registry Check**
The adoption worker will evaluate the National Sex Offender Registry Check to determine if there are any matches. If there is a match, the adoption cannot proceed. Notify the COBCU immediately. The COBCU will re-evaluate the Fingerprint-Based criminal history report.

**Local Criminal Court Records Check**
The adoption worker will evaluate the results of the Local Criminal Court Records Check. See Policy 13.7 Conducting Background Checks for Adoption for more information regarding who should complete the Local Criminal Court Records Checks. If the name-based court record check returns a felony, four (4) or more misdemeanors, or a misdemeanor that relates to the health and safety of a child, the adoption worker shall contact COBCU for additional guidance if the fingerprint based status letter was qualified.

**Waivers**
Upon receipt of the positive written recommendation of support for employment and/or volunteering from the adoption worker¹, 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, or is pending conviction, of any of the felonies listed below (as defined by Indiana Criminal Code):

1. Murder;
2. Causing suicide;
3. Assisting suicide;
4. Voluntary manslaughter;
5. Involuntary manslaughter;
6. Reckless homicide;
7. Feticide;
8. Battery within the past five (5) years;
9. Domestic battery;
10. Aggravated battery;
11. Criminal recklessness within the past five (5) years;
12. Strangulation;
13. Kidnapping;
14. Criminal confinement within the past five (5) years;
15. Human and sexual trafficking;
16. A felony sex offense under (IC 35-42-4);
17. Arson within the past five (5) years;
18. Incest;
19. Neglect of a dependent;
20. Child selling;
21. Reckless supervision;
22. Nonsupport of a dependent child within the past five (5) years;
23. Operating a motorboat while intoxicated within the past five (5) years;

¹ “Adoption Worker” is defined as the Local Office Family Case Manager or LCPA worker.
24. A felony involving a weapon under (IC 35-47) within the past five (5) years;
25. A felony relating to controlled substances under (IC 35-48-4) within the past five (5) years;
26. An offense relating to material or a performance that is harmful to minors or obscene under (IC 35-49-3);
27. A felony under IC 9-30-5 (operating a vehicle while intoxicated) within the past five (5) years;
28. A felony related to the health or safety of a child defined in IC 31-9-2-13(h) or an endangered adult (as defined in IC 12-10-3-2);
29. Attempt (IC 35-41-5-1) to commit a felony described in subdivisions one (1) through 28.
   If a conviction for a felony is nonwaivable for a stated duration under subdivision one (1) through 28, a conviction for an attempt to commit a felony is nonwaivable for the same duration under this subdivision.
30. A felony that is substantially equivalent to a felony listed in subdivisions one (1) - 29 for which the conviction was entered in another jurisdiction.

DCS cannot recommend the adoption if the subject’s background check reveals that an individual living in the home has a disqualified criminal history or criminal and/or CPS history that is not waived by DCS. In addition, a court may not grant an adoption if the petitioner is a sex or violent offender (as defined in IC 11-8-8-5) or a sexually violent predator (as defined in IC 35-38-1-7.5).

Code References
   IC 31-9-2-84.8: Nonwaivable offenses

**PROCEDURE**

The adoption worker will complete the following steps:

1. For a Fingerprint-Based Check, review the results letter received from COBCU. Where the Fingerprint-Based Check Status results are a conditionally disqualified or disqualified status:
   a. Provide a copy of the Fingerprint-Based Check Status Letter to the subject of the check,
   b. If disqualified, instruct the subject of the check to 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 adoption worker 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 (see #5 below regarding applying for a Waiver), and
   c. If conditionally disqualified, instruct the subject of the check to contact the COBCU consultant listed on the Fingerprint-Based Check Status Letter within 10 days of the date of the results letter. The subject of the check is to provide the requested documentation to the COBCU consultant. Upon re-evaluation, if the status is disqualified refer to ‘b’ above.

2. Review the results of the CPS History Check:
   a. If a substantiated CPS history is discovered, the adoption worker will give the subject of the check a copy of the completed Request for a Child Protection Services (CPS)

---

2 “Adoption Worker” is defined as the Local Office Family Case Manager or LCPA worker
History Check (SF 52802) form showing substantiated history (see separate policy, 2.6 Sharing Confidential Information), and

b. A request for a CPS Waiver should be filed within ten (10) days of discovering CPS history (see #5 below regarding applying for a Waiver). The request for the waiver must be granted for the subject of the check, or DCS cannot recommend the adoption.

3. Review the results of the National Sex Offender Registry check for a match to the subject of the check. If there is a match for the subject of the check, the adoption cannot proceed and any children already placed must be removed immediately;

4. Review the results of the Local Criminal Court Records Checks by completing a court record search, including all aliases, within each county court, as well as applicable city courts, in which the subject resided in the past five (5) years. For further instructions about completing Local Criminal Court Records Checks, see the Local Law Enforcement Agency (LEA) Instructions;

5. Contact the COBCU Consultant listed on the Fingerprint Based Status Letter within five (5) days if the Local Criminal Court Record Check returns convictions of a felony, four (4) or more misdemeanors, or a misdemeanor related to the health and safety of a child and the fingerprint based status letter was qualified to have the COBCU Consultant re-evaluate the fingerprint based status, and if necessary, issue a new amended status letter. If at any time the adoption worker believes the Local Criminal Court Record Check report may alter the status of the fingerprint based check status the adoption worker will contact the COBCU Consultant listed on the Fingerprint Based Status Letter for further action;

6. To request a Waiver of disqualified criminal history and/or substantiated CPS history submit to the COBCU by fax at 317-234-4633 or scan/e-mail at cobcu.inquiry@dcs.in.gov. See Practice Guidance for a list of required information.

7. Place a copy of the results documents for all background checks and any waiver letters in the child’s file and document in MaGIK.

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

The DCS COBCU will:

1. For Fingerprint-Based Checks, evaluate the criminal history report within five (5) business days of receipt and notify by e-mail the assigned DCS local office or LCPA contact person regarding the clearance status;

2. If conditionally disqualified or disqualified provide guidance, re-evaluate history based on the received documentation and issue a new status letter when applicable;

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 Juvenile Justice Initiatives and Support, or designee,
   b. Deputy Director of Juvenile Justice Initiatives and Support, or designee will submit the recommendation to the Background Check Team for a joint decision, and

   **Note:** The Background Check Review Team is made up of the Adoption and Youth Connections Programs Manager, the DCS Local Office Director (LOD), Regional
Manager (RM), and the Deputy Director of Juvenile Justice Initiatives and Support or their designee. The team’s decision may be made via phone or e-mail.

c. Notify by e-mail the assigned DCS local office or LCPA background check contact person of the waiver decision. A decision will be returned in approximately 10 working days and the status will be either “Waiver granted” or “Waiver not granted”.

**Note:** At times, additional information will be requested and this will delay the issuance of the final “Waiver granted” or “Waiver not granted” status. Additional information may be needed to submit a complete waiver or after the waiver is submitted and questions have been asked by the Background Check Waiver Committee members. Failure to submit the requested information by the stated deadline may result in the waiver denial due to failure to cooperate.

4. Contact all necessary verifications and requests as required for a request for a Medical Exception to Fingerprint and submit to the Indiana State Police (ISP) for approval. Upon approval from ISP, generate the Indiana Limited Criminal History (LCH) check and issue a Medical Exception Fingerprint Granted status letter to the DCS Local Office contact person by e-mail if the subject is found to be eligible (see separate policy, 13.7 Conducting Background Checks for Adoption).

**PRACTICE GUIDANCE**

The information below is to be submitted to COBCU in one (1) packet by the adoption worker. The following items are required to be submitted in the waiver packet for the purpose of unlicensed placements:

1. **Letter from the Subject**
   A signed letter from the subject of the check requesting a criminal and/or CPS waiver for the purpose of adoption (parent or guardian may write if the subject of the check is a minor and he or she is unable to write his or her own letter; however, the minor should sign if able). The letter should explain in detail the situation involving the arrest and CA/N investigation. The letter should include, but is not limited to the following:
   a. Provide the date, location, and charge of each arrest during the subject’s lifetime:
      i. Indicate which of the arrests resulted in any type of conviction;
      ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor);
      iii. For the convictions given, indicate the sentence given, time served, time on probation/parole, as well as other court ordered fines, therapy, and other obligations that were court ordered;
      iv. Indicate if the subject is currently on probation/parole or the date probation/parole was officially ended on each conviction; and
      v. Provide any information regarding self-referred services related to the conviction or arrest.
   
   b. Provide the date of each CPS report and assessment involving the subject during his or her lifetime.
      i. Indicate if the investigation resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation;
      ii. Include the findings (i.e., physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation;
iii. Indicate whether the child was removed from the subject’s home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time out-of-home and indicate whether the child has returned to the subject’s home; and

iv. Identify services the subject participated in and indicate whether these were court ordered services. Also, identify what the subject learned through the services and how the subject’s behavior changed as a result of the services.

c. Provide evidence of the person’s rehabilitation, including the person’s cooperation with a treatment plan.
   i. Include and explain past and ongoing treatment if mental illness and/or substance abuse is/was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation; and
   ii. Explain the subject’s ability and long-term plan to provide for the child’s safety and well-being in an environment that will allow the child to thrive.

d. The subject requesting the waiver may also include any additional reference letters or documentation that would support any rehabilitation that has occurred in his or her lifetime.

2. Letter from the Adoption Worker

Provide a written recommendation from the adoption worker. The recommendation letter must be signed and submitted on DCS letterhead, sent from the child’s FCM business e-mail address or on the adoption worker’s LCPA letterhead. The recommendation letter must include the following:
   i. The adoption worker’s observations of the subject of the check;
   ii. The adoption worker’s recommendation to support or not to support the granting of the adoption criminal/andor CPS waiver, including reasons to support the recommendation;
   iii. Indicate whether the child has already been placed with the subject requesting the waiver;
   iv. The relation between the child and the subject of the request;
   v. Services being provided in the home;
   vi. Copies of Safety Plans; and
   vii. Details outlined in items a, b, and c in #1 above (Letter From the Subject) from the adoption worker’s point of view.

3. CPS History Check

A CPS history check must be completed for persons six (6) years and older and submitted for all states in which the subject of the check has resided in the previous five (5) years.
   a. For dates of residency in Indiana, the current version of Indiana Request for a Child Protection Services (CPS) History Check (SF 52802) must be completed in accordance with the published instructions. If any portion of the form is missing information or incorrectly completed, it is not acceptable and will be returned for correction;
   b. For dates of residency outside of Indiana, the adoption worker must obtain and submit the appropriate documentation for confirmation of CPS checks in that specific state;
   c. If there is a substantiation in Indiana, a copy of the approved Assessment of Alleged Child Abuse or Neglect (SF 113) for all assessments must be submitted with the CPS waiver request. A screen print from the case management system is not an
acceptable substitution for the completion of the appropriate form or copy of the approved Assessment of Alleged Child Abuse or Neglect (SF 113). This may mean locating the hard copy case file and include supporting documentation from the hard copy file with the waiver submission; and
d. If substantiation of CA/N is found in another state, the approved assessment (the narrative similar to the Assessment of Alleged Child Abuse or Neglect (SF 113) in Indiana) must be obtained from the other state and submitted with the CPS waiver request.

4. **Screen Print of National Sex Offender Registry Check**
The National Sex Offender Registry Check is required for any subject 14 years or older. All sex offender searches must be completed on the DRu Sjodin National Sex Offender Public website at [http://www.nsopw.gov](http://www.nsopw.gov). Any other website search is unacceptable and is duplicating the adoption worker's efforts because the other search sites are all linked to the national site.
   a. Each name or combination of names the subject has used in his or her lifetime must be searched individually; and
   b. Upon obtaining results of a name search, the results should be printed. The screenshot must be printed, signed, and dated by the adoption worker. For those results without matches, the adoption worker will also write “NO MATCH” on the printed page that has his or her signature and date the result was reviewed.

5. **Local Criminal Court Check Results**
A Local Criminal Court Records Check is required for all persons age 18 and older. For further instructions regarding completing the Local Criminal Court Records Checks, see the Local Law Enforcement (LEA) Instructions.

6. **Local Name Based Arrest Record Checks**
The Local Name Based Arrest Records Check is a name-based arrest record check with the police or sheriff department. A copy of the written results must be obtained from each of the local LEAs that have jurisdiction to respond to an emergency 911 call at the subject’s current home address, as well as all other home addresses in which the subject has resided in the past five (5) years. These searches should be completed for every name or combination of names used by the subject for each LEA. Provide court issued dispositions on arrests.

   Note: The Local Criminal Court Records Check nor the Local Name Based Arrest Record Check is an ISP Limited Criminal History Check.

7. **Fingerprint Based Check Status Letter**
If requesting only a CPS waiver, include a copy of the Fingerprint Based Check Status letter, which was emailed to the adoption worker and was completed for the purpose of adoption showing the fingerprint based status of qualified. This applies to subjects 18 years and older.

---

**FORMS AND TOOLS**

1. Assessment of Alleged Child Abuse or Neglect (SF113) – Available in MaGIK
2. Background Check Matrix for Adoptions Desk Guide
3. Indiana Request for a Child Protection Services (CPS) History Check (SF 52802)
4. Local Law Enforcement Agency (LEA) Instructions
RELATED INFORMATION

Factors for the Adoption 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 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 resource family; and
7. Any impact the denial of the placement may have on the ability to keep the sibling group together if siblings are involved.

Disclosing Fingerprint-Based Check Information

Upon request, the DCS local office may receive a copy of the official criminal history transcript that contains the criminal history reported by the Federal Bureau of Investigation (FBI) and the Indiana State Police (ISP). Neither LCPAs nor the subject of the check will 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 subject of the check may formally challenge the record. A Review Challenge of inaccurate information must be made to the 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. Prospective adoptive parent; or
2. Household member.

Conditionally Disqualified Fingerprint Status

Conditionally Disqualified status means that the subject of the check is ineligible 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. Prospective adoptive parent; or
2. Household member.

Examples of reported information on a fingerprint based criminal history 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 as a prospective adoptive parent or household member, as long as the subject of the check passes all other background checks.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) requires background checks to be conducted for the purpose of foster family home licensing on all persons who:

1. Live in the home; or
2. Work or volunteer in the home on a regular and continuing basis with children who are or will be under the direct supervision of the foster parent.

After a child is placed in a foster family home, DCS requires background checks on:

1. New household members who have an intent to reside in the home for at least 21 days (the days do not have to be consecutive); checks must be completed prior to moving into the foster family home;
2. Current household members who turn 14 or 18 years old; the Fingerprint-Based National Criminal History Check (Fingerprint-Based Check) and Local Criminal Court Records Check are required within 30 days of his/her 18th birthday; National Sex Offender Registry checks are required within 30 days of his/her 14th birthday; and Child Protective Services (CPS) History Check are required within 30 days of his/her 6th birthday; and
3. New employees, contractors, and/or volunteers; checks must be completed prior to beginning work or volunteering in that licensed resource home.

The following background checks will be conducted on foster family homes:

1. Fingerprint-Based Check;
2. CPS History Check;
3. National Sex Offender Registry Check; and
4. Local Criminal Court Records Check.

The type of background check conducted will vary based on the age of the subject of the check.

DCS will not conduct background checks on children under DCS care and supervision; this includes Youth in Collaborative Care.

Note: Youth in Collaborative Care are still in foster care; therefore, background checks are not required unless the child has been out of DCS’ care for an extended amount of time. In those cases, the DCS Collaborative Care Case Manager (3CM) will determine whether or not background checks are necessary.

Fingerprint-Based Checks conducted for foster family home licensing cannot be used for adoption or any other purpose. A new fingerprint check is required.

For Initial and Relicensure of Foster Family Homes
Background checks will consist of the following:

1. For all persons age 18 and older:
a. Fingerprint-Based Check,
b. CPS History Check in every state where the subject of the check has lived during the last five (5) years,
c. National Sex Offender Registry Check in every state where the subject of the check has lived during the last five (5) years, and
d. Local Criminal Court Records Check in every criminal court jurisdiction the subject of the check has lived during the last five (5) years.

2. For all persons age 14-17 years:
   a. CPS History Check in every state where the subject of the check has lived during the last five (5) years, and
   b. National Sex Offender Registry Check in every state where the subject of the check has lived during the last five (5) years.

3. For all persons age 6-13 years, a CPS History Check in every state where the subject of the check has lived during the last five (5) years.

   Note: The CPS History check should be completed within 30 days of the child’s 6th birthday.

Exceptions to Fingerprinting
The only exception to fingerprinting a subject of the check is if he or she has a physical disability that makes it impossible to obtain the subject’s fingerprint. The exception does not apply to subjects who can 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:
   1. When the subject 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.

To receive an exception, the following must be sent to the COBCU:
   1. A letter requesting the exception and explaining the disabling condition; and
   2. The required documentation from the person trained to take fingerprints or qualified medical practitioner or evidence that the individual 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 (5) years, contact COBCU for guidance on what type of check is needed in that state.

Annual Reviews
DCS requires those who live, work, or volunteer in the foster family home to complete the following background checks at the annual review:
   1. LCH check (age 18 and older);
   2. CPS History Check (age six [6] and older);
   3. National Sex Offender Registry (age 14 and older); and
   4. Local Criminal Court Records Check (age 18 and older).

   Note: Background checks for the annual review process do not require fingerprints.
**Extracurricular Activities**

DCS does not have the statutory authority to fingerprint individuals involved in the child’s participation in extracurricular activities. These 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, National Sex Offender Registry Checks, and/or LCH Checks are needed.

**Childcare**

Background checks have already been completed by the Indiana Division of Family Resources (DFR) for licensed childcare 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 childcare include, but are not limited to: visiting or spending time with (including overnight visits) with friends and/or relatives, going to the movies or grocery store, or other similar activities. Discretion should be used when deciding whether CPS History Checks, National Sex Offender Registry Checks, and/or local LCH Checks are needed.

Unlicensed out-of-home childcare 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 childcare provider’s home:

1. CPS History Checks in every state where the subject of the check has lived during the last five (5) years (age six [6] years and older);
2. National Sex Offender Registry Checks in every state where the subject of the check has lived during the last five (5) years (age 14 years and older); and
3. LCH Checks (age 18 years and older).

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

Unlicensed in-home childcare providers that supervise the child on a regular and continuing basis would be considered an employee, contactor, or volunteer of the foster family home and the background checks required for an employee, contractor, or volunteer of the home (Fingerprint-Based Check, CPS History Check, National Sex Offender Registry Check and a Local Criminal Court Records Check) should be completed. Examples of regular and continuous childcare include, but are not limited to, childcare 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 31-9-2-22.5: "Conduct a criminal history check"](#)
3. [IC 31-26-5: Family Preservation Services](#)
4. [IC 31-34-20-1.5: Placement in household with certain individuals prohibited; criminal history checks; exceptions; considerations](#)
5. [IC 31-34-18-6.1: Predispositional report; contents](#)
6. [240 IAC Article 6: Criminal History Record Information](#)
PROCEDURE

For the persons that live, work, or volunteer in the foster family home, the Regional Foster Care Specialist (RFCS) or Licensed Child Placing Agency (LCPA) licensing worker will:

1. Verify the identity of each subject of the check, regardless of age (see separate policy, 2.9 Verifying Identity), by reviewing one (1) available and valid government-issued identification document such as, but not limited to, a:
   a. Driver’s license,
   b. Social Security card,
   c. Photo identification card,
   d. Passport, or
   e. Birth certificate.

2. Have each subject of the check complete the Application for Criminal History Background Check (SF 53259):
   a. The subject of the check must sign and date the form, and
   b. The licensing worker must place the original in the licensing file after completion of the background check process.

3. Register persons age 18 years and older for the Fingerprint-Based Check, unless requesting an Exception to Fingerprinting:
   a. Complete 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. Provide the subject of the check with the customized step-by-step instructions for registering for fingerprinting- the licensing worker is unable to register the subject of the check (see Registering for Fingerprints below),
   c. Inform the applicants to use the same government issued identification when registering and completing the fingerprint check,
   d. Ensure the subject of the check is successfully fingerprinted, and
   e. Obtain the results of the fingerprint-based check. The COBCU will provide a letter via e-mail to the DCS local office or LCPA contact person handling all background check material and inform them of the Fingerprint-Based Check status:
      i. If fingerprints are rejected, follow the instructions on the Reprint Notice. A ‘reprint’ appointment must be scheduled. Do not start a new registration or there will be a duplicate charge for the cost of printing. Provide the subject of the check a copy of the reprint notice if they will be scheduling their ‘reprint’ appointment themselves; and
      ii. For all other results, see separate policy, 13.10 Evaluation of Background Checks for Foster Family Home Licensing.

4. Conduct a National 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. If a match is found, please refer to separate policy, 13.10 Evaluation of Background Checks for Foster Family Home Licensing;

   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.
5. Conduct a CPS History Check for all persons age six (6) years and older:
   a. For Indiana:
      i. As the requesting agency, the licensing worker will complete Section A of the Indiana Request for Child Protection Service (CPS) History Check (SF 52802);
      ii. Have the subject of the check, or representative if a minor, complete Section B; and
      iii. Complete a search of the case management system, and reflect the results in Section C;

      **Note:** LCPAs are unable to access this information and will need to:
      1. Send a copy of the Indiana Request for a Child Protection Services (CPS) History Check (SF 52802) to the DCS local office for completion; or
      2. Submit requests to COBCU using the KidTraks Vendor Portal, by signing in to the case management system.

   b. For all other states, conduct a CPS History check search for every other state the individual has lived during the past five (5) years. Process your search request at [http://www.cwicenter.org/ChildProtective/AdamWalsh.pdf](http://www.cwicenter.org/ChildProtective/AdamWalsh.pdf), and

      **Note:** It is the responsibility of the applicant to cover any fees for out-of-state CPS history.

   c. Refer to separate policy, 13.10 Evaluation of Background Checks for Foster Family Home Licensing, for further action required if the person has CPS history in any state.

6. Conduct Local Criminal Court Records Check by completing a court record search, including all aliases, within each county court, as well as applicable city courts, in which the subject resided in the past five (5) years. For further instructions about completing Local Criminal Court Records Checks, see the [Local Law Enforcement Agency Instructions](http://www.cwicenter.org/ChildProtective/AdamWalsh.pdf).

**PRACTICE GUIDANCE**

**Undocumented Individuals**
If an individual is undocumented, the licensing worker should contact the COBCU for instructions and approval as background checks are still required. The fingerprint registration cannot be completed without a social security number and the assistance of the COBCU. See separate policy, 12.01 Authority to License, for additional information about the requirements for foster parents.

**Notifying the Licensing Worker of Arrest, Convictions or Substantiation of Abuse or Neglect**
The licensing worker must be notified within 24 hours of the arrest, conviction or substantiation of abuse or neglect of the licensee, a household member, employee, contractor, and/or volunteer. The licensing worker and supervisor will evaluate the severity and seriousness of the offense on a case-by-case basis and contact COBCU for additional guidance.

**Registering for Fingerprints**
If the licensing worker 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 registration. The name of the DCS local office or LCPA, the licensing worker’s name and phone number, and the reason for printing should be given to the subject of the check for registration purposes. The DCS billing code should be given to those being checked through a DCS local office.

**Exception to Fingerprinting**

If an Exception to Fingerprinting request is granted, COBCU will run an Indiana LCH. The licensing worker will complete the non-fingerprint based checks for all other states where the subject of the check has resided during the past five (5) years to the COBCU. The COBCU will provide a letter via e-mail to the local office or LCPA contact person handling all background check material and inform them of the clearance status resulting from the search.

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; and

**[REVISED] Searching CPS History**

Local DCS Offices should complete a search in the case management system.

**FORMS AND TOOLS**

1. Application for Criminal History Background Check (SF 53259)
2. Request for a Child Protection Services (CPS) History Check (SF 52802)
3. Background Check Matrix for Unlicensed Placements and Foster Care Desk Guide

**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 cannot 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 Juvenile Justice Initiatives and Support over COBCU for assistance.

**Special Fingerprinting Issues**
Homebound
If a subject of the check cannot leave his or her home for fingerprinting, the licensing worker should contact the COBCU for appropriate instruction and approval.

Unreadable Prints and Reprint Notice
Fingerprints may be rejected by the Indiana State Police (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 nonemergency Name-Based Check be processed. Once the name-based check has been requested, the processing timeframe is longer than a fingerprint check.

Checking the Status of a Fingerprint-Based Check Report
The Local Office Director (LOD), or designee, and all RFCS are provided access to the administrative website to check the status of fingerprints. A username and password may be obtained by e-mailing the COBCU at cobcu.inquiry@dcs.in.gov.

Limited Criminal History (LCH)
An LCH 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 used if fingerprinting 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/. This site can be accessed by the general public and results are immediate. For assistance with username or password issues, please e-mail cobcu.inquiry@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 convictions, this would be made to the ISP.
INDIANA DEPARTMENT OF CHILD SERVICES
CHILD WELFARE POLICY

Chapter 13: Background Checks
Section 10: Evaluation of Background Checks for Foster Family Home Licensing

Effective Date: July 1, 2019
Version: 8

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will evaluate the results of Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) on all required persons for the purpose of foster family home licensing. The DCS local office or Licensing Child Placing Agency (LCPA) licensing worker will evaluate the remaining background checks. See separate policy, 13.9 Conducting Background Checks for Foster Home Licensing. The final results will be placed in the licensing file and documented in the Management Gateway for Indiana’s Kids (MaGIK) System.

Fingerprint-Based Check

The DCS Central Office Background Check Unit (COBCU) will evaluate the results of the Fingerprint-Based Check and notify the assigned contact person at the DCS local office or LCPA by e-mailing 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, a court order showing dismissal, and/or arrest reports. Upon receipt of all necessary verifications, COBCU will re-evaluate the status and issue an amended Fingerprint–Based Check Status Letter to the assigned contact person at the DCS local office or LCPA by e-mail.

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

1. Any misdemeanor that may relate to the health and/or safety of a child;
2. Any felony;
3. Four (4) or more misdemeanor convictions; or
4. A juvenile adjudication for an act that if committed by an adult would be one of the 30 felonies listed in the Waivers 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 Protective Services (CPS) History Check

The licensing worker will review the completed CPS History Check results for persons six (6) years and older from Indiana, and all other states of residency within the past five (5) years (if applicable), and the licensing worker will determine if there are reports of any
substantiation of child abuse and/or neglect (CA/N) for the subject of the check. If there is substantiated CPS history in Indiana or the equivalent in another state, the filing and granting of a CPS waiver by COBCU is required for initial licensing approval and relicensing or prior to new household members moving into an existing licensed home if that household member has CPS history or if new CPS history is discovered at any point while the home is licensed that has not previously been granted a CPS waiver (see “Waivers” section).

**Note:** It is the responsibility of the applicant to cover any fees for out-of-state CPS history.

**[REVISED] National Sex Offender Registry Check**
The licensing worker will evaluate the Sex Offender Registry Check to determine if there are any matches. If there is a match, the home cannot be licensed or remain licensed and COBCU should be notified immediately. The COBCU will re-evaluate the Fingerprint-Based Check Report.

