	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 1: Introduction	Effective Date: January 1, 2012
	Section 0: Introduction to the Department of Child Services (DCS) Manual	Version: 3

OVERVIEW AND PURPOSE

The Indiana Department of Child Services (DCS), through its Child Welfare Division, provides services to children and their families to prevent problems that lead to child abuse and neglect and ensure the safety, permanency, and well-being of children. DCS also investigates allegations of child abuse and/or neglect and oversees the licensing service for resource families and child caring institutions. The DCS Child Welfare Policy Manual is designed to be a reference guide for DCS staff members, relative to the policies, procedures and rules required by laws and administered or supervised by DCS Central Office.

This DCS Child Welfare Policy Manual provides:

- Legal cites 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;
- A clear description of each service administered;
- The policies governing each service;
- The procedures to be followed in carrying out each service;
- Practice guidance which assists with implementing policies; and
- Case management information, including reference to Indiana's automated child welfare information system.

[NEW] Policies are requirements set forth to influence and determine decisions, actions, and other matters.

[NEW] Procedures are a series of steps taken to accomplish the directives set forth in policy.

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

The DCS Child Welfare Policy Manual is comprised of various chapters that contain information directly related to the duties of DCS staff members.

THE PRACTICE OF CHILD WELFARE

Child welfare services is a field of practice within social work whereby workers carry out the legal charge to prevent and remedy social problems within a family unit. Only when such social problems result in a dysfunction between parents and children, or when the law authorizes other reasons for intervention, should service intervention occur.

The preservation of family and community ties is essential to the safety, well-being, and permanency for children. DCS recognizes and supports the preservation of family and community connections through our mission, vision, and values.

MISSION

DCS protects children from abuse and neglect. DCS does this by partnering with families and communities to provide safe, nurturing, and stable homes.

VISION

Children thrive in safe, caring, supportive families and communities.

VALUES AND PRINCIPLES

Children:

- Every child has the right to a safe and nurturing home free from abuse and neglect.
- The most desirable place for children to grow is with their own families when these families are able to provide safe, nurturing, and stable home.
- Vigorous early intervention services should be offered to at-risk families to enable a child to remain safely in their own home.
- A timely, thorough, and thoughtful response to child safety concerns is critical in effectively protecting children.
- Every child has the right to appropriate care and a permanent home. The ultimate goal in permanency shall be to provide a safe and nurturing home, and for a child to develop and sustain meaningful relationships.
- Children should be in family settings. Siblings shall be placed together. Children under the age of 6 should never be placed in congregate care (i.e. group home, shelter care, and institutions).
- 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/her own home.

- When children cannot live safely with their families, the first consideration for placement will be with an appropriate relative in order to provide a familiar, safe, and nurturing environment to minimize loss.
- When children require out-of-home placements, careful assessment and evaluation shall be utilized when making placement decisions in an effort to promote a single placement for children.
- 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.
- Reunification and permanency is accelerated when visitation between parents and children is frequent and in the most normalized environment possible.
- 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.

Families:

- 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.
- Every person has value and worth and will be treated with honesty 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.
- 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 a change.
- Families will receive ongoing supports that will enable them to safely sustain their children in their homes.
- Families are core members of the decision-making team, therefore decisions about child and family team interventions shall be relevant, comprehensive, and effective.
- 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.
- When children require out-of-home placement, safety must be ensured through regular and frequent contact with those children and caregivers.

Communities

- Families and communities are responsible for ensuring that children thrive.
- DCS will work jointly with service providers who adhere to effective social work practices in the delivery of services and providers will be held responsible for demonstrating expected outcomes.
- 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.
- 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.
- 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.
- Services 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. Plan should be needs based and should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete measurements to monitor the progress of the child and family.

LEGAL BASE

The direct delivery of child welfare services by DCS local office 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.”

The federal Social Security Act, Title IV, Part B, Section 425(a)(1) [42 United States Code (U.S.C.) 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 can be found in the related sections of the DCS Child Welfare Manual.