**[REVISED] Local Criminal Court Records Check**
The licensing worker will evaluate the results of the Local Criminal Court Records Check. See Policy 13.9 Conducting Background Checks for Foster Home Licensing for more information regarding who should complete the Local Criminal Court Records Checks. If the name-based court record check returns a felony conviction, a total of four (4) or more misdemeanors, or a misdemeanor that may be related to the health and safety of a child, the licensing worker shall contact COBCU for additional guidance if the fingerprint based status letter was qualified.

**Waivers**
**[REVISED]** Upon receipt of a positive recommendation of support from the subject’s licensing worker, 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 or pending conviction of any of the felonies listed below (as defined by Indiana Criminal Code):

1. Murder;
2. Causing suicide;
3. Assisting suicide;
4. Voluntary manslaughter;
5. **[NEW]** Involuntary manslaughter;
6. Reckless homicide;
7. **[NEW]** Feticide;
8. Battery within the past five (5) years;
9. Domestic battery;
10. Aggravated battery;
11. **[NEW]** Criminal recklessness within the past five (5) years;
12. **[NEW]** Strangulation;
13. Kidnapping;
14. Criminal confinement within the past five (5) years;
15. **[REVISED]** Human and sexual trafficking;
16. A felony sex offense under (IC 35-42-4);
17. Arson within the past five (5) years;
18. Incest;
19. **[REVISED]** Neglect of a dependent;
20. Child selling;
21. **[NEW]** Reckless supervision;
22. **[NEW]** Nonsupport of a dependent child within the past five (5) years;
23. [NEW] Operating a motorboat while intoxicated within the past five (5) years;
24. A felony involving a weapon under (IC 35-47) within the past five (5) years;
25. A felony relating to controlled substances under (IC 35-48-4) within the past five (5) years;
26. An offense relating to material or a performance that is harmful to minors or obscene under (IC 35-49-3);
27. A felony under IC 9-30-5 (driving while intoxicated) within the past five (5) years;
28. [NEW] A felony related to the health or safety of a child defined in IC 31-9-2-13(h) or an endangered adult (as defined in IC 12-10-3-2);
29. [NEW] Attempt (IC 35-41-5-1) to commit a felony listed in subdivisions one (1) through 28. If a conviction for a felony is nonwaivable for a stated duration under subdivisions one (1) through 28, a conviction for an attempt to commit the felony is nonwaivable for the same duration under this subdivision; and
30. [REVISED] A felony that is substantially equivalent to a felony listed in subdivisions one (1) - (29) for which the conviction was entered in another jurisdiction.

The licensing worker will immediately recommend denial or revocation of the foster family home license if the background check or waiver process for a person who is living, working, or volunteering in the home subsequently reveals the subject has a:
1. Disqualified criminal history that is not eligible to be waived;
2. Disqualified criminal history or substantiated CPS history for which the waiver action is not supported or pursued by the foster family home licensing worker;
3. Disqualified criminal history or substantiated CPS history in which the waiver is not granted by DCS; or
4. Has a disqualified history or substantiated CPS history for which the necessary waiver is not submitted to COBCU as a complete and valid waiver within 10 business days from the date of the fingerprint-based disqualified status letter or the date of CPS substantiation history discovery. (This specifically applies to subjects which are already residing in a currently licensed foster family home when this history is discovered or at the point of the foster family home relicensure and foster children are currently placed in that foster home.)

Note: If the household member voluntarily leaves the home permanently, the denial or revocation will not be necessary.

The decision of the Background Check Waiver Committee regarding criminal and/or CPS waiver is not subject to appeal. However, if the subject’s situation were to change and/or additional information is obtained, a new waiver packet may be resubmitted for re-evaluation to COBCU. A new evaluation will be completed and a subsequent official decision will be issued.

Code References
1. IC 31-27-4-5: Apply for licenses; criminal history checks
2. IC 31-27-4-6: Grounds for denial of license applications; waiver
3. IC 31-27-4-13: Denial of license
4. IC 31-27-4-32: Grounds for revocation of license
5. IC 31-27-4-33: Compliance with rules; disciplinary sanctions; revocation of license
6. [NEW] IC 31-9-2-84.8: Nonwaivable offense
**PROCEDURE**

The licensing worker will:

1. Review the results of the Fingerprint-Based Check Status Letter received from COBCU:
   a. Provide a copy of the Fingerprint-Based Check Status Letter to the subject of the check,
   b. Instruct the subject of the check to contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter and provide the required verification to the COBCU Consultant within 10 business days of the date of the fingerprint-based results letter when the fingerprint-based status letter is conditionally disqualified. Upon receipt of the required information, the COBCU Consultant will re-evaluate and issue an amended fingerprint-based status letter reflecting Qualified or Disqualified. If the subject of the check is conditionally disqualified, the foster family home may not be licensed or relicensed. If the subject of the check is to be a new household member of a currently licensed foster home, the subject may not move into the home until the status is Qualified or Disqualified with the subsequent necessary criminal and/or CPS waiver granted. If the subject of the check is conditionally disqualified and is already residing in the currently licensed foster family home at the time the conditional disqualified status is discovered, the licensing worker will ensure that an amended status letter of Qualified or Disqualified is issued by COBCU within 13 calendar days. Otherwise COBCU will recommend license revocation immediately. Upon re-evaluation, refer to “c” below if disqualified, and
   c. Contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter when the fingerprint-based status returns as disqualified and the licensing worker is interested in possibly pursuing a waiver action to determine if the subject of the check is eligible to apply for a waiver. If eligible and the licensing worker supports the waiver, the licensing worker and the subject of the check will work together to submit a complete waiver packet to the COBCU as quickly as possible for initial licensure. Subjects of a check who wish to move into a currently licensed foster family home may not move into the currently licensed home until the necessary waiver has been granted by COBCU. If the subject of the check is disqualified at the time the home is to be relicensed or the subject of the check already resides in a currently licensed foster home when the disqualified status was discovered, the licensing worker will ensure the complete and correct waiver packet is submitted to COBCU within 10 business days of the date of the Fingerprint-Based Check Status Letter or immediately recommend denial of relicensure or revocation of the current license (see Practice Guidance below regarding applying for a waiver).
   d. Immediately implement a placement hold in MaGIK if the subject of the check is already residing in the currently licensed foster family home at the time the conditional disqualified status or disqualified status is discovered, and refer to “b” and/or “c” above for appropriate action and timeframes. If foster children are placed in this home, the licensing worker will notify the children’s FCM(s) of this conditional disqualified or disqualified status of the foster home. The licensing worker will also update the child’s FCM if the licensee will be recommended for revocation for lack of follow through on the part of the subject of the check or due to waiver ineligibility or denial.

2. Review the results of the CPS History Check;
   a. The licensing worker will give the subject of the check a copy of the completed [Indiana Request for a Child Protection Services (CPS) History Check (SF 52802)](https://example.com)

DCS CW Manual/Chapter 13 Section 10: Evaluation of Background Checks for Foster Family Home Licensing
form showing substantiated history if a substantiated CPS history is discovered within Indiana (see separate policy, 2.6 Sharing Confidential Information).

b. Ensure the correct waiver packet is completed and submitted to COBCU within 10 business days of discovery of the existence of CPS substantiated history, or immediately recommend denial of relicensure or revocation of the current license when CPS substantiation is discovered and the subject of the check already resides in a currently licensed foster home (see “Waivers” section below). If the licensing worker is in support of pursuing a CPS history waiver, the subject of the check and the licensing worker will work together to submit a complete waiver packet to COBCU as quickly as possible for initial licensure or for subjects who wish to move into a currently licensed foster family home (since the home may not be licensed or the subject may not move into the currently licensed home until the necessary waiver has been granted by COBCU), and

c. Implement a placement hold in MaGIK if the subject of the check is already residing in the currently licensed foster family home at the time that new, and not previously waived, CPS substantiated history is discovered. If foster children are placed in this home, the licensing worker will notify the children’s FCM(s) of this newly discovered CPS history. The licensing worker will also update the FCM(s) if the license will be recommended for revocation for lack of follow through on the part of the subject of the check or due to waiver denial.

3. [REVISED] Review the results of the National Sex Offender Registry Check for a match to the subject of the check. Each name or combination of names the subject has used in his or her lifetime must be searched individually. Upon obtaining the results of a name-based search, the results should be printed. The screen shot must be printed, signed, and dated by the licensing worker. For those results without matches, the licensing worker will also write “NO MATCH” on the printed page that has his or her signature and date the result was reviewed. If there is a match for the subject of the check, the licensing worker will not license the home or will recommend revocation of the license;

4. [REVISED] Review the results of the Local Criminal Court Records Checks by completing a court record search, including all aliases, within each county court, as well as applicable city courts, in which the subject resided in the past five (5) years. For further instructions regarding completing the Local Criminal Court Records Checks, see the Local Law Enforcement Agency (LEA) Instructions;

5. [REVISED] Contact the COBCU Consultant listed on the Fingerprint Based Status Letter within five (5) days if the Local Criminal Court Record Check returns convictions of a felony, four (4) or more misdemeanors, or a misdemeanor related to the health and safety of a child and the fingerprint status letter was qualified to have the COBCU Consultant re-evaluate the fingerprint based status and if necessary, issue a new amended status letter. If at any time the licensing worker believes the Local Criminal Court Records Check report may alter the status of the fingerprint based check status the licensing worker will contact the COBCU Consultant list on the Fingerprint Based Status Letter for further action;

6. Request a waiver of disqualified criminal history and/or substantiated CPS history by submitting the required information to the COBCU. See Practice Guidance for a list of the required information; and

7. Place a copy of the results of all background checks and any waiver letters in the licensing file, document the results in MaGIK, and attach to the subject of the check’s personnel profile. This may include scanning the official fingerprint-based status notices, waiver notices, and other background check information into MaGIK.
Note: A criminal history or CPS waiver granted for the purpose of foster family home licensure may not be used for the additional purposes of adoption, employment, or any other reason. A new waiver request must be submitted and granted for each additional purpose.

The DCS COBCU will:
1. Evaluate the Fingerprint-Based Checks report within five (5) business days of receipt the Fingerprint-Based Check Report and notify, by e-mail, the assigned contact person at the DCS local office or LCPA regarding the Fingerprint-Based Check status;
2. Provide guidance regarding conditionally disqualified or disqualified applicants and licensing workers;
3. Re-evaluate history based on the documentation received from the applicant and issue a new Fingerprint-Based Check Status Letter when applicable; and

Note: For waivers of disqualified criminal history and substantiated CPS history:
   a. Upon receipt of the complete waiver request packet, the COBCU Consultant will summarize, make a recommendation, and submit the request to the Central Office Background Check Team Manager or designee within three (3) business days,
   b. The Central Office Background Check Team Manager or designee will submit the recommendation to the Background Check Waiver Committee for a joint decision within two (2) business days, and
   c. Notify, by e-mail, the assigned contact person at the DCS local office or LCPA of the waiver decision. A decision will be returned in approximately 10 business days after submission to the Background Check Waiver Committee members and the status will be either “Waiver granted” or “Waiver not granted” (see Related Information).

At times, additional information will be requested and this will delay the issuance of the final “Waiver granted” or “Waiver not granted” status. Additional information may be needed to submit a complete waiver or after the waiver is submitted and questions have been asked by the Background Check Waiver Committee members. Failure to submit the requested information by the stated deadline may result in the waiver denial due to failure to cooperate.

4. Collect all necessary verification and requests as required for a request for a Medical Exception to Fingerprint and submit to Indiana State Police (ISP) for approval. Upon approval from ISP, generate the Indiana Limited Criminal History (LCH) check, and issue a Medical Exception Fingerprint Granted status letter to the local DCS office or LCPA contact person by e-mail if the subject is found to be eligible (see separate policy, 13.9 Conducting Background Checks for Foster Home Licensing).

PRACTICE GUIDANCE

The information below is to be submitted to COBCU in one (1) packet by the licensing worker. The following items are required to be submitted in the waiver packet for the purpose of foster family home licensing:

1. **Proof of Previous Waiver**
   If applicable at relicensure or currently an out-of-home relative placement, provide the official notice previously issued to the subject by COBCU granting the criminal and/or CPS waiver for the purpose of foster family home licensing if now applying to be a
licensed home. The foster family home licensing waiver cannot be processed unless this is included in the waiver packet.

2. **Letter from the Subject**
A signed letter from the subject of the check requesting a criminal and/or CPS waiver for the purpose of foster family home licensing. (A parent or guardian may write if this is a minor and he or she is unable to write his or her own letter. The minor should sign, if able.) The letter should explain in detail the situation involving each arrest and CA/N investigation. The letter should include, but is not limited to, the following:

a. Provide the date, location, and charge of each arrest during the subject’s lifetime.
   i. Indicate which of the arrests resulted in any type of conviction,
   ii. Indicate the date of conviction, the final conviction charge, and the level (felony or misdemeanor),
   iii. Of each conviction indicate the sentence given, time served, time on probation/parole as well as other court ordered fines, therapy, fines and other obligations that were court ordered,
   iv. Indicate if the subject is currently on probation/parole or the date probation/parole was officially ended on each conviction, and
   v. Provide any information regarding self-referred services related to this conviction or arrest.

b. Provide the date of each CPS report and assessment involving the subject during his or her lifetime.
   i. Indicate if the investigation resulted in a substantiation against the subject, and if substantiated, include the date of the substantiation,
   ii. Include the final findings (physical abuse, sexual abuse, and/or neglect) for those assessments that resulted in a substantiation,
   iii. Indicate whether the child was removed from the subject’s home as a result of the substantiation. If the child was removed, provide an outline regarding the length of time out-of-home and indicate whether the child has returned to the subject’s home, and
   iv. Identify the services the subject participated in and indicate whether these were court ordered services. Also, identify what the subject learned through the services and how the subject’s behavior changed as a result of the services.

c. Provide evidence of the person's rehabilitation, including the person's cooperation with a treatment plan.
   i. Include and explain past and ongoing treatment if mental illness and/or substance abuse is/was a contributing factor in the previous criminal and/or CPS history of the subject. Provide any supporting documentation, and
   ii. Explain the subject’s ability and long-term plan to provide for the child’s safety and well-being in an environment that will allow the child to thrive.

d. The subject requesting the waiver may also include any additional reference letters or documentation that would support any rehabilitation that has occurred in his or her lifetime.

3. **Letter from the Licensing Worker**
Provide a written recommendation from the licensing worker. The recommendation letter must be signed and submitted on agency letterhead or sent from the licensing worker’s business e-mail address. The recommendation letter must include:

a. The licensing workers’s observations of the subject of the check,
b. The licensing worker’s recommendation to support or not support the granting of the foster family home licensing criminal and/or CPS waiver, including reasons to support that recommendation,

c. Whether the child has already been placed with the subject requesting the waiver as a relative placement,

d. Services being provided in the home,

e. Copies of safety plans, and

f. Details outlined in items a, b, and c in #2 above (Letter From the Subject) from the licensing worker’s point of view.

4. [REVISED] CPS History Check
   A CPS check must be completed for persons six (6) years and older and submitted for all states in which the subject of the check has resided in the previous five (5) years.
   a. For dates of residency in Indiana, the current version of Indiana Request for a Child Protection Services (CPS) History Check (SF 52802) must be completed in accordance with the published instructions. If any portion of the form is missing information or incorrectly completed, it is not acceptable and will be returned for correction.
   b. For dates of residency outside of Indiana, the licensing worker must obtain and submit the appropriate documentation for confirmation of CPS checks in that specific state.
   c. If there is substantiation in Indiana, a copy of the approved Assessment of Alleged Child Abuse or Neglect (SF 113) for all assessments must be submitted with the CPS waiver request. A screen print from MaGIK is not an acceptable substitution for the completion of the appropriate form or copy of the approved Assessment of Alleged Child Abuse or Neglect (SF 113). This may mean locating the hard copy case file and including supporting documentation from the hard copy file with the waiver submission.
   d. If substantiation of CA/N is found in another state, the approved assessment (the narrative similar to the Assessment of Alleged Child Abuse or Neglect (SF 113) in Indiana) must be obtained from that other state and submitted with the CPS waiver request.

5. Screen Print of National Sex Offender Registry Check
   The National Sex Offender Registry Check is required for any subject 14 years or older. All sex offender searches must be completed on the Dru Sjodin National Sex Offender Public website at http://www.nsopw.gov/Core/Portal.aspx. Any other website search is unacceptable and is duplicating the worker’s efforts, because these other search sites are all linked to this national site.
   a. Each name or combination of names the subject has used in his or her lifetime must be searched individually.
   b. Upon obtaining the results of a name search, the results should be printed. The screen shot must be printed, signed, and dated by the licensing worker. For those results without matches, the licensing worker will also write “NO MATCH” on the printed page that has his or her signature and date the result was reviewed

6. [REVISED] Local Criminal Court Record Results
   A Local Criminal Court Records Check is required for all persons age 18 and older. For further instructions regarding completing the Local Criminal Court Records Check, see the Local Law Enforcement Agency (LEA) Instructions.

7. [REVISED] Local Name Based Arrest Record Checks
The Local Criminal Name Based Arrest Records Check is a name-based arrest record check with the police or sheriff department. A copy of the written results must be obtained from each of the local LEAs that have jurisdiction to respond to an emergency 911 call at the subject’s current home address, as well as, all other home addresses in which the subject has resided in the past five (5) years. These searches should be completed for every name or combination of names used by the subject for each LEA. Provide court issued dispositions on arrests.

**[REVISED] Note:** The Local Criminal Court Records Check nor the Local Name Based Arrest Record Check is an ISP Limited Criminal History Check.

8. **Fingerprint-Based Check Status Letter**
   If requesting only a CPS waiver, include a copy of the Fingerprint-Based Check Status letter, which was e-mailed to the licensing worker and was completed for the purpose of foster family home licensing showing the fingerprint-based status of qualified. This applies to subjects 18 years and older.

### FORMS AND TOOLS

1. Background Check Matrix for Unlicensed Placements and Foster Care Desk Guide
2. Indiana Request for a Child Protection Services (CPS) History Check (SF 52802)
3. [NEW] Assessment of Alleged Child Abuse or Neglect (SF 113)
4. [NEW] Local Law Enforcement Agency (LEA) Instructions

### RELATED INFORMATION

**Background Check Waiver Committee**
The Background Check Waiver Committee is made up of the Foster Family Home Licensing Programs Manager, the DCS Local Office Director (LOD), Regional Manager (RM), and the Central Office Background Check Team Manager or designee. Additional members may be consulted from time to time. The committee’s decision may be made via phone or e-mail.

**Factors for the Licensing Worker and Background Check Waiver Committee to Consider When Recommending and/or Approving the Criminal and/or CPS History Waivers**
When evaluating background check information, the factors the licensing worker and Background Check Waiver Committee should consider include, but are not limited to:

1. The current home environment;
2. The ability of the proposed 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, This includes reviewing all elements of the subjects current situation, life style and judgements. Examples include, but not be limited to:
   a. Review of dates and reasons of unsubstantiated CPS reports,
   b. Arrests without convictions,
   c. Police runs to the subject’s residency,
   d. Current involvement in treatment for alcohol or drug use (especially if these contributed to previous criminal behavior or CPS substantiation).
6. The duration and quality of the relationship between the child and the proposed resource family; and
7. Any impact the denial of the placement may have on the ability to keep the sibling group together if siblings are involved.

**Disclosing Fingerprint-Based Check Information**

Upon written request, including an explanation for the need and purpose, the DCS local office may receive a copy of the official criminal history transcript that contains the criminal history reported by the Federal Bureau of Investigation (FBI) and the ISP. Neither LCPAs nor the subject of the check will 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 subject of the check may formally challenge the record. A Review Challenge of inaccurate information must be made to the law enforcement agency that posted the record. To refute inaccurate Indiana criminal history records or information, the subject of the check must request a Review Challenge from ISP. The subject of the check must be fingerprinted for the Review Challenge, at his or her own expense. The process of the Review Challenge takes place between ISP and the subject of the check, and DCS is not involved in the process.

**Disqualified Fingerprint Status**

“Disqualified” fingerprint status means that unless a waiver is granted, the subject of the check is ineligible to be a:
1. Foster parent;
2. Household member of a current or prospective foster family home (this includes the child’s biological parent who is also living in the out-of-home placement where the child is placed, and the home is seeking foster family home licensure); or
3. An employee or volunteer within the foster family home.

**Conditionally Disqualified Fingerprint Status**

“Conditionally Disqualified” fingerprint 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. Foster parent;
2. Household member of the prospective foster family home (this includes the child’s biological parent who is also living in the out-of-home placement where the child is placed, and the home is seeking foster family home licensure); or
3. An employee or volunteer within the foster family home.

Examples of reported information on a Fingerprint-Based Check Report that will lead to a conditional disqualification include, but are not limited to:
1. An arrest without a disposition,
2. A conviction without the level of the conviction being a misdemeanor or a felony, or
3. 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 foster parent, household member (this includes the child’s biological parent who is also living in the out-of-home placement where the child is placed, and the home is seeking foster family home licensure).
licensure), or employee or volunteer within the foster family home, as long as the subject of the check passes all other background checks.

**Existence of CPS substantiated History**
The existence of CPS history of abuse or neglect means that unless a waiver is granted, the subject of the check is ineligible to be a(n):
1. Foster Parent;
2. Household member of a current or prospective foster family home (this includes the child’s biological parent who is also living in the out-of-home placement where the child is placed, and the home is seeking foster family home licensure); or
3. An employee or volunteer within the foster family home.
The Indiana Department of Child Services (DCS) will provide the Guardianship Assistance Program (GAP) to eligible relatives (including those defined as other relative) of a child for whom the permanency option of guardianship is in the best interest of the child and reunification and adoption are not feasible.

Children who are wards of DCS or Juvenile Delinquency/Juvenile Status (JD/JS) and meet all of the following criteria will be eligible for GAP:

1. The child is age 13 or older; and

   **Exception:** In some circumstances, a child under age 13, with a medical condition or physical, mental, or emotional disability as determined by a physician or psychiatrist licensed to practice in Indiana or another state may also be eligible for GAP if the Regional Manager (RM) approves application submission. DCS Central Eligibility Unit (CEU) will determine the final eligibility based on the RM approval and all other eligibility criteria listed in this policy.

2. The child has been placed in the licensed relative placement for at least six (6) consecutive months; and

   **Note:** The relative must be licensed for the six (6) consecutive months that the child is placed in his or her care to be eligible for GAP.

3. The child has an approved permanency plan of legal guardianship indicating that neither reunification nor adoption are viable options; or

Sibling of the eligible child for GAP if:

1. The sibling is being placed in the same home as the eligible child;
2. DCS and the guardian agree on appropriateness of the guardianship arrangement for the siblings; and
3. The RM provides approval.

Any child eligible for a GAP payment is also eligible for payment of Nonrecurring Expenses associated with obtaining legal guardianship of the child. In order to be eligible for Medicaid, an IV-E GAP payment must be made.

**Note:** Eligible children who are wards of DCS or JD/JS and are placed out of state with relatives are also eligible for IV-E GAP.

Any child eligible for state-funded GAP will need a separate Medicaid eligibility determination by the Division of Family Resources (DFR) to receive Medicaid. See Practice Guidance for additional information.
DCS will ensure all children age 13 and older who are under DCS care and supervision and have a permanency plan of legal guardianship are consulted regarding the permanency option of legal guardianship. See separate policy, 5.8 Developing the Case Plan for further guidance.

DCS will ensure any child whose guardianship is finalized in court on or after his or her 16th birthday is notified of the availability of Older Youth Services (OYS). Any interested child will be referred for OYS services. See separate policies, 11.1 Older Youth Services (OYS) and 11.2 Eligibility for Older Youth Services (OYS) for further guidance.

All applications for GAP must be submitted to the DCS Central Eligibility Unit (CEU) for an eligibility determination. Prior to the entry of the order establishing legal guardianship, the GAP Agreement must be signed by all required parties in order for the child to be eligible for GAP payments.

**Note:** The GAP application must be initiated in the DCS local office where the wardship or JD/JS was established.

GAP payments shall be administratively suspended or terminated based on the date the guardian no longer legally or financially supports the child.

**Code Reference**
1. IC 29-3-1-7.5 Incapacitated person
2. IC 29-3-2-1(b) Application of article; jurisdiction of courts
3. IC 29-3-2-1(c) Jurisdiction of Juvenile Court
4. IC 31-30-1-1 Exclusive Original Jurisdiction
5. IC 31-9-2-17. 8(1) (E) Authorization for GAP as component of “child services”
6. IC 31-9-2-107: “Relative”
7. IC 29-3-8-9(f) Guardian obligation to support child who is GAP beneficiary
8. 42 U.S.C. 673(d) GAP eligibility and other conditions for payment under Title IV-E
9. 465 IAC 4-2-1 Title IV-E Guardianship Assistance Program and State Guardianship Assistance Program

**PROCEDURE**

The Family Case Manager (FCM) will:
1. Convene a Child and Family Team (CFT) Meeting or Case Plan Conference to review and discuss legal guardianship as a permanency goal for the child. The discussion should include:
   a. The application process for participation in GAP,
   b. The provisions necessary for assistance and support to the child and family, and/or
   c. The possibility of a sibling group being placed together, if applicable.

2. Ensure the required documentation is included and the Explanation of Indiana GAP Program and Background Information form and the Indiana GAP Program Application are signed by all required parties;
3. Change the Case Plan (SF 2956) goal to legal guardianship, and ensure all GAP requirements are completed on the case plan;
4. Obtain RM approval for exceptions to program eligibility, if applicable;
5. Obtain court approval of legal guardianship as the permanency plan if the CFT determines this is the best permanency option for the child;
6. Verify the child has been placed with a licensed relative caregiver for an entire six (6) consecutive months. See separate policy, 12.13 Licensing Recommendation and Approval Process for further guidance;

7. Submit the GAP application with supporting documentation to DCS CEU, including:
   a. The current Foster Care License,
   b. The required background checks (including the prospective relative guardian’s household members at the time of the GAP application) from the licensing file, including:
      i. Child Protection Services (CPS) for all individuals ages 6 and older;
      ii. Sexual Offender Registry for all individuals ages 14 and older;
      iii. Finger-print based national criminal history check results (i.e., Qualified letter) for all individuals ages 18 and older;
      iv. Local Criminal Court Record Check; and
   c. A letter or statement from a licensed physician or psychiatrist detailing the child’s mental, emotional, medical, or physical disabilities is required if the child was approved by the RM as an exception to the age requirement based on his or her disability, if applicable;

8. Verify that the guardian is not disqualified for placement of a child, based on the background check results. See separate policy, 13.10 Evaluation of Background Checks for Foster Family Home Licensing for further guidance;

9. Obtain a copy of the petition for each child for whom legal guardianship is being sought;

10. Meet with prospective guardian to discuss the final GAP determination, proposed GAP Agreement, Payment Request Information (PRI) Indiana GAP form and the Request for Administrative Review Indiana GAP (if applicable);

11. Inform the prospective guardian of the option to add a successor guardian to the proposed GAP Agreement. See Related Information for further guidance.

   Note: In the event that the successor guardian assumes responsibility for the child, he or she will need to complete background checks and be appointed by the court in the guardianship proceeding, prior to receiving GAP assistance payments for the child.

12. Provide the DCS Local Staff Attorney with the Final Guardianship Eligibility Determination, the un-finalized Legal Guardianship Agreement, the Payment Request Information (PRI) Indiana GAP completed and signed by the guardian and any information that may assist him or her in negotiating the GAP periodic payment. See separate policy, 14.2 Negotiations for Guardianship Assistance Program for more information;

13. Return the signed Legal Guardianship Agreement and court order establishing legal guardianship to the DCS CEU for processing (centralized.eligibility@dcs.in.gov) if the prospective guardian agrees to the amount of the periodic payment;

   Note: If the prospective guardian disagrees with the Final Guardianship Eligibility Determination or the amount of the proposed Legal Guardianship Agreement, the prospective guardian may submit a Request for Administrative Review Indiana GAP within 30 days of the date of the Final Guardianship Eligibility Determination or receipt of the DCS final offer letter concerning the periodic payment amount; and
14. Notify any child who entered GAP on or after his or her 16th birthday about the availability of Older Youth Services (OYS) and refer interested youth for OYS. See separate policies, 11.1 Older Youth Services (OYS) and 11.2 Eligibility for Older Youth Services (OYS) for more information; and
15. Document all actions taken in the case management system.

The FCM Supervisor will:
1. Review the file to ensure that the required documentation is included and the Explanation of Indiana GAP Program and Background Information form and the Indiana GAP Program Application are signed;
2. Ensure that the FCM has received required paperwork from the prospective guardian and submitted to the DCS CEU;
3. Ensure the Local Staff Attorney has received the completed PRI form and any related documentation;
4. Ensure all parties sign the GAP Agreement prior to the entry of order establishing legal guardianship; and
5. Ensure all actions taken and any deviation from best practice are documented in the case management system.

The DCS Local Staff Attorney will:
1. Contact the prospective guardian or his or her attorney to negotiate the periodic payment amount and obtain signatures on the Legal Guardianship Agreement;
2. Work with the FCM to obtain any information needed for the legal guardianship;
3. Meet with the prospective guardian and/or his or her attorney to review the Final Guardianship Eligibility Determination and negotiate the periodic payment amount; and
4. Ensure all parties, prior to the legal guardianship being finalized in court, sign the Guardianship agreement.

RMs will determine whether to approve a child for GAP if:
1. The child is a member of a sibling group in which at least one (1) child in the sibling group is an eligible child, or
2. The child has a medical condition or physical, mental, or emotional disability as determined by a physician or psychiatrist licensed to practice in Indiana or another state.

Note: The RM will only approve the submission of the GAP application. The final approval of eligibility will come from DCS CEU.

The DCS CEU will:
1. Make the eligibility determination once the GAP application is completed;

Note: CEU is not responsible for Medicaid eligibility determinations for state-funded GAP.

2. Review the case once the signed Legal Guardianship Agreement and court order establishing legal guardianship is received to ensure all parties signed the agreement on or prior to the date of the legal guardianship order and that the negotiated amount does not exceed what the child would have received in foster care.
PRACTICE GUIDANCE

State-Funded GAP and Medicaid
A separate Medicaid determination is needed for all children on state-funded GAP. It is the responsibility of the family to apply for Medicaid through DFR.

FORMS AND TOOLS

1. GAP Application – Available via CEU
2. Case Plan – Available in the case management system
3. Payment Request Information (PRI) Indiana GAP – Available via CEU
4. Request for Administrative Review Indiana GAP
5. Final Guardianship Eligibility Determination – Available via CEU
6. Explanation of Indiana GAP Program and Background Information

RELATED INFORMATION

Definition of Relative
Relative is defined in IC 31-9-2-107 as is any of the following in relation to a child:
1. A parent
2. A grandparent
3. A brother
4. A sister
5. A stepparent
6. A stepbrother
7. A stepsister
8. A first cousin
9. An uncle
10. An aunt
11. Any other individual with whom a child has an established relationship

Other Relative
An individual who is not related by blood, marriage or adoption may be considered a relative for purposes of placement and the Guardianship Assistance Program when the individual has an established and significant relationship with the child. The relationship with the child will be other relative and must:
1. Have the characteristics of a family relationship. The relationship should have the same characteristics or be similar to the relationship that the child has with an individual related to them by blood, marriage, or adoption;
2. Have existed prior to the agency’s current involvement with the child or family; and
3. Be verified through interviews or attested by the written Statement of Attestation Regarding Relationship (SF 52727) or oral designation of the child or of another person, including other relatives related to the child by blood, marriage, or adoption.

Former long-term resource parents may be considered as relative placements in cases where the child is the victim of repeat maltreatment or returning to out-of-home care. The FCM should staff with the FCM Supervisor and Local Office Director (LOD) to determine which type of placement is appropriate, Foster Care or Relative Placement. Consideration should be given to the child’s report of the relationship and the potential for permanency.
Credible evidence showing that the individual performs or has performed a substantial role in the upbringing or material support of the child should be documented in the case management system. The placement recommendation should be staffed with the FCM Supervisor and, if needed, the LOD. DCS and the court must agree with the placement.

**Note:** Placement with a suitable and willing related by blood, marriage, or adoption must be ruled out before considering any other out-of-home placement, with the first consideration being given to a suitable and willing noncustodial parent.

**Temporary Guardianship**
Temporary guardianship should not be sought in these cases. If a temporary guardianship is granted, the relatives are not eligible for foster care payments or GAP payments.

**Licensing Requirements**
The caregiver’s valid foster care license, including required background checks, may suffice for GAP background check requirements.

**Definition of Financial Support for the Purposes Guardianship**
If a guardian is no longer providing any form of financial support to or for the child, guardianship assistance benefits may be terminated. DCS may determine that if the guardian is maintaining regular visitation with the child and is making reasonable efforts to ensure the child can return home, and if one (1) of the following are met, the guardian should be considered as providing financial support to the child:

1. The guardian is making regular payments, or otherwise providing support for the child for:
   a. Family therapy,
   b. Tuition,
   c. Clothing,
   d. Maintenance of special equipment in the home, or
   e. Services for the child’s special needs, such as occupational, physical, or speech therapy;

2. The guardian is providing support for the child while the child is in out-of-home care, in the form of regular monetary payments of not less than 50% of the monthly guardianship assistance amount or provision of materials, supplies or services having an equivalent monetary value; or

3. The guardian is paying child support pursuant to a court order.

**Processing Medicaid Eligibility**
All cases regarding eligible children who are Indiana residents and will be placed with his/her guardian in Indiana will be processed by MEU for Medicaid eligibility. All cases that involve eligible children who are Indiana residents being placed outside of Indiana will be processed by CEU for Medicaid eligibility.

In order to be eligible for Medicaid under the IV-E GAP plan, a IV-E GAP payment must be made on behalf of the child.

**Successor Guardian for the purpose of GAP**
DCS shall make monthly assistance payments to a successor guardian on behalf of the child, if the successor guardian:
1. Is named in the Guardianship Assistance Agreement (including any amendment to the agreement that was effective before the date of death or determination of incapacity [IC. 29-3-1-7.5] of the original guardian);

2. Has completed all required background checks which includes Fingerprint-Based National Criminal History Check (Fingerprint-Based Check); Child Protection Service (CPS) History Check; National Sex Offender Registry Check; and Local Criminal Court Records Check;

3. Has been appointed by the court in the guardianship proceeding as the child’s guardian; and

4. Complies with all statutory duties and responsibilities of the guardian and the Guardianship Assistance Agreement as approved and signed by the department and the original guardian, or any new Guardianship Assistance Agreement signed by the department and the successor guardian;

**Note:** The home of the successor guardian does not need to be licensed as a foster family home at the time of placement of the child in that home for receipt of guardianship assistance on behalf of the child
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will provide ongoing financial assistance through the Guardianship Assistance Program (GAP) for the benefit of eligible children. See separate policy, 14.1 Guardianship Assistance Program (GAP). The goal of this program is to promote permanency for children who may otherwise have their permanency delayed. Eligibility for Medicaid and the reimbursement of appropriate Non-Recurring Expenses (NRE) are not negotiated. Some eligible children may receive a periodic payment, as negotiated between the guardian and DCS.

DCS will work collaboratively with families to understand and determine the current and ongoing needs of the child placed with guardians, and the costs of those needs, in order to assist the family in incorporating the child into the family. This policy outlines how such levels of assistance should be negotiated to determine the periodic payment amounts for guardianship assistance applicants who are determined to be eligible for guardianship assistance after July 1, 2012.

Note: The negotiated amount cannot exceed the amount that would have been payable for the child if the child were in foster care.

Upon the approval of a Final Guardianship Assistance Eligibility Determination that a child is eligible for guardianship assistance, DCS will meet with the prospective guardian to discuss the procedure for completing the guardianship assistance agreement. In this meeting DCS will explain the steps and procedures needed for purposes of finalizing the agreement and guardianship of the child. DCS will provide a copy of the following documents:

1. The notice of Final Guardianship Assistance Eligibility Determination;
2. A guardianship assistance agreement in the form currently approved by DCS;
3. The Payment Request Information (PRI) Indiana Gap form describing the information needed from the prospective guardian for consideration and discussion with DCS in negotiating and determining any periodic payment to be paid by DCS under the agreement; and
4. Other information prepared by DCS staff for consideration in determining the periodic payment amount.

Note: Other information will include, but will not be limited to, information about the availability of services after the guardianship is finalized and the ability of the prospective guardian to renegotiate certain terms of the agreement in the event the child or family’s circumstances change.

Within 30 calendar days of receiving the Final Guardianship Assistance Eligibility Determination and accompanying documents, the prospective guardian will submit to the DCS Local Office
Director (LOD) all information and supporting documentation identified in the PRI, plus any additional information that the prospective guardian considers relevant to determining the periodic payment. The prospective guardian may request a reasonable extension of this deadline in order to gather and assemble information relevant to this submission. An extension requested by the guardian may be approved by the DCS LOD or designee.

The amount of the periodic payment to be included in the agreement will be determined by negotiation between the prospective guardian and DCS. Negotiations will occur through the DCS local office in the county where the child’s CHINS or other juvenile court case is pending. In that negotiation, the DCS LOD, or designee, and DCS Staff Attorney will represent DCS. The prospective guardian may choose to be represented by an attorney or to participate directly in the negotiation without an attorney.

DCS will begin to negotiate the periodic payment based on an initial request submitted by the prospective guardian. If agreement is not reached concerning the periodic payment amount within seven (7) calendar days after DCS receives the PRI response, the negotiation will include the opportunity for at least one (1) face-to-face meeting between the parties. The DCS Staff Attorney and the attorney for the prospective guardian will be present at this meeting to discuss the information. The DCS LOD and the prospective guardian may also be present for the negotiations.

Negotiation of the periodic payment amount will occur and be completed within 45 calendar days after the date the DCS LOD receives the PRI response, unless an extension of the negotiation deadline has been approved by the DCS LOD or designee.

The following factors and information will be considered in negotiating the periodic payment amount:

1. The anticipated special needs of the child after the finalization of the guardianship;
2. The circumstances of the prospective guardian and his or her family, including the ability to provide for the child’s current and anticipated future needs, to the same extent that the family currently provides or would be able to provide for the needs of other children in the family;
3. Resources available to the prospective guardian and his or her family to provide for the current and anticipated needs of the child, such as health care, services, public education, activities related to child development and transition to independent living, sources of income and availability of extended family and community resources;
4. The extent to which identified and anticipated needs of the child can be met through services covered by Medicaid or other resources;
5. The ability of the prospective guardian and his or her family to seek renegotiation of the periodic payment amount based on unanticipated changes in the child’s needs or the family’s circumstances, as provided in this policy; and
6. Any other specific facts pertaining to the child or prospective guardian that either DCS or the prospective guardian considers relevant to the goal of incorporating the child into the prospective guardian’s family; and

Note: Any child eligible for a GAP payment is also eligible for payment of Nonrecurring Expenses associated with obtaining legal guardianship of the child. In order to be eligible for Medicaid, a IV-E GAP payment must be made. Children eligible for state-funded GAP will need a separate determination by the Division of Family Resources (DFR) to occur to evaluate the child’s Medicaid eligibility.
If negotiation of the periodic payment amount has not resulted in an approved agreement within 45 calendar days of DCS' receipt of the completed PRI, or other approved deadline, DCS will send a Final Offer letter to the prospective guardian, or their attorney, stating the periodic payment amount that DCS agrees to pay. If the prospective guardian has not submitted to DCS the completed PRI form within 45 calendar days of the date that the PRI was provided to the guardian or any approved extension of time, the DCS Staff Attorney will send a $1 Final Offer letter to the prospective guardian or their designated attorney. The Final Offer letter will include the Request for Administrative Review Indiana GAP and information about the availability of an administrative review process. A prospective guardian may sign a guardianship assistance agreement which includes the periodic payment amount identified in the Final Offer letter and pursue administrative review of the amount. See separate policy, 14.4 Administrative Review for Guardianship Assistance Program.

Except for determination of the periodic payment amount or the addition of a successor guardian, the provisions of the guardianship assistance agreement form approved by DCS cannot be altered or amended without the approval of both the DCS General Counsel and the DCS Deputy Director for Permanency and Practice Support, or their respective designees. Approval or disapproval of any requested content or format change in the agreement form is not subject to administrative review or administrative appeal.

The agreement must be signed by both DCS and the prospective a guardian before entry of the order establishing legal guardianship. If the order establishing legal guardianship is entered before signature of the agreement by both DCS and the prospective guardian, the child is not generally eligible for guardianship assistance.

The DCS attorney shall ensure that the prospective guardian or his/her attorney receives a copy of the signed Guardianship Assistance Agreement.

Code References
1. IC 31-9-2-17.8(1)(E): Child Services
2. IC 29-3-8-9(f) Support obligation of guardian receiving GAP payments
3. IC 29-3-1-7.5 Incapacitated person
4. 42USC 673(d)(1): Kinship guardianship assistance payment

PROCEDURE

The Family Case Manager (FCM) will:
1. Meet with the prospective guardian within 15 calendar days after receipt of the Final Guardianship Assistance Determination for a child who is eligible and who could potentially receive periodic payments under a signed agreement;

   Note: This meeting is required only if the child or guardian is eligible and will potentially receive periodic payments.

2. Provide the prospective guardian with a copy of the pertinent documents, including the PRI, and discuss the procedure for completing the agreement;
3. Inform prospective guardian of the option to add a successor guardian to the GAP agreement. See Related Information for more information about successor guardian.

   Note: In the event that the successor guardian assumes responsibility for the child, he or she will need to complete background checks and be appointed by the court in the guardianship proceeding, prior to receiving GAP assistance payments for the child.
4. Explain the other steps and procedures needed for purposes of finalizing the guardianship of the child, including the opportunity to negotiate the amount of the periodic payment. See separate policy 14.1 Guardianship Assistance Program (GAP);

5. Provide information to the guardian about the availability of services that can be requested and provided by DCS;

6. Explain the ability of the prospective guardian to request a change in the periodic payment amount in the event of changed circumstances; and

Note: A GAP agreement can be amended to add a successor guardian.

7. Send a signed copy of the Guardianship Assistance Agreement and order establishing legal guardianship to the DCS CEU inbox, centralized.eligibility@dcs.in.gov.

The DCS LOD or designee will:
1. Approve or deny a written request to extend the deadline to submit the completed PRI made by the prospective guardian;
2. Approve or deny a written request to extend the negotiation deadline after receipt of the PRI;
3. Provide the DCS Staff Attorney with information necessary to negotiate the appropriate periodic payment amount; and

The DCS Staff Attorney or designee will:
1. Review information from the DCS LOD and the prospective guardian necessary to negotiate the appropriate periodic payment amount;
2. Meet with the prospective guardian or their attorney and negotiate the periodic payment amount for a guardianship assistance agreement;
3. Present the agreement for signatures of the prospective guardian and the DCS LOD or designee, when the negotiations result in agreement;
4. Provide the prospective guardian or his/her attorney with a copy of the signed Guardianship Assistance Agreement.
5. Send a copy of the agreement to DCS CEU;
6. Prepare and send a Final Offer letter that includes information about the availability of administrative review (enclose the appropriate form with instructions concerning submission of the Request for Administrative Review Indiana GAP) to the prospective guardian or their designated attorney, when the negotiations do not result in agreement within 45 calendar days.

The DCS CEU will:
1. Send the notice of Final Guardianship Assistance Eligibility Determination;
2. Send an agreement in a format currently approved by DCS to the prospective guardian;
3. Send any other information prepared by DCS to inform DCS staff and the prospective guardian concerning the determination and duration of periodic payments of assistance or subsidies;
4. Send the Request for Administrative Review Indiana GAP form, if applicable; and
5. Send the guardianship assistance agreement and PRI (if applicable) to the FCM.

PRACTICE GUIDANCE

N/A
FORMS AND TOOLS

1. Final Guardianship Assistance Eligibility Determination – Available via CEU
2. Payment Request Information (PRI) Indiana GAP – Available via CEU
3. Request for Administrative Review Indiana GAP – Available via CEU

RELATED INFORMATION

Periodic Payment
A monthly per diem amount to be specified in a written guardianship assistance agreement. In order to be eligible for Medicaid a IV-E GAP payment must be made. Children eligible for state-funded GAP will need a separate determination by the Division of Family Resources (DFR) to evaluate the child’s Medicaid eligibility.

Final Offer Letter
The letter sent by the DCS Staff Attorney stating the final offer of DCS for the amount of the periodic payment under a guardianship assistance agreement. The letter will include information about the availability of an administrative review process and the appropriate form with instructions concerning submission of a request for administrative review of the proposed periodic payment amount.

Successor Guardian for the purpose of GAP
DCS shall make monthly assistance payments to a successor guardian on behalf of the child, if the successor guardian:

1. Is named in the guardianship assistance agreement (including any amendment to the agreement that was effective before the date of death or determination of incapacity [IC 29-3-1-7.5] of the original guardian);
2. Has completed all required background checks which includes Fingerprint-Based National Criminal History Check (Fingerprint-Based Check); Child Protective Service (CPS) History Check; Sex Offender Registry Check; and Local LEA Records Check;
3. Has been appointed by the court in the guardianship proceeding as the child’s guardian; and
4. Complies with all statutory duties and responsibilities of the guardian and the guardianship assistance agreement as approved and signed by the department and the original guardian, or any new guardianship assistance agreement signed by the department and the successor guardian.

Note: The home of the successor guardian does not need to be licensed as a foster family home at the time of placement of the child in that home or receipt of guardianship assistance on behalf of the child
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will process a request for modification of a current guardianship assistance agreement providing ongoing financial assistance through the Guardianship Assistance Program (GAP).

Guardians who have signed an agreement and are receiving periodic payments may, during the term of the agreement, submit a request to change the periodic payment amount.

The request must be submitted to the DCS local office that handled the Child In Need of Services (CHINS) case or Juvenile Delinquency (JD) case at the time the guardianship was finalized. The request must include the information and documentation required, or that the guardian would consider relevant for an initial Payment Request Information (PRI) Indiana GAP response. The request shall also include a detailed explanation of the change in circumstances of the child or guardian that was not known or anticipated at the time the current periodic payment was negotiated or most recent amendment to the agreement was determined. A request for modification may not be submitted more frequently than once in a consecutive 12 month period.

In considering a request for a change in the periodic payment amount, DCS may request from the guardian, or any other source, additional information that is determined to be relevant. Any information that DCS receives from a source other than the guardian will be shared with the guardian. The information will be subject to redaction of personally identifiable information that DCS determines should be kept confidential for protection of the persons involved. Within 45 calendar days of the date that DCS receives the requested information, DCS will decide whether to grant or deny the request to modify the agreement and will advise the guardian by letter of its decision.

Note: The amount of the modification cannot exceed the amount that would have been payable for the child if the child were in foster care.

If the DCS decision regarding a change to the periodic payment amount is not acceptable to the guardian, the right to request administrative review of the decision may be available. See separate policy 14.4 Administrative Review for GAP Assistance.

DCS may approve a temporary change in the periodic payment. The expiration date of the temporary change may be extended or renewed if the guardian submits a modification request and DCS determines that the circumstances on which the approved change was based continue to exist. All changes must be reflected in a written amendment to the agreement.
If the child is placed outside the home of the guardian and the guardian is not financially responsible for the placement (e.g. Juvenile Detention, foster care, etc.), DCS may request the guardian renegotiate the periodic payment amount for the duration of the out-of-home placement. Any change in the periodic payment amount will only be made by a written amendment to the agreement signed by DCS and the guardian.

**Note:** If DCS determines that the guardian is not providing financial support to or for the benefit of the child, or the guardian is no longer legally responsible for the support of the child, DCS may administratively suspend the periodic payments for the duration of the out-of-home placement or terminate the guardianship assistance agreement.

**Continuation after the child turns 18 years of age**

In order to continue GAP beyond age 18 and up to age 21, the following must be satisfied; the guardianship must have been finalized on or after the child’s 16th birthday (but before the child’s 18th birthday) and the older youth must continue to meet at least one (1) of the following conditions:

1. Enrolled in secondary education or a program leading to an equivalent credential;
2. Enrolled in an institution which provides post-secondary or vocational education;
3. Participation in a program or activity designed to promote, or remove barriers to employment (e.g. Job Corps or attendance in classes on resume writing or interview skills);
4. Employed for at least 80 hours per month; or
5. Is incapable of doing any of the previously described educational or employment activities due to a medical condition.

If the older youth intends to meet these conditions after age 18, the guardian(s) should complete an Application for Continuation of Guardianship Assistance Beyond Age 18, before the child turns age 18, and submit it to the DCS Central Eligibility Unit.

**Addition of Successor Guardian for GAP**

In order to continue GAP assistance payments after the date of death or determination of incapacity [IC 29-3-1-7.5] of the original guardian, there must be a successor guardian named in the guardianship assistance agreement (including any amendment to the agreement that was effective before the date of death or determination of incapacity [IC 29-3-1-7.5] of the original guardian). See Related Information for more information about successor guardian.

**Note:** In the event that the successor guardian assumes responsibility for the child, he or she will need to complete background checks and be appointed by the court in the guardianship proceeding, prior to receiving GAP assistance payments for the child.

**Code References**

1. 42 USC 673(d)(1): GAP eligibility and other conditions for payment under Title IV-E
2. 42 USC 673 (d)(2): GAP eligibility and other conditions for payment under Title IV-E
3. IC 31-40-1-5 Obligation of parent or guardian for costs of placement; remittance of support payment; enforcement
4. IC 29-3-1-7.5 Incapacitated person
PROCEDURE

The Family Case Manager (FCM) will:
1. Notify the DCS Staff Attorney when a child receiving guardianship assistance has been removed from the home;
2. Gather information including a detailed explanation of the change in circumstances if the guardian requests a modification. The detailed explanation should include circumstances related to the child or guardian that was not known or anticipated at the time the current periodic payment was negotiated and provide documentation to the DCS Local Office Director (LOD); and
3. Coordinate with the DCS CEU staff and other entities in obtaining and providing to the DCS Staff Attorney documents such as the guardianship assistance agreement, previous modifications, the order establishing legal guardianship, and information on subsequent removals and out-of-home placements.

The DCS LOD or designee will:
1. Obtain a copy of the original agreement from the guardian, DCS CEU, or the DCS local office file when a request for modification of an existing guardianship assistance agreement is received;
2. Gather information from relevant sources, including the guardian, within 30 calendar days of the request to appropriately consider the request for a modification of the agreement; and complete the following steps:
   a. Decide whether or not a prior request for modification has been received from the guardian within the previous 12 months. If so, deny the request for modification and include the Request for Administrative Review Indiana GAP form with the denial,
   b. Decide whether or not a change in circumstances exists that was not known or anticipated at the time the periodic payment was negotiated. If not, deny the request for modification and include the Request for Administrative Review Indiana GAP form with the denial, or
   c. If no request was received within the previous 12 months and the request documents a change in circumstances warranting review of the current periodic payment amount, submit the documentation and information to the DCS Staff Attorney to negotiate any appropriate change in the periodic payment.

The DCS Staff Attorney will:
1. Contact the guardian or their attorney and negotiate any appropriate change in the periodic payment amount with regard to the modification request that has been received. This should occur within 45 calendar days of receipt of the currently effective guardianship assistance agreement, the modification request, any additional information requested, and any other relevant information received from the DCS LOD or designee;
2. Contact the guardian and request that they renegotiate the periodic payment for the duration of the out-of-home placement.

Note: Any change in the periodic payment amount will be reflected in an amendment to the agreement that must be signed by both the guardian and the DCS CEU.
3. Prepare an amendment reflecting the revised terms if an agreement is reached;
4. Obtain the signature on the amendment by the guardian and the DCS LOD,
or designee, and return the signed amendment to DCS CEU for processing;

5. Send a notice to the guardian stating that there is no agreement to the modification requested and include the Request for Administrative Review Indiana GAP form if no agreement can be reached within 45 calendar days of the receipt of the documents and information described above, or an approved extension of time; and

6. Request an appropriate child support order under IC 31-40-1-5 if the child is in an out-of-home placement for which DCS is making payment, and no agreement has been reached with the guardian regarding an amendment to the periodic payment amount.

The DCS CEU will:

1. Terminate a guardianship assistance agreement, or administratively suspend periodic payments under a guardianship assistance agreement, if it is determined that the guardian is not legally responsible or is not providing current support for the child;

2. Provide a copy to the appropriate DCS local office of the original guardianship assistance agreement and any amendments, when a guardian or DCS is requesting a modification; and


**PRACTICE GUIDANCE**

**Financial Support to or for the Benefit of the Child**

If DCS determines that the guardian is not providing financial support to or for the benefit of the child, or the guardian is no longer legally responsible for the support of the child, DCS may administratively suspend the periodic payments for the duration of the out-of-home placement or terminate the guardianship assistance agreement. This determination will be made on a case-by-case basis.

**FORMS AND TOOLS**

1. Guardianship Assistance Agreement – Available via CEU
2. Payment Request Information (PRI) Indiana GAP (SF 55040)- Available via CEU
3. Request for Administrative Review Indiana GAP-Available via CEU
4. Amendment to Guardianship Agreement – Available via CEU
5. Guardianship Program Status Report – Available via CEU
6. Application for Continuation of Guardianship Assistance Beyond Age 18
7. Notice of Administrative Suspension of Guardianship Assistance Periodic Payments – Available via CEU

**RELATED INFORMATION**

**Definition of Financial Support for the Purposes of Guardianship Assistance**

If a guardian is no longer providing a form of financial support to or for the child, guardianship assistance benefits may be terminated or administratively suspended. DCS may determine that if the guardian is maintaining regular visitation with the child and is cooperating with the child’s case plan to return home while the child is in out of home care, and if one (1) of the following are met, the guardian should be considered as providing financial support to the child:

1. The guardian is making regular payments, or otherwise providing support for the child, for:
a. Family therapy,
b. Tuition,
c. Clothing,
d. Maintenance of special equipment in the home, or
e. Services for the child’s special needs, such as occupational, physical, or speech therapy.