NON-DISCRIMINATION IN SERVICE DELIVERY TO CLIENTS

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

SUMMARY


DCS is outcome driven by a child's need for safety, permanency, and well-being. A child's health and safety are always the paramount concern.

DCS requires a system that is community-based, quality-driven, and accountable to clients, community partners, and other stakeholders to be successful.

An effective system of care also requires the active participation of a broad range of professionals working as a team with and/or on behalf of children and their families.

DCS recognizes that families and children need timely access to a broad range of services to assist the family with safely caring for its children.

The DCS child welfare policy manual is updated frequently to reflect new policies, legislative changes, and revisions to existing policies. Please review the manual periodically to stay informed about current DCS policies.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 1: Introduction	Effective Date: July 1, 2011
	Section 1: Community Child Protection Team (CPT)	Version: 2

POLICY

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. Some members are appointed by the DCS Local Office Director. See Related Information for the composition of the CPT.

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 CPTs 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 Team are open only to persons authorized to receive information under this article.

[REVISED] 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.

The CPT may receive and review:

1. Any case that DCS has been involved in within the county where the CPT presides; and
2. Complaints regarding CA/N cases that are brought to the CPT by a person or an agency.

Note: 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.

A member of the CPT, who is not a DCS employee, will serve on the DCS Screen-Out Committee. See separate policy, [3.7 Review of Screened-Out Child Abuse and/or Neglect \(CA/N\) Intake Reports](#).

The CPT will prepare a periodic report annually 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/or
2. A description of the CA/N reports that the Team reviews each month including the following information:
 - a. The scope and manner of the interviewing process during the CA/N assessment,
 - b. The timeliness of the assessment,
 - c. The number of children removed from the home,
 - d. The types of services offered,
 - e. The number of CA/N cases filed with a court, and
 - f. The reasons that certain CA/N cases are not filed with a court.

Code Reference

1. [IC-31-33-3: Community Child Protection Team](#)
2. [IC 31-33-7-1: Arrangement of receipt of reports](#)
3. [IC 31-33-18: Disclosure of Reports, Confidentiality Requirements](#)

PROCEDURE

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

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 Local Office Director will prepare the periodic report annually and distribute the report to:

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

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

PRACTICE GUIDANCE

N/A

FORMS

1. [Acknowledgement of Appointment to Child Protection Team \(CPT\) \(SF45003/DCS0320\)](#) – Available in ICWIS in Administrative Module
2. [Certificate: Certification for Child Protection Team Members \(SF44869/CW3307A\)](#) – Available in ICWIS in Administrative Module
3. [Child Protection Team \(CPT\) Confidentiality Agreement](#) – Available in ICWIS in the Administrative Module
4. [Notice of Review by Child Protection Team \(CPT\) \(SF49212/CW0007\)](#) – Available in ICWIS

RELATED INFORMATION

Composition of the Community Child Protection Team (CPT) [IC-31-33-3-1](#)

A community child protection team (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 Local Office Director 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.
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 Local Office Director, subject to final approval by the DCS Agency Director. They are as follows:

8. 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.
9. Two (2) persons, each of whom is a physician or nurse with experience in pediatrics or family practice; and


10. Two (2) residents of the county.

Review of Screened-Out Child Abuse and/or Neglect (CA/N) Intake Reports

According to DCS policy, [3.7 Review of Screened-Out Child Abuse and/or Neglect \(CA/N\) Intake Reports](#), a member of the local community CPT is designated as a member of the Screen-Out Committee. However, this particular representative may not be a DCS employee.

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 DCS local office CPT to review and make a recommendation. See separate policy, [2.2 Administrative Review Process](#) for further details.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 1: Introduction	Effective Date: July 1, 2009
	Section 2: The Child Protection Plan	Version: 1

POLICY	OLD POLICY: 202.3
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Each Indiana Regional Services Council (RSC) must hold a public hearing prior to the preparation of the local Child Protection Plan for the delivery of child protection services. The Child Protection Plan is required to be completed prior to February 2 of each even-numbered year.