2. The guardian is providing support for the child while the child is in out of home care, in the form of regular monetary payments of not less than $100.00 per month or provision of materials, supplies or services having an equivalent monetary value; or

3. The guardian is paying child support pursuant to a court order.

**Successor Guardian for the purpose of GAP**

DCS shall make monthly assistance payments to a successor guardian on behalf of the child, if the successor guardian:

1. Is named in the guardianship assistance agreement (including any amendment to the agreement that was effective before the date of death or determination of incapacity [IC 29-3-1-7.5] of the original guardian);

2. Has completed all required background checks which includes Fingerprint-Based National Criminal History Check (Fingerprint-Based Check); Child Protective Service (CPS) History Check; Sex Offender Registry Check; and Local LEA Records Check;

3. Has been appointed by the court in the guardianship proceeding as the child’s guardian; and

4. Complies with all statutory duties and responsibilities of the guardian and the guardianship assistance agreement as approved and signed by the department and the original guardian, or any new guardianship assistance agreement signed by the department and the successor guardian.

**Note:** The home of the successor guardian does not need to be licensed as a foster family home at the time of placement of the child in that home or receipt of guardianship assistance on behalf of the child.
General Conditions
The Indiana Department of Child Services (DCS) will process a request for administrative review when a prospective guardian or guardian disagrees with a decision made by DCS under policy sections 14.1 Guardianship Assistance Program (GAP), 14.2 Negotiations for Guardianship Assistance Program, and 14.3 Modification of Guardianship Assistance Agreement or when the guardian or prospective guardian alleges that their claim for Guardianship Assistance benefits under 14.1 Guardianship Assistance Program (GAP), 14.2 Negotiations for Guardianship Assistance Program, and 14.3 Modification of Guardianship Assistance Agreement is not acted upon with reasonable promptness. DCS will also process a request for administrative review of a decision concerning the amount payable for nonrecurring expenses (NRE).

A prospective guardian must submit a written Request for Administrative Review Indiana GAP within 15 calendar days of service of notice by mail or hand delivery of any of the following decisions:
1. Final guardianship assistance program determination denying eligibility;
2. The DCS periodic payment Final Offer letter;
3. Determination of the amount allowed and payable for NRE;
4. Determination of a request for modification of the payment provisions of a Guardianship Assistance Agreement, if the DCS local office and guardian have not reached agreement on the modification request;
5. Denial of a request for continuation of a Guardianship Assistance Agreement after the child becomes age 18; or
6. Termination or administrative suspension of payments under a Guardianship Assistance Agreement for any reason other than the age of the child, death of the child or guardian, or termination of the guardianship.

For a Request for Administrative Review based on an allegation of a claim not being acted upon with reasonable promptness, the guardian or prospective guardian must submit a written Request for Administrative Review Indiana GAP form no sooner than 60 calendar days from the date on which the completed claim for benefits was submitted to DCS.

The Request for Administrative Review Indiana GAP must be submitted to DCS Hearings and Appeals, in the manner specified in the request form. DCS Legal Operations will conduct the administrative review based on the reasons stated in the request, the documentation included to support the request, and any documentation submitted by DCS staff. Any person who was involved in making the decision or determination that is the subject of the administrative review request will not participate in the administrative review.
Eligibility Determinations
DCS will process a Request for Administrative Review Indiana GAP from a prospective
guardian or guardian who has an application pending for GAP assistance concerning a
determination made by DCS under policy sections 14.1 Guardianship Assistance Program
(GAP), 14.2 Negotiations for Guardianship Assistance Program, or 14.3 Modification of
Guardianship Assistance Agreement.

To overturn a DCS determination denying eligibility, the guardian must establish that the
determination was contrary to applicable federal or state law, rule, or policy as applied to the
facts.

Initial Periodic Payment Amount
Following a final determination approving eligibility for the GAP assistance program, DCS will
provide the determination, proposed Guardianship Assistance Agreement, and a Payment
Request Information form (PRI) to the prospective guardian or the attorney who represents the
prospective guardian.

If negotiation of the periodic payment has not resulted in an approved Guardianship Assistance
Agreement, DCS will send a Final Offer letter to the prospective guardian or the guardian’s
attorney, stating the amount that DCS agrees to pay as the periodic payment for the
Guardianship Assistance Agreement. The letter will include information about the availability of
an administrative review process and the Request for Administrative Review Indiana GAP form.
See separate policy 14.2 Negotiations for Guardianship Assistance Program.

An eligible prospective guardian who has not agreed with DCS concerning the amount of the
periodic payment, and has received a Final Offer letter stating the amount that DCS has agreed
to pay, may do any of the following:
1. Accept the amount stated in the Final Offer letter by signing and returning to DCS the
   Guardianship Assistance Agreement that includes that amount.
2. Sign the Guardianship Assistance Agreement with a condition added or attached to the
   Guardianship Assistance Agreement stating the prospective guardian’s disagreement
   with the periodic payment amount, and return the signed Guardianship Assistance
   Agreement to DS with a completed Request for Administrative Review form.
3. Submit to DCS a completed Request for Administrative Review form without an
   accompanying signed Guardianship Assistance Agreement.

If the prospective guardian signs and returns the completed Guardianship Assistance
Agreement, as provided in option (1) or (2) above, DCS will begin payment of the amount as
stated in the Guardianship Assistance Agreement, effective on the date of entry of the order
establishing guardianship of the child. If the amount of the periodic payment is subsequently
changed as a result of the administrative review or an administrative hearing (see separate
policy 14.5 Administrative Appeals for Guardianship Assistance Program, the final approved
payment amount will be implemented by an amended Guardianship Assistance Agreement,
effective retroactive to the date of the order establishing guardianship.

A prospective guardian who does not elect to sign the Guardianship Assistance Agreement
may utilize the administrative review procedure provided in this policy. That process, and any
available administrative hearing under policy 14.5 Administrative Appeals for Guardianship
The Guardianship Assistance Agreement between DCS and the guardian must be signed by both the guardian and DCS on or before the date that the court enters the order establishing guardianship of the child. If the order establishing guardianship of the child is entered before both DCS and the prospective guardian have signed the Guardianship Assistance Agreement, the child will not be eligible for any GAP assistance.

**Note:** If the Guardianship Assistance Agreement is not signed prior to the order establishing guardianship, the child may not be eligible for Medicaid.

The Request for Administrative Review Indiana GAP must be submitted to DCS Hearings and Appeals. The request must be in the format specified in the Request for Administrative Review Indiana GAP form. The prospective guardian must state the reason(s) for requesting a review and should include documentation to support the basis for the request. DCS Legal Operations will conduct the administrative review based on the request submitted by the prospective guardian, the documentation included to support the request and any documentation submitted by DCS staff. The administrative review will not include any person who was involved in the original order finalizing guardianship or the negotiation that resulted in the DCS Final Offer letter.

To overturn a DCS determination concerning the periodic payment in an administrative review, a prospective guardian must show one (1) or more of the following:

1. DCS did not substantially follow the procedures specified in this policy or any other applicable policy, rule, or statute relating to the determination of GAP assistance periodic payments;
2. DCS did not consider relevant information or documentation that the prospective guardian submitted in the PRI in conducting the negotiation; or submitting its Final Offer letter based on the factors and information outlined in DCS policy 14.2 Negotiations for Guardianship Assistance Program, in conducting the negotiation or submitting its Final Offer letter; or
3. The periodic payment that DCS agreed to pay as stated in the Final Offer letter is clearly unreasonable and not supported by relevant evidence presented by the prospective guardian or otherwise considered by DCS.

DCS will begin payment based on the signed Guardianship Assistance Agreement, effective upon entry of order establishing guardianship. A change in the periodic payment may only be made through the administrative review process or in accordance with the modification procedures in policies 14.2 Negotiations for Guardianship and 14.3 Modification of a Guardianship Assistance Agreement. DCS will not consider the failure of the guardian to obtain from DCS the requested periodic payment amount as grounds for revoking or setting aside their guardianship of the child.

**Modification of Periodic Payment Amount**
After a Guardianship Assistance Agreement and an order establishing guardianship of the child has been entered, the guardian may request a modification of the periodic payment amount or term stated in an existing Guardianship Assistance Agreement under policy 14.3 Modification of Guardianship Assistance Agreement.

If the decision by the DCS local office is unsatisfactory to the guardian, a Request for Administrative Review Indiana GAP must be submitted to DCS Hearings and Appeals within the timeframe and in the manner specified in this policy.
To justify the increase of a periodic payment, the guardian must show that a change of circumstances concerning the child or family occurred after the original Guardianship Assistance Agreement was signed, and that those circumstances were not known or anticipated at the time the Guardianship Assistance Agreement was signed.

**Note**: A request for modification may not be submitted more frequently than once in a consecutive 12 month period. See separate policy, 14.3 Modification of Guardianship Assistance Agreement.

**Termination or Suspension before the child turns 18 years of age**

If DCS determines that a Guardianship Assistance Agreement should be terminated or periodic payments under the Guardianship Assistance Agreement should be administratively suspended, DCS may terminate the Guardianship Assistance Agreement. In that event, DCS will send the guardian a Notice of Termination of Guardianship Assistance Agreement, or administratively suspend payments by sending the guardian a Notice of Administrative Suspension of Guardianship Assistance Periodic Payments.

If the guardian is receiving a periodic payment and the child has been removed from the home of the guardian pursuant to a court order, DCS may administratively suspend payments effective during the time the child is in the out-of-home placement. In that event, DCS will send the guardian a Notice of Suspension of Guardianship Assistance Periodic Payments. If DCS determines that the child is not returning to the home of the guardian prior to the Guardianship Assistance Agreement terminating, DCS will send a Notice of Termination of Guardianship Assistance Agreement.

If the decision of DCS CEU concerning termination or administrative suspension of assistance under this section is unsatisfactory to the guardian and is subject to administrative review under the General Conditions section of this policy, a Request for Administrative Review Indiana GAP must be submitted to DCS Hearings and Appeals.

For DCS to alter its decision at the administrative review concerning the administrative suspension or termination of the Guardianship Assistance Agreement, a guardian must show that the determination of DCS was based on a material error of fact or was contrary to applicable law or DCS policy.

**Continuation after the child turns 18 years of age**

DCS CEU will process all continuation request applications.

**Note**: For GAP the only allowable continuations are for those children that finalized the guardianship on or after the child’s 16th birthday and meet the school, work, training, or disability requirements outlined in federal law. See 14.3 Modification of Guardianship Assistance Agreement.

If the decision of DCS CEU concerning continuation of the Guardianship Assistance Agreement after the child turns 18 years of age is unsatisfactory to the guardian, a Request for Administrative Review Indiana GAP must be submitted to the DCS Hearings and Appeals. The continuation will terminate when the child turns 21 years of age.
For DCS to alter its decision at the administrative review concerning an Application for Continuation of Guardianship Assistance Agreement Beyond Age Eighteen, the guardian must show, that at least one (1) of the following factors applies:

1. The DCS CEU failed to consider relevant documentation submitted with the application; or
2. The DCS decision was contrary to currently applicable law or DCS policy.

**Administrative Review Decision**

Administrative review will be completed within 60 calendar days of DCS Hearing and Appeals’ receipt of the request. DCS will send notice of the administrative review decision to the prospective guardian, the guardian, or attorney for the guardian or prospective guardian, with instructions and any appropriate forms so that a Request for Administrative Hearing/Indiana Guardianship Assistance Program (GAP) (SF 55041) may be pursued. Any review decisions regarding periodic payment amounts will be approved by both the DCS General Counsel or designee and the DCS Deputy Director of Permanency and Practice Support or designee.

If the prospective guardian or guardian is dissatisfied with the results of the administrative review, the individual may submit a written Request for Administrative Hearing/Indiana Guardianship Assistance Program (GAP) (SF 55041) to the DCS Hearings and Appeals unit. The Request for Administrative Hearing/Indiana Guardianship Assistance Program (GAP) (SF 55041) form must be filed with DCS Hearings and Appeals unit within 30 calendar days of service by mail or hand delivery to the prospective guardian or guardian of the written notice of final administrative review decision. See separate policy 14.5 Administrative Appeals for Guardianship Assistance Program.

An administrative review will not be provided concerning:

1. Disapproval of any requested change in the language or format of the Guardianship Assistance Agreement form that DCS submitted for completion and signature; or
2. Any other decision or determination of DCS relating to administration of the guardianship program under this policy that is not described in this policy.

**Code References**

1. IC 31-9-2-17.8(1)(E) Authorization for guardianship assistance program
2. IC 29-3-12-6(b) Continuation of assisted guardianship after age 18
3. IC 29-3-8-9(f) Support obligation of guardian receiving GAP payments
4. 42 USC 673(d) Kinship guardianship assistance payments
5. 465 IAC 3-2 Administrative Reviews

**PROCEDURE**

The DCS LOD will:

1. Request the most recent PRI (if applicable), and supporting documentation that was submitted by the prospective guardian or guardian; and
2. Send a copy of the Request for Administrative Review Indiana GAP to DCS CEU for issues involving eligibility, continuation, or termination.

The DCS General Counsel, or designee will:

1. Determine if requests were made in a timely manner. If not, the request will be denied;
2. Appoint a qualified person in the DCS Legal Operations division who has no previous knowledge or involvement in the case to conduct the administrative review;

3. Review and approve the completed administrative review decision within 60 calendar days of the receipt of the review request. The review will be based on documentation submitted by the DCS LOD, DCS CEU and the information submitted by the prospective guardian or the guardian; and

4. Send a copy of the administrative review decision letter to the DCS LOD, DCS CEU and the prospective guardian or guardian.

5. Send written notification to the prospective guardian, the guardian, or their attorney of the administrative review decision, once approval has been obtained.

   **Note:** The written notification will include instructions concerning the administrative appeal process and will include a Request for Administrative Hearing/Indiana Guardianship Assistance Program (GAP) form, if applicable.

DCS CEU will send a revised Guardianship Assistance Agreement for signature by the parties, if applicable.

---

**PRACTICE GUIDANCE**

N/A

---

**FORMS AND TOOLS**

1. Final Guardianship Assistance Eligibility Determination – Available via CEU
2. Notice of the Termination of Guardianship Assistance Agreement- Available via CEU
3. Notice of Suspension of Guardianship Assistance Periodic Payments – Available via CEU
4. Request for Administrative Review Indiana GAP- Available via CEU
5. Request for Administrative Hearing/Indiana Guardianship Assistance Program (GAP) (SF 55041)
6. Application for Continuation of Guardianship Assistance Agreement Beyond Age Eighteen

---

**RELATED INFORMATION**

N/A
The Indiana Department of Child Services (DCS) will process requests for an administrative appeal hearing received from a prospective guardian or guardian concerning an administrative review decision made by DCS under policy 14.4 Administrative Review for Guardianship Assistance Program.

DCS will send notice of the administrative review decision to the guardian or prospective guardian, along with instructions and the Request for Administrative Hearing/Indiana GAP (SF 55041) form. If the guardian or prospective guardian is dissatisfied with the results of the administrative review, he or she may submit the Request for Administrative Hearing/Indiana GAP (SF 55041) form to the DCS Hearings and Appeals unit within 30 calendar days after service of the Notice of Final Administrative Review decision, as provided in policy 14.4 Administrative Review for Guardianship Assistance Program.

A request for administrative hearing must be based on the same issues, facts, and documentation that were presented in the request for administrative review. The administrative hearing will not consider any issues or facts that were not presented in the administrative review request submitted by the guardian.

In any administrative hearing conducted regarding eligibility for GAP, the prospective guardian shall have the burden to prove that the child meets all applicable eligibility requirements. See policy 14.01 Guardianship Assistance Program (GAP)

In any administrative hearing conducted regarding a periodic payment amount, the guardian or prospective guardian shall have the burden to prove one (1) or more of the following:

1. In conducting negotiations with the prospective guardian or their attorney, DCS did not substantially follow the procedures specified in policy 14.02 Negotiations for Guardianship Assistance Program, or any other applicable policy, procedure, rule, or statute relating to determination of guardianship assistance periodic payments;

2. DCS did not consider relevant information or documentation that the prospective guardian or guardian submitted in the Payment Request Information (PRI) (SF 55040) form, in conducting the negotiation or submitting its Final Offer letter based on the factors and information outlined in DCS policy 14.02 Negotiations for Guardianship Assistance Program; or

3. The periodic payment that DCS agreed to pay as stated in the Final Offer letter is clearly unreasonable and not supported by substantial and relevant evidence presented by the prospective guardian or guardian, or otherwise considered by DCS.

Prospective guardians may utilize the administrative procedures for review and hearing before obtaining an order establishing guardianship of the child. Both the prospective guardian and DCS must sign an agreement before entry of an order establishing guardianship.
The guardian may elect to sign the agreement for the amount of the periodic payment offered in the DCS Final Offer letter and reserve the right to pursue the administrative review and hearing process, in accordance with DCS policy 14.4 Administrative Review for Guardianship Assistance Program. If a guardian with a current agreement pursues the administrative review and hearing process, any change in the periodic payment that is subsequently approved or ordered in an administrative hearing decision will be retroactive to the date of order finalizing guardianship of the child.

When an administrative hearing concerns the initial periodic payment amount for a current agreement and the guardian did not pursue the administrative review and hearing process following the DCS Final Offer letter, the hearing request will be considered a request for a modification of the current agreement. For hearings involving a request for modification of an existing agreement to increase the periodic payment amount, the guardian must prove the following two (2) factors:

1. In conducting negotiations with the prospective guardian or his or her attorney, DCS did not substantially follow the procedures specified in policy 14.02 Negotiations for Guardianship Assistance Program, or any other applicable policy, procedure, rule, or statute relating to determination of guardianship assistance periodic payments; OR
2. DCS did not consider relevant information or documentation that the prospective guardian or guardian submitted in the Payment Request Information (PRI) form, in conducting the negotiation or submitting its Final Offer letter based on the factors and information outlined in DCS policy 14.02 Negotiations for Guardianship Assistance Program; AND
3. A change of circumstances concerning the child or family occurred after the original agreement, or most recent amendment was signed that was not known or anticipated at the time the agreement or most recent amendment was signed and that justifies an increase in the periodic payment; AND
4. The guardian has not submitted any other written request for modification of the agreement to increase the periodic payment amount, within 12 months of the request for modification which is the subject of the administrative hearing request.

If a hearing on a modification request does not include an issue concerning the periodic payment amount, the guardian has the burden to prove that a change of circumstances occurred after signature of the original agreement, or any subsequent modification or amendment of the agreement, that supports the requested modification.

In any administrative hearing regarding termination of the guardianship assistance agreement or administrative suspension of periodic payments under an agreement before the child reaches 18 years of age, the guardian shall have the burden of proving that the termination or administrative suspension does not comply with DCS policy or any applicable procedure, rule, or statute.

An administrative hearing requested and granted under this policy will be scheduled and held within 90 calendar days after receipt of the hearing request by Hearings and Appeals, unless the assigned Administrative Law Judge (ALJ) continues the hearing date by agreement of the parties or upon motion for good cause. All administrative hearings will be heard at a hearing site in Indianapolis, Indiana, unless all parties and the ALJ agree to hold a hearing at another location, for convenience of the parties and witnesses. The parties will be notified by Hearings and Appeals as to the specific time, date and place for each hearing. The hearing will be conducted under applicable rules and policies of DCS pertaining to administrative hearings.
A written administrative hearing decision will be issued and mailed to the parties within 90 calendar days of completion of the hearing, unless additional time is requested and approved by all parties and the ALJ, as stated in the hearing record. However, a decision issued more than 90 calendar days after completion of the hearing will not be void or voidable on the ground of untimeliness.

If an administrative hearing decision involves periodic payment amount and concludes that the guardian met the burden of proof that the amount approved by DCS should be changed, the ALJ will not determine the proper amount of a periodic payment. If the administrative review decision is not affirmed, the ALJ will send the case back to DCS for further consideration based on the findings and conclusions stated in the decision. If subsequent negotiations do not result in agreement concerning the periodic payment amount, a second administrative appeal hearing will not be provided to re-argue the same disputed issues. In that event the administrative review determination concerning the post-remand Final Offer letter will be the final agency action of DCS.

**Note:** Any approved change in the periodic payment shall be documented by an amendment to the agreement that states the effective date for the change. If the appeal concerns the periodic payment amount stated in the guardianship assistance agreement that was signed before entry of the order establishing guardianship, the effective date will be retroactive to the date of the order establishing guardianship.

If the administrative review decision is upheld, the amount of the periodic payment, as stated in the signed original agreement, or currently effective amendment, will remain in effect unless or until the periodic payment is changed in accordance with the modification procedures in policy 14.3 Modification and Continuation of a Guardianship Assistance Agreement. DCS will not consider the failure of the guardian to obtain a requested periodic payment amount to be a ground for terminating the guardianship of the child.

An administrative hearing decision issued by the assigned ALJ is the final agency action of DCS.

The final DCS agency action, after exhaustion of available administrative review and appeal procedures, is subject to judicial review under the applicable provisions of IC 4-21.5-5.

An administrative hearing will not be provided for the following decisions:
1. Approval or disapproval of any requested change in the language or format of the agreement form that DCS submitted for completion and signature; or
2. Any other decision or determination of DCS relating to administration of the Guardianship Assistance Program under this policy that is not described in this policy.

**Code References**
1. IC 4-21.5-5 Judicial Review
2. IC 29-3-8-9(f) Guardian support obligation for assisted guardianship
3. IC 29-3-12-6(b) Continuation of assisted guardianship after age 18
4. IC 31-9-2-17.8(1)(E) Guardianship assistance included in child services
5. 45 C.F.R. 1355.30 Referenced Rules for Title IV-E
6. 45 C.F.R. 205.10 Title IV-E Fair Hearings
7. 465 IAC 3-2 Administrative Reviews and Hearings
8. 42 U.S.C. 673(d) Kinship Guardianship Assistance Program
PROCEDURE

DCS Local Office Director (LOD) or designee will provide technical assistance, including testimony, to support the position of DCS for administrative hearings concerning original periodic payment amount or modifications of periodic payment amounts based on change of circumstances.

DCS CEU will provide assistance, including testimony, to support the position of DCS for administrative hearings concerning eligibility, continuation of guardianship assistance beyond the child’s 18th birthday, termination of guardianship assistance agreements, administrative suspension of guardianship assistance payments, or decisions concerning modification requests other than changes in periodic payment amounts.

DCS Legal Operations will provide assistance, including testimony, to support the position of DCS for administrative hearings concerning the result of administrative reviews under policy 14.4 Administrative Review for Guardianship Assistance Program.

DCS will be represented in administrative appeal hearing by a DCS Central Office Attorney. A DCS Staff Attorney who was involved in the negotiation and determination of periodic payment amount or modification that is the subject of an administrative appeal hearing will assist the DCS Central Office Attorney, as requested, in presenting the DCS position at the hearing. Following an ALJ decision to uphold, reverse, or remand the administrative review decision. DCS Counsel will notify DCS staff as to appropriate procedures to comply with the decision.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Final Guardianship Assistance Program Eligibility Determination – Available via CEU
2. Payment Request Information (PRI) Indiana GAP (SF 55040) – Available via CEU
3. Request for Administrative Hearing/Indiana GAP (SF 55041)

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Department of Child Services (DCS) will utilize Title IV-E Foster Care funding (Title IV-E), a federal program that is authorized under and administered in accordance with Title IV-E of the Social Security Act. All IV-E eligible cases must be referred to the Title IV-D agency.

Title IV-E Program Eligibility
A Title IV-E eligibility determination must be completed for every child that enters out-of-home care. In addition, a Title IV-E eligibility determination must be completed each time an out-of-home care episode begins. There are two (2) categories of Title IV-E eligibility criteria that impact a child’s status:

1. Initial eligibility; and
2. Ongoing eligibility.

Initial Eligibility Criteria
If a court order authorizes removal of a child from his or her home, the child’s initial eligibility determination is based on the month of the child’s removal. Once a child is determined to be initially eligible for Title IV-E, the child remains eligible throughout the duration of the out-of-home care episode unless one (1) of the following events occurs:

1. DCS Placement and Care responsibility is terminated by a court order; or
2. A trial home visit (THV) lasts over six (6) months without a court ordered extension.

Note: DCS best practice is to obtain placement and care responsibility language in a court order to extend the THV. See separate policy, 8.39 Trial Home Visits for further information.

If the out-of-home care episode ends and the child later re-enters out-of-home care, this is considered a new episode, and a new Title IV-E initial eligibility determination must be completed.

Information that is evaluated when determining initial eligibility includes:

1. Child’s age;
2. Child’s citizenship;
3. Court Ordered Removal;
4. Judicial Determinations of:
   a. Contrary to the Welfare or Best Interest,
   b. Reasonable Efforts to Prevent Removal, and
   c. Placement and Care Responsibility.

5. Assistance Group;
6. Specified Relative;
7. Deprivation;
8. Income; and
9. Resources.

Children placed with a parent residing in a licensed residential family-based treatment facility for substance abuse may be eligible for Title IV-E regardless of whether the specified relative, deprivation, income, and resources criteria are met. Information related to income and resources for all individuals living in the household should be collected for all children, regardless of where they are placed. All documentation necessary to determine Title IV-E eligibility will be needed if a child is later placed in another out-of-home placement type. See Related Information for additional information.1

DCS must be able to verify and document all initial eligibility criteria in the case file, and in the Management Gateway for Indiana’s Kids (MaGIK). If DCS cannot verify and document these factors, the child will be ineligible for Title IV-E funding for the entire out-of-home care episode.

Title IV-E Ongoing Eligibility Criteria
Title IV-E ongoing eligibility refers to DCS’ ability to continue claiming Title IV-E reimbursement for a child in out-of-home care. A child’s ongoing eligibility is based on whether:
1. The child is placed in a Title IV-E eligible placement. See separate policy, 15.10 Ongoing Eligibility for further information on Title IV-E eligible placements;
2. DCS maintains Placement and Care responsibility; and

Note: In order to be eligible for Title IV-E, DCS must continue to have Placement and Care responsibility of the child while he or she is residing with a parent in a licensed residential family-based treatment facility for substance abuse.

3. Reasonable Efforts to Finalize the Permanency Plan language is obtained within 12 months from the date the child entered foster care and every 12 months thereafter. In order to meet this federal requirement, REPP language should be obtained every nine (9) months. See separate policy, 6.10 Permanency Plan for further guidance.

Note: A child will be considered to have entered foster care on the earlier of:
1. The date of the first judicial finding that the child has been subjected to Child Abuse and/or Neglect (CA/N); or
2. The date that is 60 days after the date on which the child is removed from the home.

A child’s ongoing eligibility may change when there is a change in any of the ongoing eligibility criteria. The child’s Title IV-E ongoing eligibility status may vary throughout the duration of the out-of-home care episode depending on events of the case (e.g., placement changes and court actions). DCS must verify and document all ongoing eligibility criteria in the case file and in MaGIK. If wardship is dismissed or the out-of-home care episode ends, DCS will determine eligibility again, if the child re-enters care.

Code References
1. 42 USC 671: State plan for foster care and adoption assistance
2. 42 USC 672: Foster care maintenance payments program

1 Effective October 1, 2018 due to Families First Prevention Services Act
PROCEDURE

The Family Case Manager (FCM) will:
1. Collect information and documentation to support Title IV-E initial eligibility criteria within 30 days of removal and upload the documentation that supports the initial eligibility criteria into MaGIK within 30 days of removal, including the following:
   a. Preliminary Inquiry;
   b. Birth certificate;
   c. All court orders for the child;
   d. Title IV-E and Title IV-A-EA Information (SF 55435); and
   e. Any other documentation supporting the IV-E initial or ongoing eligibility determination (e.g., pay stubs or signed parent statements).
2. Contact DCS Central Eligibility Unit (CEU) (centralized.eligibility@dcs.in.gov) if information is discovered that would impact the initial or ongoing eligibility determination during the out-of-home care episode; and
3. Enter all subsequent court hearings and associated court orders into MaGIK.

The FCM Supervisor will:
1. Assist the FCM to ensure the necessary information is collected; and
2. Ensure necessary information is documented in MaGIK.

The DCS CEU will:
1. Review the eligibility information in MaGIK;
2. Review Public Assistance database screens; and
3. Make an initial or ongoing eligibility determination.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Title IV-E and Title IV-A/EA Information (SF 55435)
2. Preliminary Inquiry
3. Case Plan (SF 2956) – Available in MaGIK

RELATED INFORMATION

Aid to Families with Dependent Children (AFDC):
AFDC was a federal assistance program in effect until 1996 that provided financial assistance to children whose families had low or no income. AFDC program requirements in effect for the State of Indiana on July 16, 1996, continue to apply to the Title IV-E program. Although the Temporary Assistance for Needy Families (TANF) program replaced AFDC in 1996, a child eligible for TANF is not automatically eligible for Title IV-E.

Impact of the Fostering Connections - Older Youth Foster Care Option
The Fostering Connections to Success and Increasing Adoptions Act of 2008 includes a number of provisions intended to provide new supports and services to promote permanency and improved well-being of older youth in foster care, including an option for the state to continue
providing Title IV-E reimbursable foster care, adoption, or guardianship assistance payments to children after the age of 18. Indiana has opted to extend foster care to youth up to age 21. Beginning on July 1, 2012 youth who are considered to be enrolled in school, employed at least 80 hours per month, participating in an employment promoting activity, or removing barriers to employment, or who are unable to participate in employment, or education due to a mental, or physical condition may stay in foster care until age 21. See separate policy 11.18 Eligibility for Collaborative Care for more information regarding Collaborative Care (CC) eligibility for a foster care youth over age 18.

Families First Prevention Services Act of 2018 - Children Placed with a Parent Residing in a Licensed Residential Family-Based Treatment Facility for Substance Abuse
The Families First Prevention Services Act of 2018 includes numerous provisions intended to change how child welfare services are funded and delivered. Under this legislation, beginning October 1, 2018 Indiana may receive Title IV-E reimbursement for an eligible child placed with a parent in a licensed residential family-based treatment facility for substance abuse for up to 12 months.

For the purposes of a child placed with a parent residing in a licensed residential family-based treatment facility for substance abuse, an eligible child is defined as a child who:

1. Is eligible for Title IV-E or is eligible for all Title IV-E eligibility criteria, except for the AFDC eligibility requirements (i.e., specified relative, deprivation, income, and resources); and
2. Has a recommendation for placement with a parent in a licensed residential family-based treatment facility for substance abuse specified in the Case Plan (SF 2956) prior to placement

In order for the placement to be eligible for Title IV-E reimbursement, the treatment facility must:

1. Provide parenting skills training, parent education, and individual and family counseling, and
2. Provide substance abuse treatment, parenting skills training, parent education, and individual and family counseling. These services must be provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma informed approach and trauma-specific interventions to address the consequences of trauma to facilitate healing.

Note: A licensed residential family-based treatment facility for substance abuse is not considered a Child Caring Institution for the purposes of Title IV-E; therefore, the costs of administration and operation of the facility cannot be included in the Title IV-E foster care maintenance payment.

Title IV-D Agency
Title IV-D of the Federal Social Security Act requires every state to provide child support services. This is called the Title IV-D Child Support Program. In Indiana, the Title IV-D Child Support Program is administrated by the DCS Child Support Bureau, and is carried out locally by the county prosecutor's office, the office of the county clerk, and the courts.

See https://www.in.gov/dcs/2429.htm for more information, including how to apply for the Title IV-D Child Support Program.
The Department of Child Services (DCS) will review the circumstances of the removal home in order to determine Title IV-E Foster Care eligibility. The removal home is the home of the person from whom the child is considered legally removed. The person who is the subject of the Contrary to the Welfare (CW)/Best Interest (BI) judicial determination is the individual from whom the child is legally removed. A requirement for Title IV-E Foster Care eligibility is that the child be removed pursuant to a court order authorizing the physical or constructive removal of the child from a parent or specified relative.

If a child is removed from a parent, guardian, or custodian by a court order, and the child continues to live with that same individual, it is not considered a removal for Title IV-E eligibility purposes.

Note: Children placed with a parent residing in a licensed residential family-based treatment facility for substance abuse may be eligible for Title IV-E, even though they are living with a parent. See separate policy 15.1 Title IV-E Foster Care (Overview) for additional information.

The date of removal is the date of the child’s placement in out-of-home care. Initial eligibility is determined based on the month of the child’s first placement in out-of-home care for the removal episode.

In order to meet Title IV-E eligibility requirements:
1. The removal must be from a specified relative. See separate policy, 15.4 Specified Relative for more information about the definition of a specified relative;
2. The child must have lived with the specified relative at the time of or within six (6) months prior to removal; and
3. The court order authorizing the child’s removal must coincide with (i.e., occur at the same time as or shortly thereafter) the child’s removal from home. If the court authorizes removal but the child remains in the home of the specified relative, then this is not considered a removal (for Title IV-E eligibility purposes).

Note: If the case is changing from an In-Home Child In Need of Service (CHINS) to an Out-of-Home CHINS, a court order authorizing removal must be obtained that coincides with the child’s removal from home, or the child will not be Title IV-E eligible for that out-of-home care episode.

Children of DCS Wards
A Title IV-E eligibility determination is not needed for the child of a parent who is a ward of DCS, unless the child has been legally removed. If the child of a ward is placed in out-of-home care
and has been legally removed, a Title IV-E eligibility determination must be completed for the child.

**Note:** Children removed from home that continue to reside with a parent who is a minor, may also be eligible for Title IV-E, if all other Title IV-E eligibility criteria are met.

**Code References**

1. 42 USC 672(a)(2): Removal and foster care placement requirements
2. 42 USC 672(j): Children placed with a parent residing in a licensed residential family-based treatment facility for substance abuse
3. 45 CFR 1356.21(k): Removal from the home of a specified relative

**PROCEDURE**

The Family Case Manager (FCM) will:

1. Ensure there is a court order authorizing removal of the child that coincides with (i.e., occurs at the same time as or shortly thereafter) the child’s removal from the home;
2. Notify the DCS Staff Attorney immediately of a change in placement from in-home care (In-Home CHINS) to out-of-home care in order to obtain a new court order sanctioning the removal;
3. Ensure the Preliminary Inquiry clearly identifies the home from which the child was removed;
4. Upload the signed court order authorizing removal and the Preliminary Inquiry into the Management Gateway for Indiana’s Kids (MaGIK) within 30 days of removal; and
5. Contact the DCS Central Eligibility Unit (CEU) (centralized.eligibility@dcs.in.gov) immediately for additional instructions if information is discovered regarding the child’s removal that would impact the initial eligibility determination during the out-of-home care episode.

The FCM Supervisor will:

1. Support the FCM to ensure the necessary steps are completed; and
2. Ensure necessary information is documented in MaGIK.

The DCS CEU will:

1. Review the eligibility information in MaGIK; and
2. Make a determination of whether the removal requirement is met.

**PRACTICE GUIDANCE**

The child must be placed in out-of-home care for at least one (1) night for the placement to be considered a removal. A trial home visit (THV) cannot be the child’s first placement.

Acceptable supporting documentation of a removal includes, but is not limited to copies of the following:

1. Signed court order authorizing removal;
2. Petition for removal; and/or

**Physical Removal and Constructive Removal**

There are two (2) types of removals: physical removal and constructive removal.
Physical removal occurs when DCS physically removes a child from the person identified in the court order authorizing removal. Constructive removal is a “paper removal.” A constructive removal occurs when the child is currently living with a caretaker (who is not the subject of the CTW/BI) and DCS removes the child and places him/her with that caretaker (allows the child to remain in the current residence as a placement).

**Constructive Removal Scenarios**

Scenario #1: A grandmother contacts DCS because she has been caring for her grandchild, and the child’s mother has not returned for her child. The grandmother wants to keep her grandchild but she needs assistance. DCS becomes involved and decides to remove the child from the child’s mother for not providing care and supervision of her child, but leaves the child in the grandmother’s home as a placement. This is a constructive removal because the child was removed from the mother while living with the grandmother. The child remained with the grandmother after removal.

Scenario #2: At the time of the child’s birth, the mother and baby both have positive drug screens. DCS is contacted and begins an assessment. It is determined that the baby is unsafe in mom’s care and DCS is verbally authorized by a judge to ‘remove’ the child; however, the child remains in the hospital for days/weeks due to symptoms of withdrawal. As of the time of the court’s authorization for custody, the mother no longer has unsupervised contact with the baby. This is a constructive removal because the child was not physically removed from the hospital or the home of the parent at the time removal was authorized.

**FORMS AND TOOLS**

1. Title IV-E and Title IV-A/EA Information (SF 55435)
2. Preliminary Inquiry

**RELATED INFORMATION**

N/A
STATEMENTS OF PURPOSE

In order for a child to be eligible for Title IV-E Foster Care (Title IV-E) funding, the Department of Child Services (DCS) must obtain and keep in the child’s file, documentation that the following judicial determinations were made by a court:

1. DCS or Probation was awarded responsibility for Placement and Care (PC) of the child;
2. It is Contrary to the Welfare (CTW) of the child to remain in the home or is in the child’s Best Interest (BI) to be removed from the home (Contrary to the Welfare/Best Interest (CTW/BI)); and
3. Reasonable Efforts to Prevent Removal (RE) were made to prevent the child’s removal from his/her home.

See policies 6.1 Detention Hearing and 6.2 Filing a CHINS Petition for additional information about requesting and obtaining these judicial determinations.

For Title IV-E purposes, judicial determinations should be:

1. Made on a case-by-case basis and be child-specific;
2. Obtained within the federal timelines; and
3. Explicitly stated in a written court order signed by a judge.

The effective date of a judicial determination is the date of the hearing which resulted in the determination. If the required judicial determinations are not obtained in a timely manner, the only acceptable alternative is a transcript of the court proceedings which contains the required judicial finding and language.

Responsibility for Placement and Care (PC)
A judicial determination that DCS is granted responsibility for PC of the child must be obtained in order to claim Title IV-E reimbursement. Typically, responsibility for PC is granted to DCS in the initial court order authorizing the removal of the child. Although there is no federal deadline for this judicial determination, Title IV-E cannot be claimed for the child until PC responsibility language is documented in a court order.

Contrary to the Welfare/ Best Interest (CTW/BI)
The first court order authorizing the child’s removal, even temporarily, must include a judicial determination that it is contrary to the child’s welfare to remain in the home or that placement out of the home would be in the best interest of the child. Depending on the circumstances, the type of order that serves as the removal order may vary, but it must contain the CTW/BI finding (this includes emergency custody orders, writs and pick-up orders). If the first court order does not contain a CTW/BI finding, the child will be ineligible for Title IV-E funding for the entire out-of-home care episode.
Reasonable Efforts to Prevent Removal (RE)
A judicial determination of RE must be obtained within 60 days from the date of removal. The court’s order removing the child should include at least one (1) of the following:

1. Reasonable Efforts were made, including a description of the reasonable efforts that were made to prevent the child’s removal;
2. Reasonable Efforts were not made due to emergency circumstances;
3. Reasonable Efforts were not required due to the following;
   a. The parent has subjected the child to aggravated circumstances,
   b. The parent has been convicted of murder or voluntary manslaughter of another child of the parent,
   c. The parent has aided or abetted, attempted, conspired or solicited to commit murder or voluntary manslaughter or committed a felony assault that results in serious bodily injury to the child or another child of the parent, or
   d. Parental rights of the parent to a sibling have been terminated involuntarily.

If the court determines that RE was not required:
1. A permanency hearing must be held within 30 days after that determination; and
2. Reasonable efforts must be made to place the child in a timely manner in accordance with the permanency plan and to complete the steps necessary to finalize the permanent placement of the child.

Note: The Administration for Children & Families website states, “Even when children are removed in emergency situations, the court must consider whether appropriate services were or should have been provided. When the court determines that it was reasonable for the agency to make no effort to provide services to prevent removal (or to return the child home) in light of exigent circumstances discovered through assessment of the family, such as the safety or protection of the child, there must be a judicial determination to that effect. Thus, if there is a judicial determination to the effect that efforts to prevent removal or reunify the family have not been made due to the immediate danger to the child, or that the lack of efforts is appropriate due to the particular circumstances of the case, the reasonable efforts requirements in 45 CFR 1356.21(b)(1) and (2) will be satisfied.”

Code References
1. 42 USC 671(a)(15)
2. 42 USC 672(a)(2)(A) and (B)
3. 45 CFR 1356.21(b), (c) and (d)

PROCEDURE

The Family Case Manager (FCM) will:
1. Request a copy of the initial court order authorizing removal of the child and upload the signed court order(s) in the case management system within 30 days of removal. See policies, 6.1 Detention/Initial Hearing and 6.2 Filing a CHINS Petition for additional information;
2. Verify that the court order(s) contain the required judicial determinations within the federal timelines;
3. Request that the Local Office Attorney obtain a responsibility for PC finding at the next hearing if the initial court order does not contain a responsibility for PC finding;
4. Consult with your Local Office Attorney if the initial court order does not contain an RE finding and ask to request this finding at the next hearing, or within 60 days of the child’s
removal, whichever occurs first. If the court makes a finding that RE were not required
due to aggravated circumstances, assist the Local Office Attorney with scheduling a
permanency hearing within 30 days of the hearing in which that finding was made;
5. Ensure all court orders are uploaded in the case management system; and
6. Contact the DCS Central Eligibility Unit (CEU) immediately for additional instructions
during the child’s episode in out-of-home care if information is discovered regarding the
child’s court order language that would impact the initial eligibility determination.

The DCS CEU will:
1. Review the eligibility information in the case management system; and
2. Make a determination of whether the CTW/BI, RE, and PC requirements are met.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

*Title IV-E and Title IV-A/EA Information (SF55435)*

**RELATED INFORMATION**

N/A
The Department of Child Services (DCS) will identify the specified relative in order to determine eligibility for Title IV-E Foster Care funding. In order for a child to be eligible for Title IV-E funding, the child must have been legally removed from a specified relative with whom the child was living during the month of removal, or within six (6) months prior to the month of removal. Specified relatives are individuals within the fifth degree of kinship of the child, including those related by blood, adoption, or marriage, even if the marriage has ended due to death or divorce.

Specified relatives are:
1. Mother (biological, adoptive, or step);
2. Father (biological, adoptive, or step);
3. Grandmother (including great, great-great, great-great-great);
4. Grandfather (including great, great-great, great-great-great);
5. Sister (including step and in-law);
6. Brother (including step and in-law);
7. Aunt (including great, great-great, and in-law);
8. Uncle (including great, great-great, and in-law);
9. Niece (including great and great-great);
10. Nephew (including great and great-great);
11. First cousin; and
12. First cousin once removed (great aunt or uncle’s child or the focus child’s cousin’s child).

Note: Children placed with a parent residing in a licensed residential family-based treatment facility for substance abuse may be eligible for Title IV-E regardless of whether the Aid to Families with Dependent Children (AFDC) criteria related to specified relative are met. See separate policy 15.1 Title IV-E Foster Care (Overview) for additional information.

Code References
1. 42 USC 672(a)(1): Eligibility
2. 42 USC 672 (a)(2): Removal and foster care placement requirements
3. 42 USC 672(a)(3): AFDC eligibility requirement
4. 42 USC 672(j): Children placed with a parent residing a licensed residential family-based treatment facility for substance abuse
5. 45 CFR 1356.21(k): Removal from the home of a specified relative
6. 45 CFR 1356.21(l): Living with a specified relative

PROCEDURE
The Family Case Manager (FCM) will:
1. Review:
a. The petition requesting removal of the child;
b. The Preliminary Inquiry; and
c. The court order authorizing removal;

2. Determine from whom the child was physically or constructively removed. The person from whom the child is removed is the subject of the Contrary to Welfare/Best Interest language. See separate policy, 15.2 Removals, for more information on the removal home;

3. Verify:
   a. The relationship of the child to the person from whom the child is removed, and
   b. When the child last lived with this individual;

4. Gather and upload the documentation required to support the specified relative criteria into the Management Gateway for Indiana’s Kids (MaGIK) within 30 days of removal; and

5. Contact the DCS Central Eligibility Unit (CEU) (centralized.eligibility@dcs.in.gov) immediately for additional instructions if information is discovered regarding the child’s specified relative that would impact the initial eligibility determination during the out-of-home care episode.

The FCM Supervisor will:
   1. Support the FCM to ensure the necessary steps are completed; and
   2. Ensure necessary information is documented in MaGIK.

The DCS CEU will:
   1. Review the eligibility information in MaGIK; and
   2. Make a determination of whether the specified relative requirement is met.

**PRACTICE GUIDANCE**

If the parental rights of either the biological or adoptive parent has been terminated, this person cannot be considered the child’s specified relative as a parent.

Non-related legal guardians do not meet the definition of a specified relative.

Acceptable supporting documentation of the specified relative criteria includes, but is not limited to copies of the following:
   1. Birth certificate;
   2. Court records;
   3. Hospital records;
   4. Adoption Decree;
   5. Paternity affidavit;
   6. Marriage records;
   7. Preliminary Inquiry;
   8. Court order documenting from whom the child was removed;
   9. Removal petition or case notes documenting the persons living in the removal home and their relationship to the child;
   10. Title IV-E and Title IV-A/EA Information (SF 55435); and
   11. Statements from reliable persons cognizant of the facts.
FORMS AND TOOLS

1. Title IV-E and Title IV-A/EA Information (SF 55435)
2. Preliminary Inquiry

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Department of Child Services (DCS) will collect and verify information about the child’s household composition upon removal from the home in order to determine the child’s Title IV-E assistance group. The assistance group includes members of the household from which the child was removed whose income, resources, and needs are considered when determining whether the child meets the Title IV-E financial need criteria. The relationship between the child for which eligibility is being determined and the various household members will determine who should be included in the child’s assistance group.

Mandatory Members
The following individuals are mandatory members of the child’s assistance group:
  1. Child for which eligibility is being determined;
  2. Whole, half, or adoptive sibling(s) of the child who are under the age of 18 and deprived (see separate policy, 15.6 Deprivation); and
  3. Biological or adoptive parent(s) of any child included in the assistance group.

Mandatory Members Excluded
The following mandatory members should be excluded from the child’s assistance group:
  1. Recipients of Social Security Income (SSI);
  2. Recipients of Adoption Assistance periodic payments;
  3. Recipients of a Foster Care per diem;
  4. Recipients of Guardianship Assistance Program periodic payments;
  5. Unqualified aliens (see separate policy, 2.23 Verifying Citizenship or Immigration Status for more information);
  6. The focus child’s half sibling who is not deprived of parental support by the non-mutual parent; and
  7. Non-mutual parent, of the focus child and the child’s half sibling, when that child’s half sibling is excluded from the assistance group.

Optional Members
The following household members are optional members of the child’s assistance group and should only be included in the child’s assistance group when it is advantageous for the child’s Title IV-E eligibility (i.e., the addition of the optional member increases the size of the child’s assistance group, making the standard of need higher, but does not increase the amount of income or resources of the child’s assistance group):
  1. Spouse of the focus child’s physically or mentally incapacitated parent (i.e., the focus child’s step-parent);
  2. Relative caretaker, other than a parent; and

Note: In instances where a caretaker relative who has the responsibility for care and control of the child and the parent live in the same household as the child, both the parent...
and the relative caretaker may also be included in the child’s assistance group.

Code References
1. 42 USC 672(a)(3)
2. 45 CFR 233.10
3. 45 CFR 233.20

PROCEDURE

The Family Case Manager (FCM) will:
1. Verify all persons living in the removal household at the time of removal and document
   the relationship of each person to the child;
2. Upload documentation to support the household composition to the case management
   system (see Practice Guidance for examples of supporting documentation); and
3. Contact the Central Eligibility Unit (CEU) if information is discovered regarding the child’s
   assistance group that would impact the initial eligibility determination during the out-of-
   home care episode.

The DCS CEU will:
1. Review the eligibility information in the case management system; and
2. Determine the child’s assistance group composition.

PRACTICE GUIDANCE

Documentation to support the child’s assistance group can include but are not limited to copies
of the:
1. Removal petition or case notes documenting persons living in the removal home at the
   time of removal and their relationship to the child;
2. Preliminary Inquiry;
3. Birth certificates;
4. Statements from reliable persons cognizant of the facts;
5. Title IV-E and Title IV-A/EA Information (SF55435); and
6. Award letter of SSI benefits covering the month of removal.

FORMS AND TOOLS

1. Title IV-E and Title IV-A/EA Information (SF55435)
2. Preliminary Inquiry

RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will evaluate the deprivation criteria in order to determine if a child is eligible for Title IV-E Foster Care. In order to be eligible, the child must be deprived of parental support or care during the removal month by reason of death, continued absence from the home, physical or mental incapacity, unemployment, or underemployment of a parent. Therefore, DCS will review the situation of the child’s parents (biological or adoptive) in relation to the removal home (i.e., the home of the person from whom the child was legally removed). See separate policy, 15.2 Removals for additional information about the removal home.

Death
The child is deprived of parental support or care if either parent is deceased prior to removal of the child from the home.

Continued Absence
The child is deprived of parental support or care when one (1) or both parents are continually absent from the home prior to removal, such as when:

1. The parent has been physically absent from the home for an undefined period of time, but the absence is expected to exceed 30 calendar days into the future;
2. The nature of the absence is such that it interrupts or terminates the parent's functioning as a provider of maintenance, physical care, and/or guidance for the child; and
3. The known or indefinite duration of the absence precludes relying on the parent to perform a parental function in planning for the present support or care of the child.

Physical or Mental Incapacity
The child is deprived of parental support or care if either parent has a physical or mental illness or impairment (as documented by a medical professional or the Social Security Administration) that:

1. Substantially reduces or eliminates that parent’s ability to support and care for their child; and
2. Is expected to last for at least 30 days.

Unemployment/Underemployment
The child is deprived of parental support or care when the family's income is less than the standard of need for an assistance group of the family's size. See separate policy, 15.5 Assistance Group for additional information about the determination of the size of the assistance group and separate policy, 15.7 Income Requirements for additional information on the standard of need.

Children placed with a parent residing in a licensed residential family-based treatment facility for substance abuse may be eligible for Title IV-E regardless of whether the Aid to Families with
Dependent Children (AFDC) criteria related to deprivation are met. See separate policy 15.1 Title IV-E Foster Care (Overview) for additional information.

Code References
1. 42 USC 672(a)(2): Removal and foster care placement requirements
2. 42 USC 672(a)(3): AFDC eligibility requirement
3. 42 USC 672(j): Children placed with a parent residing in a licensed residential family-based treatment facility for substance use
4. 45 CFR 1356.21(l): Living with a specified relative
5. 45 CFR 233.10: General provisions regarding coverage and eligibility

PROCEDURE

The Family Case Manager (FCM) will:
1. Verify and collect the required supporting documentation to support the child’s deprivation of parental support or care at the time of removal;
2. Upload the supporting documentation into the Management Gateway for Indiana’s Kids (MaGIK) within 30 days; and
3. Contact the DCS Central Eligibility Unit (CEU) (centralized.eligibility@dcs.in.gov) immediately for additional instructions during the child’s episode in out-of-home care, if information is discovered regarding the child’s deprivation that would impact the initial eligibility determination.

The FCM Supervisor will:
1. Assist the FCM with any of the above steps; and
2. Ensure all required information has been verified and documented in MaGIK.

The DCS CEU will:
1. Review the eligibility information in MaGIK; and
2. Make a determination of whether deprivation exists.

PRACTICE GUIDANCE

General Guidelines to Follow When Considering Deprivation:
Consider the following guidelines when determining deprivation:
1. If the child did not physically reside in the removal home during the removal month, consider whether the child would have met the deprivation criteria if the child had physically resided in the home during the removal month;
2. If the child is adopted, deprivation is based on the child’s adoptive parent, not the child’s biological parent; and
3. Termination of parental rights (TPR) may not be used to establish deprivation.

Continued Absence
Reasons for continued absence may include, but are not limited to:
1. The parent is living at a separate address;
2. The parent was incarcerated prior to and for reasons unrelated to the child’s removal;
3. The parent has abandoned the child;
4. The child was adopted by a single parent; or
5. The child was conceived using artificial insemination (donor unknown).
There are some special circumstances for which the general rules for deprivation by continued absence do not apply:

1. The child would not be deprived due to continued absence if a parent is absent from the home due solely to active duty in a uniformed service of the United States (Army, Navy, Air Force, Marine Corps, Coast Guard, National Oceanic and Atmospheric Administration, Public Health Service), school attendance, or employment; or
2. The child would be deprived due to continued absence even though the parent is in his or her home if a parent is released from a correctional institution to their home while serving a court imposed sentence by performing unpaid public work or unpaid community service during the work day.

Physical or Mental Incapacity
A parent receiving Supplemental Social Security Income (SSI) is considered to be incapacitated. A parent receiving Retirement, Survivors, Disability Insurance (RSDI) from the Social Security Administration for his or her own disability is considered an incapacitated parent.

Although a parent may not be receiving a formal source of income for a disability, the parent may still be considered incapacitated for the purposes of deprivation. To verify incapacitation, a physician or psychologist must prepare a written statement to verify the parent is incapacitated and the duration of the incapacity.

Supporting Documentation of Deprivation Criteria:

Death
1. Death certificate;
2. Death notice or obituary;
4. Hospital records;
5. Mortuary bill;
6. Insurance company records;
7. Cemetery records;
8. Military records;
9. Letters from the Social Security or Veteran’s Administration referencing the death; and
10. Statements from reliable persons cognizant of the facts.