Each RSC (after a public hearing) will:

1. Prepare a local plan for the provision of child protection services; and
2. Submit the plan to:
 - a. The Indiana Department of Child Services (DCS) Agency Director,
 - b. Each juvenile court within the region,
 - c. The community Child Protection Team (CPT), and
 - d. Appropriate public and voluntary agencies, including organizations for the prevention of Child Abuse and/or Neglect (CA/N).

The local Child Protection Plan must describe the implementation for the delivery of child protection services in the region by the Indiana Department of Child Services (DCS), including:

1. Organization;
2. Staffing;
3. Mode of operations;
4. Financing of the child protection services; and
5. The provisions made for the purchase of service and interagency relations.

The DCS Agency Director will certify whether the local plan fulfills and meets the provision of child protection services no later than **60** days after receiving the Child Protection Plan.

If the DCS Agency Director certifies that the local plan does not fulfill the purposes and meet the provisions of child protection services, the DCS Agency Director will:

1. State the reasons for the decision;
2. Make revisions to the plan that the Director determines are necessary to meet the requirements and fulfills the purpose of child protection services; and
3. Approve and certify the revised plan as the local plan required by [IC 31-33-4](#).

Code Reference

[IC 31-33-4: Local Plan for Provision of Child Protection Services](#)

[IC 31-26-6: Regional Service Strategic Plans](#)

PROCEDURE

The RSC will:

1. Prepare a local plan for the provision of child protection services; and
2. Submit the plan to the DCS Agency Director, each juvenile court within the region, the community CPT and appropriate public and voluntary agencies, including organizations for the prevention of CA/N no later than February 2 of each even-numbered year.

The DCS Agency Director will certify whether the local plan fulfills and meets the provisions of child protection services no later than **60** days after receiving the Child Protection Plan.

If, the plan does not fulfill the purposes and meet the provisions of child protection services, the DCS Agency Director will:

1. State the reasons for the decision,
2. Make revisions to the plan that are determined to be necessary to meet the requirements and fulfills the purpose of child protection services, and
3. Approve and certify the revised plan as the local plan.

PRACTICE GUIDANCE

RSC Hearing Guidelines


See separate policy, Chapter 1, Regional Services Councils and the [Regional Services Council \(RSC\) Protocol](#) for details.

FORMS

[Request for Approval of Child Protection Plan \(DCS 660A\)](#) – Available in ICWIS

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 1: Introduction	Effective Date: July 1, 2009
	Section 3: Regional Services Council	Version: 1

POLICY [NEW]

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.

While quarterly meetings are required by statute, the RSC will meet monthly in order to accomplish the following:

1. Evaluate local child welfare service needs and 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)/Juvenile Delinquency (JD)/Juvenile Status (JS) proceeding, or
 - b. Identified by DCS as substantially at risk of becoming children in a CHINS/IA/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 designed to meet the needs identified in #1 above and 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.

3. Develop, review, or revise a strategy for implementation of an approved Regional Service Strategic Plan (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.
4. Review applications to establish, continue or modify child welfare programs for the region and make recommendations to the department director;
5. Prepare a local Child Protection Services Plan and recommend the plan to the DCS Director for approval;
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 its vice chairperson for the ensuing year;
8. Collaborate with Central Office for obtaining services (Request for Proposals/RFPs); and
9. Make sure 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, will transmit copies of:

1. The Biennial Regional Services Strategic Plan;
2. Each local Child Protection Services Plan
3. Each annual report;
4. Each revised Plan; and
5. 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 DCS local office in the service region; and
 - d. Each juvenile court in the service region.