Continued Absence
1. Post Office record of address;
2. Employer record of address;
3. Utility company records;
4. Unemployment compensation records;
5. Driver’s license;
6. Motor vehicle registration;
7. Lease records or rent receipts (landlord);
8. Statements from reliable persons cognizant of the facts;
9. Legal documents;
10. Attorney records; and
11. Law enforcement records.
12. Title IV-E and Title IV-A/EA Information (SF 55435)

Physical or Mental Incapacity
1. SSI or RSDI checks received during the month of removal;
2. Award letter for SSI or RSDI covering the month of removal;
3. Screen shots documenting receipt of SSI or RSDI during the month of removal; and
4. Written statement from a physician or psychologist.

**Unemployment/Underemployment**
1. Public Assistance database screens (gathered by CEU);
2. Employer statements;
3. Bank statements;
4. Tax records;
5. Business records;
6. Pay stubs; and
7. Statements from reliable persons cognizant of the facts.

### FORMS AND TOOLS

- **Title IV-E and Title IV-A/EA Information (SF55435)**

### RELATED INFORMATION

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will review the income available to a child's assistance group in the month of removal to determine if the child is Title IV-E eligible. In order to be eligible, the child’s assistance group must meet the Aid to Families with Dependent Children (AFDC) program income requirements in effect in July, 1996 during the removal month. The total income available to the assistance group includes the countable earned and unearned income based on the month it was received, not the month it was earned. The total monthly income for all members of the assistance group is compared against the 185% and 100% standards of need. If the assistance group’s income does not exceed either standard of need, the AFDC income requirement is met. See separate policy, 15.5 Assistance Group for information on determining who is included in a child’s assistance group.

Calculating Income
When determining the earned and unearned income of the child’s assistance group, use the actual monthly income if available. If the actual monthly income is not available, but income is received on a regular and consistent basis, the following rules may be used to convert the payment to a monthly amount:

1. Multiply the weekly income by 4.3 if the income is received weekly;
2. Multiply the bi-weekly income by 2.5 if the income is received bi-weekly; or
3. Multiply the semi-monthly income by two (2) if the income is received semi-weekly.

**Note:** If income is received intermittently (e.g., quarterly, semiannually, or annually) and is expected to continue into the future, the income should be prorated by the number of months in the distribution period to determine a monthly income amount.

Deeming Income
In determining Title IV-E eligibility, the income of certain individuals living in the home with, but excluded from, the assistance group must be evaluated to determine what amount, if any, must be deemed. In deeming, a portion of the earned and unearned income of these excluded individuals is set aside to meet the needs of the person and his or her dependent. The remainder of the income is “deemed”, or considered as available income, to the assistance group. Deemed income is included in the child’s financial need determination as unearned income.

The earned and unearned income of the following individuals who are living in the home with, but excluded from, the assistance group must be considered for deeming purposes:

1. Stepparent;
2. Unqualified alien parent; and
3. Senior parent (the parent of a minor parent).
Children placed with a parent residing in a licensed residential family-based treatment facility for substance abuse may be eligible for Title IV-E regardless of whether the AFDC criteria related to income are met. See separate policy [15.1 Title IV-E Foster Care (Overview)] for additional information.

**Code References**
1. 42 USC 672(a)(2): Removal and foster care placement requirements
2. 42 USC 672(a)(3): AFDC eligibility requirement
3. 42 USC 672(j): Children placed with a parent residing in a licensed residential family-based treatment facility for substance abuse
4. 42 USC 671: State plan for foster care and adoption assistance
5. 45 CFR 1356.21(l): Living with a specified relative
6. 45 CFR 233.10: General provisions regarding coverage and eligibility
7. 45 CFR 233.20: Need and amount of assistance

**PROCEDURE**

The Family Case Manager (FCM) will:
1. Document and verify the earned and unearned income received during the month of removal for all persons living in the removal household;
2. Upload the supporting documentation to the Management Gateway for Indiana’s Kids (MaGIK) within 30 calendar days; and
3. Contact the DCS Central Eligibility Unit (CEU) ([centralized.eligibility@dcs.in.gov](mailto:centralized.eligibility@dcs.in.gov)) immediately for additional instructions during the child’s episode in out-of-home care if information is discovered regarding income.

The FCM Supervisor will:
1. Assist the FCM with any of the above steps; and
2. Ensure all required documentation has been verified and documented in MaGIK.

The DCS CEU will:
1. Review the eligibility information in MaGIK; and
2. Make an eligibility determination.

**PRACTICE GUIDANCE**

**Standard of Need**
The countable earned and unearned income available to the child must not exceed the income limits for the child’s assistance group size. The income limits are based on Indiana’s AFDC Program Standard of Need effective July 16, 1996.

There is a two (2) step budgeting process for evaluating the income of the assistance group. The assistance group must pass both a “185% test” as well as a “100% test” for the child to be considered initially eligible for Title IV-E. For the “185% test”, the total gross earned and unearned income of the child’s assistance group must be equal to or less than 185% of the Standard of Need for the group size. If the assistance group passes the “185% test”, the “100% test” is applied. For the “100% test”, the total net earned and unearned income of the assistance group after allowable disregards must be less than the Standard of Need for the group size. Certain types of earned and unearned income are exempt in determining if the child meets the income requirement.
Acceptable supporting documentation of the income criteria includes copies of the following:
1. Removal petition documenting persons living in the removal home at the time of removal and their relationship to the child;
2. Paycheck stubs or statements;
3. W-2 forms;
4. Assessment Narrative in MaGIK;
5. Employer statements;
6. Indiana Client Eligibility System (ICES) screens (gathered by CEU);
7. Bank statements;
8. Tax documents;
9. Statements from reliable persons cognizant of the facts; and
10. Title IV-E and Title IV-A/EA Information (SF 55435).

FORMS AND TOOLS

Title IV-E and Title IV-A/EA Information (SF 55435)

RELATED INFORMATION

Earned Income
Earned income is income received through a person’s work or efforts. Earned income that is countable under AFDC guidelines includes the gross amount (before taxes and withholdings) of the following:
1. Wages, salaries, and tips;
2. Commissions;
3. Bonuses;
4. Sick pay;
5. Vacation pay;
6. Severance pay;
7. Jury duty pay;
8. Rental income from property;
9. In-kind earnings – the dollar value of the work performed as established by the employer; and
10. Wages from self-employment (i.e., farming, babysitting, and house cleaning).

Unearned Income
Unearned income is any income received by or available to the assistance group that is not gained through the provision of labor or service. Examples of unearned income that are countable under AFDC guidelines on an after-tax basis include, but are not limited to the following:
1. Investment income, such as dividends or interest from stocks, bonds, or savings accounts;
2. Alimony;
3. Child support;
4. Disability benefits;
5. Retirement, Survivors, and Disability Insurance (RSDI) benefits;
6. Retirement benefits;
7. Pensions;
8. Veteran’s benefits;
9. Unemployment insurance/benefits;
10. Deemed income;
11. Worker’s compensation; and
12. Cash contributions or gifts (e.g., cash from relatives, churches, friends or charitable organizations).

**Exempt Income**
Sources of exempt earned and unearned income include, but are not limited to:
1. Earned income of a dependent child who is a full-time student or a part-time student and part-time employee;
2. Supplemental Security Income (SSI);
3. Need-based assistance (e.g., Temporary Assistance for Needy Families [TANF] and Food Stamps);
4. Foster Care payments;
5. Adoption Subsidy payments (AAP or SAS);
6. Guardianship Assistance Payments (GAP) or State Guardianship Assistance Payments (SGAP);
7. Cash contributions made by non-assistance group members toward shared living expenses (e.g., payment for share of the electric bill);
8. Earned income of any child received from participation in employment programs established under the Workforce Investment Act (previously the Job Training Partnership Act);
9. Loans or grants to undergraduate students administered by the U.S. Commissioner of Education;
10. Section 8 and Housing and Urban Development (HUD) subsidies;
11. Earned income tax credits or income tax refunds;
12. In-kind contributions or assistance (unearned non-monetary benefits in the form of goods or services); and
13. Lump sum payments for a settlement or judgment that is used for the purpose it was paid, compensation for lost or stolen property, inheritance used for burial expenses of the deceased benefactor, federal or state income tax refund, refunded security deposits, back pay of SSI, property or funds resulting from a dissolution of marriage.

**Note:** Supplemental Security Income (SSI) and RSDI are both Social Security benefits and classified as unearned income. However, these benefits are treated differently in determining Title IV-E eligibility. An individual in receipt of SSI is excluded from the assistance group and the income calculation when determining financial need. RSDI is included in the assistance group’s income when determining financial need. It is important to carefully verify and document the type of Social Security benefits received by any assistance group member.

**Child Care Deduction**
For each working adult in the assistance group, a deduction is allowed for actual child care costs paid by that adult for a child in the assistance group with a limit of:

<table>
<thead>
<tr>
<th></th>
<th>Child Under two (2) Years of Age</th>
<th>Child two (2) Years of Age or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed Over 129 Hours</td>
<td>$200</td>
<td>$175</td>
</tr>
<tr>
<td>Employed 129 Hours or Less</td>
<td>$199</td>
<td>$174</td>
</tr>
</tbody>
</table>
The child care deduction is based on the child’s age on the first day of the month. If a child care costs are paid by a member of the assistance group, document this information in MaGIK, so a deduction may be taken when calculating financial need.
STATEMENTS OF PURPOSE

The Department of Child Services (DCS) will identify financial resources available to the assistance group during the month in which the child was removed when determining Title IV-E eligibility. See separate policy, 15.5 Assistance Group for additional information.

The financial resources to consider are the resources owned by and available to the assistance group members during the removal month. Financial resources include real property and personal property. Real property is land, including buildings, fences, or other permanently affixed features. Personal property includes all tangible or intangible resources that are not categorized as real property. In evaluating the assistance group’s resources, there are several key considerations:

1. Identification of exempt and countable resources;
2. Availability of the resource; and
3. Equity value of the resource.

The combined countable resources of the child’s assistance group in the eligibility month must not exceed $10,000. If the combined resources exceed $10,000, the child is ineligible for Title IV-E.

Note: Income received during the removal month should not be considered part of the assistance group’s resources, but rather as earned or unearned income. See separate policy, 15.7 Income Requirements for additional guidance.

Resources must be available to the assistance group in order to be counted. If the resources are not available to the assistance group in the removal month, they are exempt. Available resources include the real and personal property that an individual owns in part or in full and has the unrestricted right, authority, or legal ability to liquidate or dispose of the property or his or her share of the property.

Equity value is used to determine the value of a resource. The equity value is the fair market value of the item, less any lien or amount owed on the item.

A resource may be solely or jointly owned. Joint ownership of resources exists when the right to liquidate or dispose of the property is shared by more than one individual. When any type of account held in a financial institution, such as a bank account, is jointly owned, it is presumed all of the funds belong to each owner. If an assistance group member co-owns real property or non-liquid personal property with another member of the assistance group, the resource is counted. If the co-owner is not a member of the assistance group, the resource is not considered available, and is not counted.
Children placed with a parent residing in a licensed residential family-based treatment facility for substance abuse may be eligible for Title IV-E regardless of whether the Aid to Families with Dependent Children (AFDC) criteria related to resources are met. See separate policy 15.1 Title IV-E Foster Care (Overview) for additional information.

Code References
1. 42 USC 672(a)(2): Removal and foster care placement requirements
2. 42 USC 672 (a)(3)(B): Resources determination
3. 42 USC 672(j): Children placed with a parent residing a licensed residential family-based treatment facility for substance abuse
4. 45 CFR 1356.21(l): Living with a specified relative
5. 45 CFR 233.10: General provisions regarding coverage and eligibility
6. 45 CFR 233.20: Need and amount of assistance

PROCEDURE

The Family Case Manager (FCM) will:
1. Document and verify the available resources during the removal month for all persons in the removal home;
2. Upload the supporting documentation to the Management Gateway for Indiana’s Kids (MaGIK) within 30 days of removal; and
3. Contact the DCS Central Eligibility Unit (CEU) (centralized.eligibility@dcs.in.gov) immediately for additional instructions during the child’s episode in out-of-home care if information is discovered regarding the resources available to the child’s assistance group income that may impact the initial eligibility determination.

The FCM Supervisor will:
1. Assist the FCM with any of the above steps; and
2. Ensure all required information has been verified and documented in MaGIK.

The DCS CEU will:
1. Review the eligibility information in MaGIK; and
2. Make a determination of whether the assistance group’s financial resources are under the resource limit.

PRACTICE GUIDANCE

Acceptable supporting documentation of the assistance group’s resources includes copies of the following:
1. Removal petition documenting persons living in the removal home at the time of removal and their relationship to the child;
2. Preliminary Inquiry;
3. Indiana Client Eligibility System (ICES) screens (gathered by CEU);
4. Bank/investment account statements;
5. Tax documents;
6. Insurance policies;
7. Deeds and titles;
8. Loan documents;
9. Signed statement from the mortgage company, bank, real estate agency, or savings and loan institution;
10. Property tax receipts;
11. County Treasurer records;
12. Burial contracts/agreements/policies;
13. Statement from a reliable person cognizant of the facts; and
14. Title IV-E and Title IV-A/EA Information (SF 55435)

When identifying the value of a car, the wholesale or “trade-in” value should be selected from one (1) of the following sources that are available via the internet:
1. Kelly Blue Book; and/or

When valuing real estate, the equity value (selling price less total liens and mortgages) may be obtained from a real estate agency, bank, or other lending institution.

**FORMS AND TOOLS**

1. Title IV-E and Title IV-A/EA Information (SF 55435)
2. Preliminary Inquiry

**RELATED INFORMATION**

**Resources for Determination of Title IV-E eligibility**
Only the resources for members of the assistance group are counted in the determination of IV-E eligibility.

**Countable Resources**
Countable resources are items of real and personal property that are counted in determining Title IV-E eligibility. Non-exempt resources include, but are not limited to the following:
1. Cash on hand or cash savings;
2. Current balance in a savings account in a bank, savings and loan, credit union, or other financial institution;
3. Checking accounts other than the monthly income deposited in the removal month;
4. Stocks, bonds, mutual fund shares, revocable retirement plans, and trust funds;
5. Equity value of all non-home real property not being offered for sale such as income property or vacation homes (this does not include the primary residence of the assistance group);
6. Equity value which exceeds $1,000 in one (1) motor vehicle;
7. Equity value of all other motor vehicles owned by the assistance group;
8. Equity value of farm or business equipment;
9. Equity value of livestock, poultry, and crops not used for home consumption;
10. Proceeds from the sale of property;
11. Cash surrender value of life insurance policies;
12. Equity value, exceeding $1,500, of revocable prepaid funeral agreements, for each member of the assistance group; and
13. Property settlements which are part of a legal action in the dissolution of a marriage.

**Exempt Resources**
Exempt resources are items of real and personal property that are exempt and not counted toward the assistance group’s resource limit. Exempt resources include, but are not limited to the following:
1. Home and surrounding property in which the child and his or her family reside;
2. $1,000 of equity in one (1) motor vehicle. If the assistance group has more than one (1) vehicle, only one (1) vehicle may receive a $1,000 exemption;
3. The equity value of any apparatus installed in a motor vehicle for the use of a disabled person;
4. Household items and personal effects (e.g., furniture, television, food, clothing, and jewelry);
5. Livestock, farm implements, and tools used in the production of meat, dairy products, and produce for home consumption;
6. Proceeds or interest earned from proceeds of casualty insurance received as the result of damage, loss, or theft of exempt real or personal property if it is demonstrated the proceeds are being used to replace the property;
7. One (1) burial plot for each member of the assistance group;
8. Equity value, up to $1,500, in one (1) written funeral contract for each member of the assistance group;
9. Equity value of otherwise non-exempt property which is being offered for sale;
10. Funds in an irrevocable retirement plan;
11. Funds in an irrevocable burial trust;
12. Property involved in litigation; and
13. Real or personal property jointly owned with someone outside the assistance group (with the exception of bank accounts).
STATEMENTS OF PURPOSE

The Department of Child Services (DCS) will document the age and citizenship of a child so that Title IV-E eligibility may be determined.

Age
In order to be eligible for Title IV-E, the child must be under 18 years of age at the time of removal, unless the child is otherwise eligible to age 21 or entering the Collaborative Care (CC) program. See separate policy, 11.18 Eligibility for Collaborative Care for information on CC eligibility criteria.

Citizenship
The child must be either a citizen of the United States or an alien lawfully admitted for permanent residence. See separate policy, 2.23 Verifying Citizenship or Immigration Status for additional guidance.

Code References
1. 42 USC 671(a)(27)
2. 42 USC 672(a)(3)
3. 42 USC 675(8)
4. IC 31-28-5.8: Collaborative Care

PROCEDURE

The Family Case Manager (FCM) will:
1. Verify and collect the required documentation to support the child’s age at the time of removal;
2. Verify and collect the required documentation to support the child’s citizenship or immigration status at the time of removal;
3. Upload the supporting documentation into Management Gateway for Indiana’s Kids (MaGIK) within 30 days; and
4. Contact the DCS Central Eligibility Unit (CEU) immediately for additional instructions during the child’s episode in out-of-home care if information is discovered regarding the child’s age or citizenship that may impact the initial eligibility determination.

The DCS CEU will:
1. Review the eligibility information in MaGIK; and
2. Make a determination of whether the age and citizenship criteria are met.
PRACTICE GUIDANCE

Acceptable supporting documentation of the age criteria is a copy of the child’s birth certificate or copies from other credible sources documenting the child’s birth date, including:

1. Bureau of Vital Statistics;
2. Verified data from Public Assistance database (gathered by CEU);
3. School records;
4. Hospital records;
5. Physician records;
6. Baptismal/confirmation records;
7. Passport;
8. Naturalization papers;
9. Immigration papers;
10. Alien registration card;
11. Court records;
12. Records of social agencies; and
13. Insurance company records.

A list of acceptable supporting documentation to verify citizenship may be found in policy 2.23 Verifying Citizenship or Immigration Status.

FORMS AND TOOLS

Title IV-E and Title IV-A/EA Information (SF55435)

RELATED INFORMATION

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 restricts eligibility for Title IV-E to children who are United States citizens or eligible qualified aliens. The qualified alien provisions in PRWORA supersede Aid to Families with Dependent Children (AFDC) law and regulations in effect on July 16, 1996.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will determine ongoing eligibility for children who have been determined to be eligible for Title IV-E. The ongoing eligibility criteria must be met in order for a child’s maintenance (per diem) and/or administrative costs to be claimed for Title IV-E. The ongoing eligibility criteria include the following:

1. The child must be placed in a Title IV-E eligible placement;
2. DCS must continue to have responsibility for Placement and Care (PC) of the child; and
3. Reasonable Efforts to Finalize the Permanency Plan (REPP) language must be obtained timely in a written court order. See separate policy, 6.10 Permanency Plan for the timeframe in which REPP language must be obtained.

A child’s Title IV-E ongoing eligibility status may change from month to month, depending upon the child’s placement and the timeliness of required court order language. When a child is placed in an unlicensed placement, the Title IV-E maintenance payment and administrative costs may not be claimed for Title IV-E reimbursement, with the exception of the following circumstances:

1. When the child is determined to be initially eligible and placed with a relative who has an application for licensure, administrative costs may be claimed for up to one (1) year while the relative is working toward licensure; or
2. When a child moves from an ineligible foster care setting into a licensed foster family home or child care institution, administrative costs may be claimed for one (1) calendar month.

Administrative costs may also be claimed for a child who is at imminent risk of removal from the home. See separate policy, 7.1 Child at Imminent Risk of Removal for additional information.

The ongoing eligibility criteria for Title IV-E eligible cases should be reviewed periodically or whenever a change occurs affecting the child’s ongoing eligibility status.

Code References
1. **42 USC 671(a)(15): Requisite features of State plan**
2. **42 USC 672(a)(2): Removal and foster care placement requirements**
3. **42 USC 672(c): “Foster family home” and “child-care institution” defined**
4. **42 USC 672(i): Children placed with a parent residing in a licensed residential family-based treatment facility for substance abuse**
5. **45 CFR 1355.20(a)(2): Child care institutions**
6. **45 CFR 1356.21(b)(2): Judicial determination of reasonable efforts to finalize a permanency plan**
### PROCEDURE

The Family Case Manager (FCM) will:
1. Ask the Local Office Attorney to request that the court include responsibility for PC and REPP language in the court order within the required time frames;
2. Verify the court order contains the required court order language. If a court order does not contain the required language, request the language be included in the court order at the next hearing;
3. Upload the court order to Management Gateway for Indiana’s Kids (MaGIK) within 30 days of removal; and
4. Contact the DCS Central Eligibility Unit (CEU) (centralized.eligibility@dcs.in.gov) immediately for additional instructions during the child’s episode in out-of-home care, if information is discovered that would impact the child’s ongoing eligibility.

The FCM Supervisor will:
1. Assist the FCM with any of the above steps; and
2. Ensure all requirement information has been verified and documented in MaGIK.

The DCS CEU will:
1. Review the eligibility information in MaGIK; and
2. Make a determination of whether the ongoing eligibility requirements are met.

### PRACTICE GUIDANCE

Acceptable supporting documentation of the court order language requirements include copies of the following:
1. The signed court order containing the responsibility for PC and/or REPP language; and
2. A court transcript containing the required court order language.

### FORMS AND TOOLS

N/A

### RELATED INFORMATION

**Child at Imminent Risk**

DCS will make an initial determination as to whether an individual child is at imminent risk of removal and therefore a candidate for foster care. DCS will re-determine imminent risk every 180 days. See separate policy, [7.01 Child at Imminent Risk of Placement](#) for additional information.

DCS defines a child at imminent risk of placement as a child less than 18 years of age who reasonably may be expected to face out-of-home placement in the near future as a result of at least one (1) of the following:
1. Abuse or neglect;
2. Emotional or mental disturbance; or
3. Family conflict so extensive that reasonable control of the child is not exercised.

**Eligible Placements**

In order for maintenance and administrative costs to be claimed to Title IV-E, the child (under age 18) must reside in an eligible foster care setting that is fully licensed, which may include:
1. Relative homes;
2. Foster family homes;
3. Private child care institutions;
4. Public child care institutions with licensed capacity of 25 or fewer children;
5. Emergency shelters;
6. Group homes; and
7. Licensed residential family-based treatment facilities for substance abuse in which a child is residing with a parent, if the requirements for an eligible placement are met (see separate policy, 15.1 Title IV-E Foster Care (Overview).

When the child is placed in a relative home, and the relative has submitted an application for licensing and is in the process of completing the licensing requirements, reimbursement for administrative costs may be claimed for the child for up to 365 days while the child is in this placement. If the relative refuses to apply for licensure, fails to work toward full licensure, or does not complete the licensure process within 365 days of the application date, DCS cannot claim administrative reimbursement for the child.

When a child is on a Trial Home Visit (THV), reimbursement for administrative costs may be claimed for the child for up to six (6) months, unless the THV is extended by order of the court. See separate policy, 8.39 Trial Home Visits for more information.

When a child is on runaway status, full reimbursement for foster care maintenance (per diem) and administrative costs may be claimed for the first five (5) days, after which only administrative costs may be claimed for the child. See separate policy, 8.37 Holding a Placement during a Hospitalization for more information.

Ineligible placement settings include:
1. Detention centers;
2. Forestry camps;
3. Correctional facilities;
4. Hospitals;
5. Nursing homes;
6. Boot camps; and
7. Public child care institutions with more than 25 beds.
STATEMENTS OF PURPOSE

Title IV-A/Emergency Assistance (EA) is a federal program designed to provide funding for emergency assistance services to children and families served by the Department of Child Services (DCS), with the goal of maintaining children in their own home. EA eligible services are 100% reimbursable.

Title IV-A/EA Eligibility
EA services are considered for a child living in his or her own home who is found to be at imminent risk of harm, which is established through a substantiated finding of abuse/neglect that leads to an Informal Adjustment (IA) or Child in Need of Services (CHINS) adjudication. The emergency should be a crisis, which is expected to be resolved in 120 calendar days or less. The crisis should not be the result of the parent or caretaker refusing to accept employment or job-related training.

An EA application is generated for each child in the home with an open IA or in-home CHINS involvement. If a child is eligible for EA, his or her eligibility may be “shared” in some situations with other members of his or her Assistance Group (AG) who were not eligible in his or her own right. EA funding may also be available for children in an out-of-home placement. EA eligibility for children in out-of-home care is determined by using the Title IV-E application.

Eligibility Period
If an individual is eligible for EA, eligibility is effective for 120 days from the “initiating event” date, which is located at the top of the eligible child’s EA application in the case management system. EA applications for an IA or in-home CHINS must be submitted by the DCS Central Eligibility Unit (CEU) within 30 days of the initiating event date. The initiating event for children in out-of-home care is the date on the Title IV-E application. Services may be terminated prior to 120 days if the crisis is remedied.

Initial Eligibility
The following criteria must be met in order for a child to be eligible for EA. The child must:
1. Have a substantiated finding of abuse/neglect, or be adjudicated a CHINS;
2. Be under age 18;
3. Be a United States (US) Citizen or qualified alien;
4. Reside with someone during the eligibility month who meets the definition of specified relative. See separate policy, 15.4 Specified Relative for additional information; and
5. Belong to an AG whose income is less than or equal to 250% of the federal poverty level set for the applicable calendar year.

DCS must be able to verify and document all initial eligibility criteria. If DCS is unable to verify and document these factors, the child will be ineligible for Title IV-A/EA funding.
Subsequent EA Eligibility
A family may be eligible for EA funding only once in a 12 month period. If any AG member was authorized for EA services in the 12 months prior to the application date, the child is ineligible.

Code References
42 USC 604 Social Security Act Section 404

PROCEDURE

The Family Case Manager (FCM) will:
Collect and upload documentation that supports Title IV-A/EA initial eligibility criteria in the case management system within 30 days of the initiating event date for IA and in-home CHINS cases. Documentation includes the following:
1. A copy of the signed IA or file stamped CHINS Petition;
2. Birth and citizenship verifications. See separate policy, 15.9 Age and Citizenship for acceptable forms of verification;
3. All court orders related to the involvement type (e.g., CHINS adjudication order, order removing the child from home, or court order that approves the IA involvement); or
4. Records that support the household composition and financial resources of the AG (e.g., Title IV-E and Title IV-A/EA Information form (SF55435), pay stubs, signed parent statements, and Preliminary Inquiry).

The DCS CEU will:
1. Review the eligibility information in the case management system, and
2. Make a determination of whether the EA eligibility criteria are met.

PRACTICE GUIDANCE

Initiating Event Date
If a focus child is eligible for EA, eligibility is effective for 120 days from the “initiating event” date, which is located at the top of the child’s eligibility application in the case management system. The initiating event date may not coincide with the actual event that led to DCS’ involvement with the family.

The initiating event date for IA involvements is the date of supervisor approval in the case management system. For in-home CHINS involvements, the initiating event date is the date the Petition was filed with court. For out-of-home care cases, the initiating event date is the date of the child’s first placement in out-of-home care.

EA Assistance Groups
Mandatory members of the EA AG include:
1. The child;
2. The child’s minor siblings living in the household (including half and adoptive);
3. The child’s parents (biological and adoptive); and/or
4. Non-parent/non-sibling relatives, and non-related persons living in the household who agreed to participate in services.

Note: Step-parents and step-siblings are mandatory AG members if they are participating in services.
The following individuals are not eligible for EA services, and should also be excluded from the EA assistance group:
1. Illegal aliens;
2. Recipients of adoption subsidy, which includes Title IV-E Adoption Assistance (AAP), County Adoption Subsidy (CAS) or State Adoption Subsidy (SAS);
3. Recipients of Guardianship Assistance Program (GAP) funding, which includes Title IV-E GAP and State GAP (SGAP); and

The following individuals should be included in the EA Assistance Group; however, they are not eligible for EA and services should not be shared with them due to their active involvement with DCS:
1. A child who is a DCS ward or Juvenile Delinquent/Juvenile Status (JD/JS) who is in the home on a trial home visit (THV); and
2. A child with a JD/JS status who is involved with services through Probation.

Income Guidelines
The following income guidelines should be taken into consideration during this process:
1. Assets/Resources of AG members are excluded from the income calculation;
2. Earned/unearned income is counted in the EA income determination;
3. The earned income of minors is countable if they are in the AG; and
4. There are no deductions for earned income, self-employment, or child support when calculating EA eligibility.

Authorized EA Services
The following guidelines should be followed regarding authorized EA services:
1. Each eligible child may receive the following services:
   a. Clothing,
   b. Non-medical counseling (e.g., education on safe sleep and appropriate behavioral interactions with a child),
   c. Foster care assistance,
   d. Licensed home placement,
   e. Residential placement,
   f. Drug screening/testing, and
   g. Concrete services.

2. Each eligible adult household member may receive the following services:
   a. Non-medical counseling (e.g., education on safe sleep and appropriate behavioral interactions with a child), and/or
   b. Homemaker services (e.g., parenting classes and debt management).

FORMS AND TOOLS
1. Title IV-E and Title IV-A/EA Information form (SF55435)
2. EA Application - Available in the case management system
3. Preliminary Inquiry
RELATED INFORMATION

Concrete Services
Refers to goods and services designed to help a family succeed by increasing safety, decreasing the time to permanency, and/or increasing child well-being. Examples of concrete services include payment of utility bills, vehicle repairs, summer camp fees, and school supplies.
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will facilitate the Social Security application process, as well as, monitor and maintain Social Security benefits for children in out-of-home care.

DCS will utilize the Social Security Unit (SSU) to apply for Social Security benefits for children in out-of-home care, as appropriate. The DCS SSU will also monitor the receipt of funds, request the transfer of payee when needed, and report placement changes for children receiving any type of payment from the Social Security Administration.

Note: If a new or duplicate Social Security card for a child is needed, the Family Case Manager (FCM) should visit the local Social Security office to obtain this.

Code References
1. 20 CFR 404.350- 20 CFR 404.368 Child’s Benefits
2. 20 CFR 404.370- 20 CFR 404.374 Parent’s Benefits
3. 20 CFR 404.390- 20 CFR 404.392 Lump-Sum Death Payment
5. 20 CFR 416.101- 20 CFR 416.998 Supplemental Security Income for the Aged, Blind, and Disabled

PROCEDURE

The FCM will:
1. Review eligibility criteria to identify all children on his or her case load who may be eligible for Supplemental Security Income (SSI) and/or Retirement, Survivors, Title II Disability Insurance (RSDI);
2. Email SSU about potential referrals for children who may be eligible for RSDI;
3. Complete the SSI Referral Form for all children believed to be eligible for SSI;
4. Obtain necessary medical and non-medical documentation for all applications and submit to SSU;

Note: Medical information may not be more than one (1) year old.

5. Contact SSU at DCSSocialSecurity@dcs.in.gov when a child who is already receiving SSI or RSDI is removed from the home; and
6. Notify SSU of all placement changes for children receiving SSI or RSDI by updating the case management system and KidTraks systems whenever a placement change occurs.
The SSU will:

1. Review and respond to email inquiries and requests for information about potential RSDI referrals;
2. Review the SSI Referral Form, documentation provided by the FCM, and the child’s financial information;
3. Determine if the child meets initial criteria for receipt of SSI;

**Note:** If SSU believes a child is not eligible for benefits, the FCM will be notified.

4. Schedule an appointment and conduct an interview with the caregiver to obtain answers to basic Social Security application questions;

**Note:** Prior to scheduling an appointment with the caregiver, the SSU will notify the FCM that the caregiver will be contacted.

5. Submit the completed Social Security application and supporting documentation to the Social Security office;
6. Monitor the progress of the Social Security application;
7. Review the Social Security Administration’s decision and file appeals as needed; and
8. Monitor the child’s receipt of SSI or RSDI and make changes to the payee as needed.

**PRACTICE GUIDANCE**

N/A

**FORMS AND TOOLS**

SSI Referral Form – Available in the case management system

**RELATED INFORMATION**

Supplemental Security Income (SSI)
SSI is a federally funded, needs-based disability program for adults and children that provides monthly cash benefits and, in most States, automatic Medicaid eligibility.

**Indicators that a Child May Qualify for SSI**
A child who meets one (1) or more of the following indicators may qualify for the SSI program:

1. Child has recently (within the last six [6] months) received or is receiving psychiatric hospital services due to a diagnosed mental impairment other than substance abuse;
2. Child was recently discharged from or is currently in a residential facility due to diagnosed mental impairment other than substance abuse;
3. Child receives special education services to address severe learning problems;
4. Child receives intensive outpatient counseling and/or therapy;
5. Child has moderate to severe intellectual disability (intelligence quotient [IQ] of 70 or less);
6. Child has severe developmental delays (functioning at less than half of his or her chronological age);
7. Child receives intensive medical services and/or treatment for a physical illness; and/or
8. An infant (less than one [1] year old) who was born at a very low birth weight (1200 grams [2.64 lbs.] or less).
Retirement, Survivors, Disability Insurance (RSDI)
RSDI is a federal program, which provides benefits to certain persons who are retired or disabled. The program also provides survivor benefits to certain individuals including:

1. Widows or widowers;
2. Divorced spouses;
3. Unmarried or disabled children; and
4. Dependent parties.

Children may receive RSDI benefits based on a parent's Social Security account because the parent is deceased, retired, or disabled. If a child is eligible under this program, the benefits go with them no matter where or with whom they live. The amount the child receives is based on the qualified parent’s earnings and is not affected by the type of placement or income. Children have to be under the age of 18 to receive this benefit. The exception to this is being under the age of 19 and in high school full time.

The RSDI program may also pay benefits to individuals who have a disability that began before age 22. To qualify, the individual has to have an eligible parent who is deceased, retired, or disabled, and they have to be found disabled based on their own impairment(s) by meeting the disability rules for adults. These benefits may continue well into adulthood as long as the Social Security Administration determines that the individual remains disabled.

Documentation
The following items are required to be sent to the SSU prior to a Social Security application being submitted:

1. Copy of the Social Security card, if available;
2. Proof of age (copy of birth certificate, naturalization certificate, US passport, certificate of citizenship, or I-551 permanent resident card);
3. DCS initial CHINS court order, most recent court order, and Termination of Parental Rights (TPR) order, if applicable;
4. Medical and/or psychological records (dated within the past 12 months) that support the diagnosis and/or suspected or reported impairments. This should include materials, such as hospital/clinic records, therapy progress notes, monthly or quarterly treatment summaries, and medication records. The medical records must contain the signature of a physician or psychologist; and
5. School records (Individualized Education Plan [IEP], report cards, cumulative academic record, teachers’ notes, Head Start records/notes, etc.).
When removing a child from his or her home the Indiana Department of Child Services (DCS) will make every effort to allow the child to take clothing and/or personal items (e.g., photographs, a blanket, a favorite toy or book, video games, game systems, and CD player). All clothing and personal items removed and/or purchased or acquired for the child are 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 (e.g., clothing and personal items) brought with the child must be documented and maintained in the Inventory of Personal Items (SF54315).

**Exception:** If a child is removed from a property used for the illegal manufacture of a controlled substance, personal items and clothing will not be removed. See Indiana Drug Endangered Children (DEC) Response Protocol for further guidance.

**Initial Clothing and Personal Items Allotment**

DCS will ensure 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 resource parent(s) with an Initial Clothing and Personal Items Allotment of up to $200.00 based on an immediate assessment of the child’s current clothing need by the Family Case Manager (FCM) at the time of removal. After the initial clothing allotment is expended, the resource parent(s) 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 (see Practice Guidance).

**Travel**

The resource parent(s) may receive an additional amount of properly claimed travel expenses incurred for a child placed in the resource home when the resource parent(s) travels over 162 miles in a month for the below purposes:

1. Travel between the resource home and the school system in which the child was enrolled before placement and continues to be enrolled while residing with the resource parent(s) if the school system is not required to provide transportation under applicable state law;
2. Travel to and from Headstart, summer school, pre-school, summer camps, and school related extracurricular activities;

---

1 DCS will not provide residential facilities with Initial Clothing and Personal Items Allotment as referenced in this policy.
2 DCS will not reimburse residential facilities for travel expenses as referenced in this policy.
**Note:** Mileage will be eligible for reimbursement to and from these programs only when it is not provided by the school corporation. FCMs may consult with the DCS Educational Liaisons (EL) for information on what school corporations are required to provide for the child.

3. 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 (including pre-placement overnight visits with the child);

4. 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 resource parent(s) visits during child inpatient episodes),
   e. Occupational and Physical Therapy, and
   f. Behavioral Health Counselor and Therapist;

5. Travel to and from employment or job searching for youth 14 years of age or older;

6. 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 (CFT) meetings,
   e. Resource parent(s) training sessions, and
   f. Behavioral Health Counselor and Therapist;

7. Other travel that is extraordinary and has been approved in writing as consistent with the child’s case plan by the DCS Local Office Director (LOD)/Division Manager (DM) prior to the travel taking place; and/or

**Note:** DCS will, upon approval of the Regional Manager (RM), pay per diem, and travel expenses exceeding 162 miles in a month, if visits are maintained, including overnight stays, with a child who is hospitalized for longer than five (5) days. See separate policy, **8.37 Holding a Placement during a Hospitalization** for further guidance.

8. Pre-placement overnight visits with the child.

The prospective resource parent(s) may receive an amount of properly claimed travel expenses incurred for a child who will be placed in the resource home when the prospective resource parent(s) travels at least one (1) mile for pre-placement visits between the prospective resource parent(s) and child and when there are no overnight visits.

**Note:** To be eligible for reimbursement, the resource parent(s) must document all allowable travel that occurs through the month starting from the first mile on the Foster Parent Travel Invoice (SF54836).
**Personal Allowance**
Each child in a licensed resource placement will be eligible to receive an annual Personal Allowance of up to $300 starting on the 8\textsuperscript{th} consecutive day of placement.\textsuperscript{3} These funds may be expended and are reset at the beginning of each calendar year. These funds may be used for items such as, but not limited to, computer hardware and/or software, field trips, driver’s education (unless eligible for emancipation Goods & Services Funds), class pictures, application fees, extracurricular activities, musical instruments, sporting equipment, electronic devices (e.g., e-readers, laptops, iPod, Xbox, etc.), prom dress or other special occasion clothing, equipment and fees associated with extracurricular activities (including activities for young children), and preschool. The following items are not permitted or reimbursable: piercings, tattoos, tobacco products, alcoholic products or beverages, fireworks, lottery tickets, gift cards (e.g., gas, VISA, Wal-Mart, etc.), cash, checks, or money orders.

**Educational Needs Funding**
Educational Needs Funding is available to cover the cost of securing a High School Equivalency (HSE) Certificate, tutoring, and summer school. This is referred in KidTraks through Global Services. Contact the local DCS EL for assistance with school related fees as many may be waived.

**Note:** When other funding is available for securing an HSE Certificate it should be utilized prior to completing a global services referral.

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

Questions regarding a child’s usage of the annual allowance should be directed to the RM and to the local DCS Regional Finance Manager (RFM).

DCS will upon the request of the resource parent(s) make foster care liability insurance available (see Related Information).

**Code References**

N/A

---

\textsuperscript{3} DCS will not provide a Personal Allowance to residential facilities as referenced in this policy.

\textsuperscript{4} DCS will not pay a Special Occasion Allowance to residential facilities as referenced in this policy.
PROCEDURE

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. 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 FCM Supervisor, and document this on the Inventory of Personal Items (SF54315) and in the case management 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 the child's clothing and/or personal items up from the removal home within 48 hours;
4. Complete a thorough inventory of the child's clothing and/or personal items at initial placement and each placement change. Inventory of the child's clothing and/or personal items should be:
   a. Taken anytime the child is removed from their home; and
   b. Reviewed with and signed by the resource parent(s) acknowledging what items belong to the child and were brought with and/or for the child.
5. Request that the FCM 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 Initial Clothing and Personal Items Allotment to assist the resource parent(s) in acquiring clothing and/or personal items for the child (see Practice Guidance);

Note: Additional purchases should not be authorized in the event a child is moved from one resource 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 resource home. The Inventory of Personal Items (SF54315) should be reviewed and signed by the resource parent(s) when a child is removed from his or her home for the purpose of ensuring all items are returned with the child.

7. Complete a referral for the use of Personal Allowance to assist in reimbursement efforts for the resource parent(s) if funds have not previously been depleted for the child. Questions regarding the amount of funds remaining should be directed to the local RFM.

If an RM Appeal is needed:

1. The FCM will complete the RM appeal on the Request for Additional Funding (SF54870) form detailing the unusual circumstances and situations prior to the expenditure of any funds and submit to the FCM Supervisor for approval or denial;
2. The FCM Supervisor will review and approve or deny the RM appeal;
3. The FCM Supervisor will submit the RM appeal decision to the LOD/DM for approval or denial;
4. The LOD/DM will approve or deny the RM appeal;
5. The LOD/DM will send the RM appeal to the RM for final approval or denial;
6. The RM will submit a copy to the RFM if approved; and
7. The RM will notify the LOD/DM of the final determination via written correspondence.
Tax Reimbursement
Tax on any purchase made for a ward including clothing and personal items, personal and special occasion allowances is reimbursable. Reimbursement can be claimed for the items plus tax up to the amount listed in policy. For example, the resource parent(s) purchases clothing in the amount of $180 and paid $12.60 in tax for a total of $192.60. The resource parent(s) can claim reimbursement for $192.60. However, if the resource parent(s) purchased clothing in the amount of $200 and paid $14 in tax for a total of $214, the resource parent(s) can only claim $200 as outlined in policy. Reimbursement can be claimed for the items plus tax up to the amount listed in policy.

Clothing and Personal Item Allotment
It is allowable for resource parent(s) to initially purchase clothing for the child up to $200 and be reimbursed if they have received agency approval, even if the approval is received after the purchase of clothing. At times it is necessary for clothing to be purchased prior to DCS approval. Resource parent(s) must present receipts for all purchases. In unique circumstances, an RM appeal may be utilized to purchase clothing beyond the first 60 days of placement. Examples are a sudden weight gain or loss or a change of placement when the FCM has attempted to obtain clothing from the previous placement without success.

Personal Allowance
The purpose of the Personal Allowance is to normalize a child’s stay in resource care. As such, the Personal Allowance may be used for a broad array of purchases. The list of personal allowance items in policy are only examples. The options for use are extremely broad.

Educational Needs
Contact the EL for assistance with school related fees including travel requirements as many may be waived. For fees that may not be waived or may be funded through other means, a global services referral should be completed. These expenses should not come out of the child’s personal allowance.

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 or duffle bags). 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 resource parent(s) fail to return all of the clothing and/or personal items the child had during placement; the FCM should assure 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. Inventory of Personal Items (SF54315)
3. Request for Additional Funding (SF54870)
4. Licensed Foster Parent Resources Web Page
5. Foster Parent Travel Invoice (SF54836)
6. Foster Parent Travel Invoice Instructions
7. Claim for Support of Children Payable from Family & Children Funds (SF28808)
9. W-9 Request for Taxpayer Identification Number and Certification
10. W-9 and Direct Deposit Form Q & A
11. W-9 and Direct Deposit Form Instructions
12. KidTraks User Agreement
13. Letter to Foster Parents Regarding Per Diem
14. DCS Foster Care Per Diem Invoice Total Checker- 2019 rates

### RELATED INFORMATION

**Foster Care Per Diem**
The resource parent(s) should utilize the per diem to cover reasonable costs of caring for the child including, but not limited to:

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

Foster care per-diem is not intended and should not be expected or represented to cover costs that would be ordinarily incurred by the resource parent(s) in the absence of a foster care placement; such costs include and are not limited to the resource parent’s rent, mortgage, car payment, or routine housing maintenance cost. See the Letter to Foster Parents Regarding Per Diem and the DCS Foster Care Per Diem Invoice Total Checker – 2019 Rates, for additional information.

**Initial Clothing and Personal Items Allotment**
Initial Clothing and Personal Items Allotment is defined as a dollar amount, up to $200, that is to be paid for use by the resource parent(s) 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 may be requested within 60 days after the initial removal. If the resource parent(s) receives a voucher from DCS, the resource parent(s) has 30 days to utilize the voucher for the child.

**Special Occasion Allowance**
Special Occasion Allowance is funds made available to licensed resource parents in addition to per-diem annually for each child in out of home care. The special occasion allowance is up to $50 for a child’s birthday and up to $50 for the holiday season in December.
**Personal Allowance**
Personal Allowance is funds made available to licensed resource parent(s) annually for each child in out-of-home care on the 8th consecutive day of placement. The personal allowance is up to $300 dollars based on the individual circumstances of the child and may be reimbursed in increments.

**Foster Care Liability Insurance**
Foster Care Liability Insurance is protection and coverage provided to foster parents upon request. The insurance covers certain risks associated with caring for children under 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.

**Mileage Reimbursement**
Mileage reimbursement is a flat rate per mile based on the current State employee approved mileage per-diem. Resource parent(s) may check for the most current rate at: [http://www.in.gov/idoa/2459.htm](http://www.in.gov/idoa/2459.htm). Mapquest at [www.mapquest.com](http://www.mapquest.com) should be used to obtain the shortest mileage distance for trips.

**Requirements for Reimbursement**
All resource parent(s) need to fill out an Automated Direct Deposit Authorization Agreement (SF47551) and W-9 Request for Taxpayer Identification Number and Certification in order to receive reimbursement from the state. All resource parents should utilize the standard invoice, Claim for Support of Children Payable from Family & Children Funds (SF28808) (or submit via KidTraks e-Invoicing) and attach all receipts in order to receive reimbursement for the Personal Allowance, Special Occasion Allowance, Initial Clothing Allotment, etc. Additional information on completing the W-9 may be found on the W-9 and Direct Deposit Form Q & A.

**Invoicing Electronically via KidTraks e-Invoicing**
Resource parents who are comfortable using a computer are encouraged to submit invoices electronically using KidTraks e-Invoicing. The resource parent must first become a vendor via submission of W-9 and Direct Deposit forms. Then, submission of the KidTraks User Agreement allows direct access to KidTraks, including the ability to submit invoices electronically via KidTraks e-Invoicing. Please note that mileage reimbursement must be submitted via the Foster Parent Travel Invoice (SF54836), but all other invoicing may be submitted electronically via KidTraks e-Invoicing, including Per Diem, Personal Allowance, Birthday/Holiday Allowance (i.e., Special Occasion Allowance), and Initial Clothing & Personal Items Allotment. KidTraks e-Invoicing guides are available on the Licensed Foster Parent Resources Web Page.
STATEMENTS OF PURPOSE

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:** Personal allowance funds of up to $300 over the course of one (1) year are available to the relative placement after the 8th consecutive day of placement. These funds may be expended and are reset at the beginning of each calendar year. These funds may be used for items such as, but not limited to, computer hardware and/or software, field trips, driver’s education (unless eligible for emancipation Goods & Services Funds), class pictures, application fees, extracurricular activities, musical instruments, sporting equipment, electronic devices (e.g., e-readers, laptops, iPod, Xbox, etc.), a prom dress or other special occasion clothing, equipment and fees associated with extracurricular activities (including activities for young children), and preschool. The following items are not permitted or reimbursable: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms or other weapons, fireworks, lottery tickets, gift cards (e.g., 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:** Initial clothing and personal items funds of up to $200 per child are available upon initial placement of the 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:** Special occasion funds are 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 (e.g., gas, visa, Wal-Mart, etc.), cash, checks, or money orders.

**Note:** A referral is not 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.

**Bedding Allowance:** Bedding allowance funds are available up to $400 per child if there is a need for a bed and/or bedding, and Family Case Manager (FCM) approval has been obtained.
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:** Child care funds (only if needed for work or school hours) are available up to $18 per day or $90 per week, per child, for child care costs in a child care center or home that is licensed, registered, or the appropriate background checks have been conducted. For further guidance, see separate policy, 13.5 Conducting Background Checks for Unlicensed Placements. This funding is available for six (6) months only. If the relative becomes licensed or begins receiving Child Care Development Fund (CCDF) prior to six (6) months the funding will end.

**Educational Needs Funding:** Educational needs funding is available to cover the cost of securing a High School Equivalency (HSE) Certificate, tutoring, and summer school. This is referred in KidTraks through Global Services. Contact the local DCS Education Liaison (EL) for assistance with school related fees as many may be waived.

**Note:** When other funding is available for securing an HSE Certificate it should be utilized prior to completing a global services referral.

**Respite Care:** Respite care funds, if needed and approved by the FCM, are available for up to five (5) days each calendar year. The respite care must be in a licensed resource parent’s home. Respite will require a referral to be done by the FCM.

**Travel Reimbursement:** Travel reimbursement is available for properly claimed travel expenses incurred for each 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 system in which the child was enrolled before placement and continues to be enrolled while residing with unlicensed relative if the school system is not required to provide transportation under applicable state law.

**Note:** FCMs may consult with the EL for information on what school corporations are required to provide transportation for the child.

2. Travel to and from Headstart, summer school, pre-school, summer camps, and school related extracurricular activities.

**Note:** Mileage will be eligible for reimbursement to and from these programs only when it is not provided by the school corporation.

3. 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 [SF2956]) and visits to facilitate the transition to another placement;

4. 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 visits during child inpatient episodes),
   e. Occupational and Physical Therapy, and
   f. Behavioral Health Counselor and Therapist;
5. Travel to and from employment or job searching for youth 14 years of age or older;
6. 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, and/or
   f. Behavioral Health Counselor and Therapist;

7. Other travel that is extraordinary and has been approved in writing as consistent with the child’s Case Plan (SF2956) by the DCS Local Office Director (LOD)/Division Manager (DM) prior to the travel taking place.

The relative being considered as a placement resource may receive an amount of properly claimed travel expenses incurred for a child who will be placed in the relative home when the relative travels at least one (1) mile for pre-placement visits between the relative and child, regardless of whether they are overnight visits.

Note: If a child moves placements mid-year, the new unlicensed relative may be reimbursed for any personal allowance for the child that is remaining for the year.

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 (SF2956).

Questions regarding a child’s usage of annual allowances should be directed to the DCS Regional Manager (RM) and to the local DCS Regional Finance Manager (RFM).

**Code References**
N/A

**PROCEDURE**

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 Inventory of Personal Items (SF54315) 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, and
   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. Make efforts to deliver the child's clothing and/or personal items within 48 hours, if not taken at the time of removal;
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. Complete a referral for the use of the Bedding Allowance if a need is identified;
6. Request that the FCM Supervisor evaluate the clothing and/or personal items situation and authorize the purchase of additional clothing, if a need is identified;
7. Complete a referral in KidTraks for the 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, if the child does not have adequate clothing and/or personal items at the time of removal;

8. Complete a referral for the use of Personal Allowance when requested by the unlicensed relative;

**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 amounts indicated above. Additionally, the FCM should verify that the bedding allowance has not previously been expended for the child. Questions regarding a child’s usage of annual allowances should be directed to the local RFM.

9. Give the unlicensed relative the Financial Assistance Options for Relative Caregivers Brochure and the Relative Resource Guide at initial placement of a child with a relative (see Practice Guidance);

10. Ensure the unlicensed relative has applied for a CCDF Voucher;

11. Complete a referral for child care assistance in reimbursement efforts for the unlicensed relative if a child care need is identified;

12. Complete a referral for respite care and/or educational needs if a need is identified;

13. Ensure that the unlicensed relative is informed of the Relative Parent Travel Invoice Instructions; and

14. File an appropriate appeal, if the relative has unusual circumstances or a situation that requires additional financial support.

**Request for Additional Funding:**

1. The FCM will complete the Request for Additional Funding (SF54870) detailing the unusual circumstances and situations prior to the expenditure of any additional funds and submit to the FCM Supervisor for approval or denial;

2. The FCM Supervisor will review and approve or deny the Request for Additional Funding (SF54870). The decision of the FCM Supervisor will be submitted to the LOD or DM for final approval or denial;

3. The LOD/DM will approve or deny the Request for Additional Funding (SF54870). If the LOD/DM approves the Request for Additional Funding (SF54870), a copy of the request will be submitted to the RFM;

4. The LOD/DM will notify the RM and the FCM Supervisor of the final determination via written correspondence.

**Note:** The LOD may approve $300 extra for clothing and other personal items and $300 extra for miscellaneous expenses. **An RM appeal, utilizing the Request for Additional Funding (SF54870) form, must be submitted for approval by the RM when additional funds or funds outside the scope of LOD approval are needed.**

**RM Appeals:**

1. The FCM will complete the RM appeal on the Request for Additional Funding (SF54870) detailing the unusual circumstances and situations prior to the expenditure of any funds and submit to the FCM Supervisor for approval or denial;

2. The FCM Supervisor will review and approve or deny the appeal for funding;

3. The FCM Supervisor will submit the appeal decision to the LOD/DM for approval or denial;

4. The LOD/DM will approve or deny the request for additional funding (RM appeal);
5. The LOD/DM will send the request for additional funding (RM appeal) to the RM for final approval or denial;
6. The RM will submit a copy to the RFM, if approved; and
7. The RM will notify the LOD/DM of the final determination via written correspondence.

**PRACTICE GUIDANCE**

**Relative Placement Options**

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 aunts or uncles;
4. Adult cousins;

*Note:* The individuals must be first or second cousins.

5. Parents and extended family of half-siblings (e.g., adult siblings, grandparents, adult aunts or uncles, and adult cousins);
6. Former step-parents and extended family of former step-parents (e.g., adult siblings, grandparents, adult aunts or uncles, and adult cousins);
7. Other adult relatives suggested by either parent of a child including but not limited to extended cousins, great aunts or uncles, great or great-greats; or
8. Any other individual with whom a child has an established and significant relationship.