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 Agency Director. The council will transmit its biennial Plan to the Director not 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; payments of costs; rules](#)
4. [IC 31-26-3.5: Child Welfare Programs](#)
5. [IC 31-40: Juvenile Law: Funding](#)

PROCEDURE

The DCS Regional Manager 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 monthly meetings at least 48 hours 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 regular mail, electronic 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, not later than **60** days after receiving the Plan, will 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 by 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 Regional Manager, 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;
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,
 - c. Has received or is receiving services through funds provided, directly or indirectly, through DCS.

Note: This individual should not currently be participating in services to avoid potential ethical conflict situations for other members (i.e., 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 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 Regional Manager;
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) Family Case Manager (FCM) Supervisors;
5. Two (2) FCMs;
6. One (1) licensed foster parent;
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,
 - c. Has received or is receiving services through funds provided, directly or indirectly, through DCS.

Note: This individual should not currently be participating in services to avoid potential ethical conflict situations for other members (i.e., 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 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 Regional Manager with the exception of judges or judicial hearing officers and prosecuting attorneys or their designees.

Note: The juvenile court judges or their designees, 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.

Note: 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 Regional Manager 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 voting members representatives, 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 telephonically or via videoconferencing. While electronic attendance is acceptable, no email voting is permissible. As long as a majority of the voting membership is present (either physically or telephonically) 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 or telephonically present.

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 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 or are employees of political subdivisions or 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.


It is also important to remind all members of the RSC that confidentiality laws apply to the conversations held during the meetings, as they may be exposed to privileged information. Non-case specific information should be utilized as often as possible.

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](#).

Early Intervention Programs

These particular statutes (31-34-24 and 31-37-24) have been repealed and replaced by the Local Child Protection Services Plan.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: October 1, 2010
	Section 1: Requests for Administrative Review	Version: 4

POLICY [REVISED]

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.

DCS will have **fifteen (15) calendar days** from approval of the [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) to provide [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(State Form 54317\)](#) and a copy of the redacted [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) to the alleged perpetrator by mail or hand delivery.

If the substantiation is against a minor, the [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(State Form 54317\)](#) must be mailed or hand delivered to at least one (1) of the following:

1. Parent;
2. Guardian;
3. Custodian;
4. Child's attorney (if representation for specific substantiation) ;
5. Guardian ad Litem; or
6. Court Appointed Special Advocate (CASA), if applicable.

DCS will require that the alleged perpetrator's request for Administrative Review be made in writing by submitting the following form, [Request for Administrative Review for Child Abuse or Neglect Substantiation \(CAPTA081003ADR\)](#).

If the substantiation is against a minor, the request for an Administrative Review must be completed and submitted by one (1) of the child's:

1. Parent;
2. Guardian;
3. Custodian;
4. Child's attorney ;
5. Guardian ad Litem; or
6. CASA, if applicable.

DCS will require that the request for Administrative Review by an alleged perpetrator must be **received** by the DCS local office within **fifteen (15) calendar days** from the date that the [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(State Form 54317\)](#) was mailed or hand delivered to the alleged perpetrator.

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.

This policy does not apply to either of 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](#) and [IC 31-33-7-6.5](#).

This policy does not apply to CA/N substantiated assessments involving child care workers or licensed resource parents. See separate policy, [2.3 Child Care Worker Assessment Review Process](#).

This policy does not apply to CA/N substantiated assessments involving DCS employees. See separate policy, [2.4 Assessment and Review of DCS Staff Alleged Perpetrator](#).

Code References:

1. [42 USC 5106a \(b\) \(2\) \(A\) \(XV\) \(II\): Grants to States for child abuse and neglect prevention and treatment programs](#)
2. [IC 31-33-26-8 Notification after index entry; notice to perpetrators; request for administrative hearing](#)
3. [IC 31-33-26-9 Administrative hearings; evidentiary standards consideration of hearsay; amendment or expungement of reports; confidentiality](#)
4. [IC 31-33-26-10 Administration of index](#)
5. [IC 31-33-26-11 Binding court determinations; stay of administrative hearings; perpetrator entitlement to administrative hearings](#)
6. [IC 31-33-26-12 Criminal charges against a perpetrator; entitlement to administrative hearings](#)
7. [IC 31-33-26-13 Adoption of rules](#)
8. [IC 31-33-26-14 Amendment or expungement from index of inaccurate report](#)
9. [IC 31-33-26-15 Expungement and amendment of record procedures](#)
10. [IC 31-39-8-4 Expungement of child abuse or neglect information](#)

PROCEDURE

The Family Case Manager (FCM) responsible for completing the assessment will:

1. Assure timely completion of the Assessment. Refer to separate policy, [4.25 Completing the Assessment Report](#); and
2. Send the [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) to the Supervisor for approval.

The Supervisor will:

1. Review the [Assessment of Alleged Child Abuse and Neglect \(SF113/CW 0311\)](#) for accuracy and completeness;
2. Consult with the FCM regarding recommendations for redaction to the [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#), if applicable;
3. If substantiated, type a contact note in ICWIS to track redaction;
4. "Approve" the [Assessment of Alleged Child Abuse and Neglect \(SF113/CW 0311\)](#) if he or she deems it accurate and complete; and

5. Forward the report electronically to the designated DCS staff instructing consultation with DCS Local Office Attorney for redaction, if substantiated, within the **next business day** of approval.

[REVISED] **Note:** Redaction is only necessary if confidential information above and beyond the report source needs to be redacted. ([IC 31-33-18 - Disclosure of Reports: Confidentiality Requirements](#))

[REVISED] The DCS Local Office Director or designee will:

1. Consult with DCS Local Office Attorney as to proper redaction, if applicable;
2. Properly redact the [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#); and
3. Return the report to the Supervisor within **five (5) calendar days** of approval of the [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#).

[REVISED] The 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:

1. The [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(State Form 54317\)](#); and
2. Redacted [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) to each person identified as a perpetrator of substantiated abuse and/or neglect within **fifteen (15) calendar days** of the assessment approval date.
3. [Request for Administrative Review for Child Abuse or Neglect Substantiation \(CAPTA081003ADR\)](#). If all allegations against the individual are classified as unsubstantiated, do not send the alleged perpetrator the request for review form.

[REVISED] If the form [Request for Administrative Review for Child Abuse or Neglect Substantiation \(CAPTA081003ADR\)](#) is submitted by the alleged perpetrator to the DCS local office, proceed to next steps in separate policy, [Chapter 2.2 Administrative Review Process](#).

PRACTICE GUIDANCE

[NEW] **Hand Delivery**

Hand delivery requires successful face-to-face contact with the alleged perpetrator and a documented contact in ICWIS.

[NEW] **Time computation for sending out the [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(State Form 54317\)](#) within 15 days**

The following guidelines should be utilized in computing timeframes for 15 day Notices:

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 in your computation, 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.

Note: For example, if the allegation(s) is/are approved as substantiated on the 1st of a month, the local office must mail or hand deliver the [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(State Form](#)

[54317](#)) 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.

Redaction

Redaction is a process where a document is reviewed 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 Local Office Attorney.

All [Assessment of Alleged Child Abuse and Neglect \(SF113/CW0311\)](#) are not to have report sources listed as they are 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 Local Office 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. [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(State Form 54317\)](#)
2. [Assessment of Alleged Child Abuse and Neglect \(SF113/CW 0311\)](#) – Available in ICWIS
3. [Request for Administrative Review for Child Abuse or Neglect Substantiation \(CAPTA081003ADR\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: October 1, 2010
	Section 2: Administrative Review Process	Version: 4

POLICY

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

[NEW] A request for Administrative Review must be submitted by the alleged perpetrator and **received** by the DCS local office within **fifteen (15) calendar days** from the date that the [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(State Form 54317\)](#) was mailed or hand delivered to the alleged perpetrator.

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.