**Relative placement with an individual who is not related by blood, marriage or adoption**

This is an individual with whom a child has an established and significant relationship. The relationship with the child will be *other relative* and must:

1. Have the characteristics of a family relationship. The relationship should have the same characteristics or be similar to the relationship that the child has with an individual related to them by blood, marriage, or adoption;
2. Have existed prior to agency’s current involvement with the child or family; and
3. Be verified through interviews or attested by the written or oral designation of the child or of another person, including other relatives related to the child by blood, marriage, or adoption.

Former *long-term resource parents* may be considered as relative placements in cases where the child is the victim of repeat maltreatment or returning to out-of-home care. FCMs should staff with the FCM Supervisor and LOD to determine which type of placement is appropriate (i.e., Foster Care or Relative Placement). Consideration should be given to the child’s report of the relationship and the potential for permanency.

Credible evidence showing that the individual performs or has performed a substantial role in the upbringing or material support of the child should be documented in the case management system. The placement recommendation should be staffed with the FCM Supervisor and LOD, if needed. DCS placement recommendation must be approved by the court.

*Note:* Placement with a relative related by blood, marriage, or adoption must be ruled out before considering any other out-of-home placement, with the first consideration being given to an appropriate noncustodial parent.
**Child Care Allowance**
Child care allowance is only paid for six (6) months or until CCDF is received or the relative becomes licensed whichever occurs first. DCS will only permit an Unlicensed Registered Child Care Ministry to be paid using child care allowance if the ministry accepts CCDF. If there are concerns regarding the safety and well being of a ward attending this type of facility it may be appropriate to facilitate a CFT Meeting to discuss the relative placement’s child care needs and issues or concerns such as location and cost. A decision could be made to review Family and Social Services Administration (FSSA) inspection reports for the facility (which may found on the FSSA website, [https://secure.in.gov/apps/fssa/carefinder/index.html](https://secure.in.gov/apps/fssa/carefinder/index.html)). An FCM may complete site visits necessary to make an informed decision as to the appropriateness of the facility. The team should also be prepared to provide information about facilities that may be deemed appropriate and may meet the needs of the family.

**Personal Allowance**
The purpose of the Personal Allowance is to normalize a child’s stay in foster care. As such, the Personal Allowance may be used for a broad array of purchases. The list of personal allowance items in policy are only examples. The options for use are extremely broad.

**Clothing and Personal Item Allotment**
It is allowable for unlicensed relatives to purchase clothing for the child up to $200 and be reimbursed if they have received FCM approval, even if the approval is received after the purchase of clothing. At times it is necessary for the clothing to be purchased prior to DCS approval. Unlicensed relatives must present the receipts for all purchases. In unique circumstances, an RM appeal may be utilized to purchase clothing beyond the first 60 days of placement. Examples are a sudden weight gain or loss, a change of placement when the FCM has attempted to obtain clothing from the previous placement without success, etc.

**Educational Needs**
Contact the EL for assistance with school related fees as many may be waived. For fees that cannot be waived or cannot be funded through other means, a global services referral should be completed. These expenses should not come out of the child’s personal allowance.

**Special Occasion Allowance**
The FCM and the Relative Care Support Specialist (RCSS) should make all unlicensed relative placements aware of invoicing instructions in order to utilize the Special Occasion Allowance.

**Tax Reimbursement**
Tax on any purchases made for a ward including clothing and personal items, personal and special occasion allowances is reimbursable. Reimbursement can be claimed for the items plus tax up to the amount listed in policy. For example, the resource parent(s) purchases clothing in the amount of $180 and paid $12.60 in tax for a total of $192.60. The resource parent(s) can claim reimbursement for $192.60. However, if the resource parent(s) purchased clothing in the amount of $200 and paid $14 in tax for a total of $214, the resource parent(s) can only claim $200 outlined in policy. Reimbursement can be claimed for the items plus tax up to the amount listed in policy.

**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 child(ren). This is especially true in emergency after hours 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, in conjunction with the RCSS and/or Regional Foster Care Specialist (RFCS). 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 may focus primarily on the child.

FCMs are responsible for communicating all of the support and clinical services that DCS may offer the relative caregiver, in conjunction with the RCSS and/or the RFCS. The Relative Home Environment Checklist (SF55106) requires the FCM to provide the relative caregiver with the Financial Assistance Options for Relative Caregivers Brochure. Either the RCSS or the RFCS will follow up and provide them with the Relative Resource Guide that outlines the specific financial assistance that DCS offers as well as other community resources available to the relative caregiver.

**Temporary Assistance for Needy Families (TANF)**

FCMs should ensure, in conjunction with the RCSS or the RFCS that unlicensed relative placements are provided with information regarding 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 (e.g., 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. An individual must provide his or her Social Security number, employment, and child support assignment requirements. In addition, he or she must meet state residency and citizenship/alien 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 may 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.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Gross Income Limit</th>
<th>Maximum Monthly Benefit:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Child(ren) Only</td>
</tr>
<tr>
<td>1</td>
<td>$286.75</td>
<td>$139.00</td>
</tr>
<tr>
<td>2</td>
<td>$471.75</td>
<td>$198.00</td>
</tr>
<tr>
<td>3</td>
<td>$592.00</td>
<td>$256.00</td>
</tr>
<tr>
<td>4</td>
<td>$712.25</td>
<td>$315.00</td>
</tr>
<tr>
<td>5</td>
<td>$832.50</td>
<td>$373.00</td>
</tr>
<tr>
<td>6</td>
<td>$952.75</td>
<td>$432.00</td>
</tr>
<tr>
<td>7</td>
<td>$1,073.00</td>
<td>$490.00</td>
</tr>
<tr>
<td>8</td>
<td>$1,193.25</td>
<td>$549.00</td>
</tr>
</tbody>
</table>
More information on TANF may be found at:  [http://www.in.gov/fssa/dfr/2684.htm](http://www.in.gov/fssa/dfr/2684.htm).

**Supplemental Nutrition Assistance Program (SNAP)**

FCMs should ensure, in conjunction with the RCSS or RFCS, that unlicensed relatives are informed about the SNAP Food Stamp program. This program may 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](http://www.in.gov/fssa/dfr/2691.htm) for a copy of the application and information on where to submit the application.

**Child Care Development Fund (CCDF)**

The CCDF program provides financial assistance for child care for families who are working or enrolled in school. More information may be found at: [http://www.in.gov/fssa/carefinder/3900.htm](http://www.in.gov/fssa/carefinder/3900.htm) (in the left column, click on Child Care Assistance – Child Care Development Fund).

**Women, Infants, and Children (WIC)**

Relative placements that care for infants and children up to age five (5) may be eligible to participate in the 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. Additional information on applying is located at [http://www.in.gov/isdh/19691.htm](http://www.in.gov/isdh/19691.htm). WIC representatives are also available at 1-800-522-0874 or email [inwic@isdh.in.gov](mailto:inwic@isdh.in.gov).

### FORMS AND TOOLS

1. **Case Plan (SF2956)** - available in the case management system
2. **Inventory of Personal Items (SF54315)**
3. **Financial Assistance Options for Relative Caregivers Brochure**
4. **Relative Resource Guide**
5. **Relative Home Environment Checklist (SF55106)**
6. **Application for Assistance, Food Stamps, Cash Assistance, Health Coverage**
7. **Request for Additional Funding (SF54870)**
8. **Claim for Support of Children Payable from Family & Children Funds (SF28808)**
9. **Direct Deposit Authorization (SF51519)**
10. **Relative Parent Travel Invoice (SF54891)**
11. **Relative Parent Travel Instructions**
13. **W-9 Request for Taxpayer Identification Number and Certification**
14. **W-9 and Direct Deposit Form Instructions**
15. **W-9 and Direct Deposit Form Q & A**
RELATED INFORMATION

Mileage Reimbursement
Mileage reimbursement is a flat rate per mile based on the current State employee approved mileage per diem. Unlicensed relative caregivers may check for the most current rate at: http://www.in.gov/idoa/2459.htm. Mapquest at www.mapquest.com should be used to obtain the shortest mileage distance for trips.

Requirements for Reimbursement
All resource parent(s) need to fill out an Automated Direct Deposit Authorization Agreement (SF47551) and W-9 Request for Taxpayer Identification Number and Certification in order to receive reimbursement from the state. All resource parents should utilize the standard invoice, Claim for Support of Children Payable from Family & Children Funds (SF28808) (or submit via KidTraks e-Invoicing) and attach all receipts in order to receive reimbursement for the Personal Allowance, Special Occasion Allowance, Initial Clothing Allotment, etc. Additional information on completing the W-9 may be found on the W-9 and Direct Deposit Form Instructions and W-9 and Direct Deposit Form Q & A.

Long-Term Resource Parent
A resource parent who has provided care and supervision for a child for at least:
1. The 12 most recent months;
2. Fifteen (15) months of the most recent 22 months; or
3. Six (6) months, if the child is less than twelve (12) months of age.
STATEMENTS OF PURPOSE

This policy is for a child’s family of origin. For foster families see policy 16.1 Clothing Personal Items and Permitted Per Diem Expenses. For unlicensed relative placements see policy 16.2 Assistance for Unlicensed Relative Placements.

The Indiana Department of Child Services (DCS) believes families should be financially responsible for ensuring their children’s basic needs are met. In situations where a parent, guardian, or custodian needs assistance providing for the basic needs of their children, DCS has determined that the following assistance is available for applicable children (see Practice Guidance):

1. One (1) month of rent and one (1) security deposit of up to $750. These each have a cap of $750 per family, per lifetime of the case. See Practice Guidance for further details;
2. Collective one-time payment for gas, electric, water, and sewage utilities of up to $1000 per family;

Note: For families in need of mortgage assistance, an additional $750 may be made available for utility assistance in certain circumstances. See Practice Guidance for further details.

3. Up to $1200 per lifetime of the case, per family for Pest Control services;
4. Up to $400 per lifetime of the case, per child for children’s bed and bedding;
5. Up to $70 per month, per family to cover the cost of parent, guardian, or custodian travel (e.g., gas card or bus tickets). See Practice Guidance for further details.

Questions regarding a family’s use of assistance payments should be directed to the Regional Manager (RM) and the local Regional Finance Manager (RFM). Additional funding for clothing and personal items may be requested to assist a family in meeting basic needs.

Note: The DCS Local Office Director (LOD) or Division Manager (DM) may approve $500 extra for rent and utilities and $300 extra for miscellaneous expenses. In addition, there are no restrictions on buying clothing for a child in his or her own home when emergencies arise, with the approval of the LOD. All other requests for funding must be approved by the RM.

DCS will not pay for the following items, except through an RM appeal:

1. Mortgage payment assistance. See Practice Guidance for further details;
2. Repairs and purchases of home appliances (e.g., stove, refrigerator, and dishwasher) or heating, ventilation, and air conditioning (HVAC);
3. Furniture (not including children’s bed and bedding as outlined above);
4. Food and groceries;
5. Car repairs, driver’s license reinstatement fees, and other expenses related to parental travel not listed above;
6. Recreational activities (including, but not limited to fees, supplies, and uniforms);
7. Education (including, but not limited to tuition, uniforms, and book fees);
8. Day Care; and
9. Telephone and cell phone.

**Note:** An appeal for additional funding may be submitted for non-funded items, if there is an unusual circumstance or a situation that requires additional financial support.

### Code References
N/A

### PROCEDURE

The Family Case Manager (FCM) will:
1. Engage the Child and Family Team (CFT) to identify community supports and services, which may assist the family to meet financial needs;
2. Document whether the family has an unusual circumstance or a situation that requires additional financial support, the exact reason the service is needed, and efforts to locate alternative funding in the case management system. See [Practice Guidance](#) for additional information on alternative funding;
3. Obtain a copy of the signed lease if DCS will pay rent and/or a security deposit for a family; and

**Note:** The [Rental Agreement](#) may be used in place of the lease when a signed lease is not available. Ensure signatures are obtained on the [Security Deposit Agreement](#) (in addition to obtaining a copy of the signed lease) if DCS will pay a security deposit. See [Practice Guidance](#) for additional information.

4. Complete a referral to request approved funding for the family if community resources are not able to meet the identified needs.

If the LOD or DM Request for Additional Funding is needed:
1. The FCM will complete the [Request for Additional Funding (SF54870)](#) detailing unusual circumstances and situations prior to the expenditure of any additional funds and submit to the FCM Supervisor for approval or denial;
2. The FCM Supervisor will review and approve or deny the [Request for Additional Funding (SF54870)](#);
3. The FCM Supervisor will immediately notify the FCM if the request is denied. If the Supervisor approves the [Request for Additional Funding (SF54870)](#), it will be submitted to the LOD or DM for final approval or denial;
4. The LOD or DM will approve or deny the [Request for Additional Funding (SF54870)](#) up to a set limit. If the LOD or DM approves the [Request for Additional Funding (SF54870)](#), a copy of the appeal will be submitted to the RFM; and
5. The LOD or DM will notify the RM and the FCM Supervisor of the final determination via written correspondence.

**Note:** The LOD or DM may approve $300 extra for clothing and other personal items, $500 extra for rent and utilities, and $300 extra for miscellaneous expenses. In addition,
there are no restrictions on buying clothing for children in their own homes when emergencies arise, with the approval of the LOD or DM. An RM appeal, utilizing the Request for Additional Funding (SF54870) form, must be submitted for approval by the RM when additional funds or funds outside the scope of LOD or DM approval are needed.

If an RM Appeal is needed:
1. The FCM will complete the RM appeal on the Request for Additional Funding (SF54870) form, detailing unusual circumstances and situations prior to the expenditure of any funds and submit to the FCM Supervisor for approval or denial;
2. The FCM Supervisor will review and approve or deny the Request for Additional Funding (SF54870) (RM appeal);
3. The FCM Supervisor will submit all approved and denied Request for Additional Funding (SF54870) forms to the LOD or DM for approval or denial;
4. The LOD or DM will approve or deny the Request for Additional Funding (SF54870) (RM appeal);
5. The LOD or DM will send all approved and denied Request for Additional Funding (SF54870) forms to the RM for final approval or denial;
6. The RM will submit a copy to the RFM, if approved; and
7. The RM will notify the LOD or DM of the final determination via written correspondence.

PRACTICE GUIDANCE

Rent and Security Deposit
A copy of the lease is required when DCS pays rent and/or a security deposit for a family. The Rental Agreement may serve as a replacement of the lease when no lease is available (e.g., an informal living arrangement between family and/or friends).

The Security Deposit Agreement is required when DCS pays a security deposit for a family. This is an agreement between the landlord and DCS in which the landlord agrees that any refundable portion of the security deposit will be paid back to DCS when the tenant leaves.

Refer to the following scenarios for guidance:
- **DCS will be paying rent and a security deposit**: A copy of the lease (or the Rental Agreement) and the Security Deposit Agreement are needed.
- **DCS will be paying rent only**: A copy of the lease (or the Rental Agreement) is needed.
- **DCS will be paying a security deposit only**: A copy of the lease (or the Rental Agreement) and the Security Deposit Agreement are needed.

Prior to Requesting Funding
Prior to requesting funding from the DCS local office to assist a family in meeting basic needs, the FCM should ensure financial support from extended family members is explored for potential funding assistance as well as the following:

**Utilities**:
1. Contact the Trustee’s Office;
2. Contact the utility company (e.g., gas, electric, and water) directly to see about enrolling in a payment plan;
3. Contact local winter assistance and/or summer cooling programs if available in the area;
4. Contact the Energy Assistance Program (EAP);
5. Contact the Salvation Army; and  
6. Contact local churches.

**Transportation:**
1. Contact the Salvation Army;  
2. Contact the school system;  
3. Contact Medicaid Transportation; and  
4. Contact churches and community groups that may provide transportation to and from certain types of appointments.

The DCS local office should have a mechanism in place to validate the family’s participation in the service or event for which the assistance was deemed necessary prior to subsequent disbursements to the family.

**Travel Expenses**
Permitted travel expenses are those related to the benefit of the parent (e.g., parental visitation, counseling/therapy sessions, doctor's visits, education, and substance abuse appointments/meetings).

**Mortgage Assistance**
In the event a family needs assistance to pay their mortgage, DCS should provide assistance for other household expenses to be paid so funds are available for the family to make the mortgage payment. The FCM and family will develop a plan as to how household expenses will be paid in future months. This assistance is available one (1) time for each family and is available through an approved appeal by the RM.

**Applicable Children/Families**
Applicable children/families include families who have a child who:  
1. Is an out-of-home Child in Need of Services (CHINS);  
2. Is an in-home CHINS;  
3. Is the subject of an Informal Adjustment (IA); or  
4. Is the subject of an assessment and receiving services.

**FORMS AND TOOLS**
1. Request for Additional Funding (SF54870)  
2. Rental Agreement  
3. Security Deposit Agreement

**RELATED INFORMATION**

N/A
STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will utilize an Individual Child Placement Referral (ICPR) generated through KidTraks for a child placed in a:

1. DCS contracted residential facility (i.e., child caring institution, private secure facility, group home, or emergency shelter care [ESC] facility);
2. Foster home licensed through DCS;
3. Foster home licensed through a Licensed Child Placing Agency (LCPA); or
4. Collaborative Care (CC) Host Home.

A separate ICPR must be completed for each child within one (1) business day of placement. The placement must be entered in the case management system prior to completing an ICPR.

Note: A Child and Adolescent Needs and Strengths (CANS) Assessment must be completed for each child to assist with determining the appropriate category of supervision. See separate policies, 8.50 Determining and Reviewing Category of Supervision and 5.19 Child and Adolescent Needs and Strengths (CANS) Assessment for further guidance.

A new ICPR must be created when:

1. A child moves from one licensed or residential placement or CC host home to another;
2. A child moves from one age group to another; and/or
3. A child’s category of supervision changes (a change in CANS Placement Recommendation).

Note: See separate policy, 8.50 Determining and Reviewing Category of Supervision for additional information regarding age groups and categories of supervision.

DCS has set rates with the above listed placement provider types. The rate will auto-populate when completing the ICPR in KidTraks. In certain situations, a negotiated rate may be needed. See Procedure for additional information on obtaining a negotiated rate.

Examples of a situation which may be appropriate for a negotiated rate include:

1. The child is placed in a foster home and the therapeutic plus category of supervision does not adequately address the child’s needs. The Regional Manager (RM) may approve a negotiated rate. See separate policy, 8.50 Determining and Reviewing Category of Supervision for additional information;
2. The child is placed with a contracted DCS residential provider and the DCS Clinical Consultant agrees the child has a need for 1:1 staffing. The Deputy Director of Services may approve a negotiated rate; or
3. The child’s placement with a non-contracted placement provider has been requested or court ordered and the stay is not covered by Medicaid. The recommendation of the DCS Clinical Consultant must be included in the request.

DCS may approve an increase to the number of Behavioral Health Units included in the ICPR when requested by the provider. See Procedure for additional information on the approval process.

An ESC stay is limited to 20 days. The ICPR will have an automatic end date of 20 days. If an extension of time is needed, the ESC facility should complete the Extension of Emergency Shelter Care (ESC) (SF55738) explaining the rationale and explanation of circumstances, which justifies the extension for an ESC stay beyond 20 days. The Extension of Emergency Shelter Care (ESC) (SF55738) must be submitted to the Deputy Director of Services or designee by emailing ESCExtensions@dcs.in.gov no later than day 15. If approved, the Deputy Director of Services or designee will extend the original ICPR in KidTraks. See Separate policy, 8.4 Emergency Shelter and Urgent Residential Placement Review and Approval for additional information on ESC and Residential Placements.

**Note:** The case information and CANS Assessment recommendations must be reviewed with the Family Case Manager (FCM) Supervisor and DCS Local Office Director (LOD) within five (5) calendar days of placement to determine an appropriate subsequent placement recommendation based upon the needs of the child.

A Diagnostic and Evaluation (D&E) stay is limited to 30 days. The ICPR will have an automatic end date of 30 days. If an extension of time is needed, the assigned FCM or the facility must send a request justifying the need for an extension to ESCExtensions@dcs.in.gov for consideration by the Deputy Director of Services or designee. If approved, the Deputy Director of Services or designee will extend the original ICPR in KidTraks.

**Note:** A new ICPR should not be completed if the child is remaining in the same ESC or D&E Placement.

**Code References**

N/A

**PROCEDURE**

The FCM will:

1. Enter the child’s placement in the case management system;

   **Note:** If a child is placed in an LCPA foster home, the FCM should choose the foster parent as the placement in the case management system. The FCM should not place the child in the LCPA resource.

2. Ensure a CANS Assessment has been completed;

   **Note:** The CANS Assessment is utilized to determine foster care rates and must be completed prior to creating an ICPR for foster care.

3. Generate an ICPR for the child’s placement in KidTraks;

4. Discuss situations which may require a negotiated rate for foster care with the RM;
5. Discuss situations which may require a negotiated rate concerning contracted residential placement 1:1 staffing with the DCS Clinical Consultant to determine if 1:1 staffing is appropriate, and forward the recommended decision and request to the Deputy Director of Services or designee at residential.licensing@dcs.in.gov for approval of a 1:1 staffing negotiated rate;

**Note:** Requests for 1:1 staffing sent to residential.licensing@dcs.in.gov should include the child’s name, residential unit name, and number of hours needed.

6. Discuss requests for non-contracted placements such as Acute Psychiatric care stays that go beyond what is covered by Medicaid, with the DCS Clinical Consultant, LOD, and RM. See separate policies, 8.1 Selecting a Placement Option and 8.4 Emergency Shelter and Urgent Residential Placement Review and Approval for additional guidance;

7. Forward requests for additional Behavioral Health Units to the DCS Clinical Consultant.

8. Document approval for all non-standard or negotiated rates for residential placements or acute hospitalizations;

**Note:** The Deputy Director of Services or designee will modify the ICPR to reflect any approved changes. The FCM should ensure the ICPR is received by the placement when an email address is not on file.

9. Verify the completion of ESC or D&E extensions in the case management system; and

10. Create a new ICPR for a child in foster care, residential placement, or a CC host home when the child moves from one licensed or residential placement or CC host home to another, moves from one (1) age group to another, or the category of supervision changes.

**Note:** FCMs should complete a new ICPR when a child moves from one placement to another, even when a child moves from one foster home to another within the same LCPA.

The FCM Supervisor will review and approve all foster care ICPRs.

The LOD will:

1. Examine each request for review of a child's category of supervision and:
   a. Thoroughly assess the child’s needs and determine if the category of supervision should be higher than the CANS Assessment recommendation for foster care placements. See policy 8.50 Determining and Reviewing Category of Supervision for additional information, and
   b. Forward all negotiated rates for foster care to the RM for approval;

2. Forward all non-standard or negotiated rates for all placements in Acute Psychiatric care that go beyond what Medicaid covers to the RM for review; and

3. Approve all residential ICPRs sent for approval in KidTraks.

The DCS Clinical Consultant will:

1. Participate in discussions and make recommendations regarding:
   a. Acute Psychiatric care stays that go beyond Medicaid coverage,
b. Requests to the Deputy Director of Services for 1:1 staffing, and  
c. Placement situations for which it may be appropriate to submit a request to the  
   Deputy Director of Services for a negotiated rate; and

2. Process a residential provider’s request for “Other Behavioral Health Units” included in  
   the ICPR by:  
   a. Evaluating whether the request is appropriate and in the best interest of the child,  
   b. Staffing the request and his or her recommendation with the DCS Clinical Services  
      Manager, and  
   c. Making necessary changes to the ICPR for approved units which do not qualify for  
      Medicaid reimbursement.

The RM will:  
1. Review all negotiated rates for foster care to determine the appropriate rate; and  
2. Participate in discussions regarding Acute Psychiatric care stays that go beyond what  
   Medicaid will cover and may send the request and the DCS Clinical Consultant’s  
   recommendations to the DCS Residential Licensing Unit at  
   residential.licensing@dcs.in.gov.

The Deputy Director of Services or designee will:  
1. Review and make an approval determination regarding:  
   a. Non-standard or non-contracted negotiated rates for residential placements or acute  
      hospitalizations, and  
   b. Extensions of ESC and D&E stays; and

2. Create and/or modify the ICPR, as needed, to reflect any approved changes.

PRACTICE GUIDANCE

Completing an ICPR  
An ICPR is created and approved through KidTraks. Information will pull from the case  
management system into the ICPR housed in KidTraks. It is important to ensure the accuracy of  
the ICPR by entering the correct placement information in the case management system and  
completing a CANS Assessment prior to completing the ICPR. The ICPR will not populate  
correctly if the case management system information is incorrect. Once an ICPR is approved,  
the ICPR will be sent electronically to the placement.

Note: The FCM should print and deliver the ICPR to the placement when the placement  
does not have an email address listed in KidTraks.

Timely Completion of ICPR  
It is critical to complete the ICPR in a timely manner. In order for a provider to accurately invoice  
DCS and Medicaid for a placement the ICPR must be completed with all relevant information.

KidTraks Statuses for a Foster Care ICPR  
1. Submitted: An ICPR will be in submitted status when it has been completed by an FCM  
   and submitted to the FCM Supervisor or LOD for approval.  
2. Approved: An ICPR will be in approved status when it has been approved by an FCM  
   Supervisor or LOD.  
3. Superseded: An ICPR will be in superseded status when an ICPR has been created with  
   overlapping effective dates. The first ICPR would be good up to the effective date of the
second ICPR (e.g., ICPR 1 is effective 1/1/14 – 6/30/14. ICPR 2 is created effective 5/15/14. The vendor would bill for 1/1/14 – 5/14/14 using ICPR 1 and would bill 5/15/14 onward using ICPR 2).

4. Expired: An ICPR will be in expired status following the expiration date (e.g., the ICPR is effective 1/1/14 – 6/30/14. On 7/1, the ICPR will show as expired. The vendor would bill for dates of service 1/1/14 – 6/30/14 using this ICPR).

5. Closed: An ICPR will be in closed status 60 days after it expires.

6. Voided: An ICPR will be in voided status when an FCM or FCM Supervisor voids the ICPR. This means that the ICPR cannot be used for billing purposes for any dates of service. This status essentially deletes the ICPR.

7. Denied: An ICPR will be in denied status when an FCM Supervisor or LOD denies a submitted ICPR.

Wards who have Children
When a ward has a child who is also a ward, the child would require his or her own ICPR. If the ward’s child is not a ward, the child should be added to the ward’s (parent) ICPR. When completing the ICPR there is a drop down box to add a non-ward baby to the ICPR.

Cross-System Care Coordination
When a child is receiving cross-system care coordination and he or she is placed out-of-home, the cross-system care coordination provider is responsible for completing the placement referral. The FCM should enter the out-of-home placement in the case management system but should not complete an ICPR for a child involved in cross-system care coordination.

ICPR for an LCPA Licensed Home with Therapy Referral
An FCM has the opportunity to attach a therapy referral when completing an ICPR for an LCPA licensed home. If the FCM wishes to utilize the LCPA to provide therapy for the child, the FCM should create the referral through the ICPR process. The FCM should not create a community-based referral to the LCPA.

FORMS AND TOOLS

1. ICPR – Available in KidTraks
2. Extension of Emergency Shelter Care (ESC) (SF55738)
3. CANS Assessment – available in the case management system

RELATED INFORMATION

N/A