[NEW] If the substantiation is against a minor, the request for Administrative Review must be submitted by at least one (1) of the child's:

1. Parent;
2. Guardian;
3. Custodian;
4. Child's attorney ;
5. Guardian ad Litem; or
6. CASA, if applicable.

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

1. The DCS Local Office Director 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 in the county responsible for the assessment; or
4. The Regional Manager in the region responsible for the assessment.

[REVISED] If the DCS Local Office Director, Deputy Director, Division Manager or Regional Manager was the person who approved the initial [Assessment of Child Abuse or Neglect \(SF113/CW0311\)](#) 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 someone 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.

[REVISED] DCS will require that the Administrative Review decision is made by the appropriate DCS Local Office Director, Regional Manager, Local Office Deputy Director or Division Manager. Community CPTs are prohibited from making the decision.

[REVISED] 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 alleged perpetrator to submit documentation (not testimony) regarding the allegation(s) substantiated to challenge the substantiation;
3. Comply with due process requirements that mandate DCS to 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.

[NEW] If a Court's finding(s) support 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 a 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.

2. A criminal (or juvenile delinquency) case may result in a conviction of the person identified as an alleged perpetrator in the report (or a true finding 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.

[NEW] 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.

[NEW] 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 allegations classified as substantiated or reopen the assessment so that additional information can be obtained. 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 reactivated in accordance with the stay letter provided to the alleged perpetrator.

[REVISED] 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 alleged perpetrator in writing of the outcome within **fifteen (15) calendar days** from the DCS local office receipt of the alleged perpetrator's request.

[REVISED] If the DCS Local Office Director, Regional Manager, Local Office Deputy Director, or Division Manager, determines that further assessment and reconsideration of the [Assessment](#)

of Child Abuse and Neglect (SF113/CW0311) is necessary, the above named person that made the determination, will notify the DCS Local Office Director or designee of the decision and will:

1. Notify the alleged perpetrator by sending the [Notice of Administrative Review Decision and Right to Administrative Appeal \(State Form 54319\)](#) informing the alleged perpetrator that the assessment has been referred back to Child Protection Services (CPS) for further assessment and preparation of a revised [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) report. DCS will not send the [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) to the alleged perpetrator until the reassessment is complete;
2. Notify the Supervisor that the [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) is to be reopened for further evaluation; and
3. Following the reassessment, if substantiated, refer to separate policy, [2.1 Requests for Administrative Review](#) outlining procedures.

The DCS Local Office Director or designee will maintain a record of:

1. The date of the Administrative Review;
2. The person who conducted the Administrative Review; and
3. The Administrative Review decision.

[REVISED] This policy does not apply to 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 Review Process](#).

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 Perpetrator](#).

Code References

1. [42 USC 5106a \(b\) \(2\) \(A\) \(XV\) \(II\): Grants to States for child abuse and neglect prevention and treatment programs](#)
2. [IC 31-33-26-13 Adoption of rules](#)

PROCEDURE

[REVISED] The DCS Local Office Director, Regional Manager, DCS Local Office Deputy Director or Division Manager, in the county responsible for the assessment but not involved in the original assessment decision will:

1. Refer the request for a Administrative Review to the community CPT for input and a recommendation, if desired;
2. Review the complete CPS assessment file, including all information submitted by the alleged perpetrator with the request for review and/or recommendation of the community CPT, consult with the DCS Local Office Attorney; and
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, or
 - 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, or
 - 2) Set aside the determination and reclassify it as unsubstantiated, or
 - 3) Reopen the assessment.

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.

4. Notify the DCS Local Office Director or Supervisor of the Administrative Review decision, with instructions for further action, if appropriate.
5. Notify the alleged perpetrator of the decision using the [Notice of Administrative Review Decision and Right to Administrative Appeal \(State Form 54319\)](#). If substantiation is upheld, also send [Request an Administrative Appeal Hearing for Child Abuse and/or Neglect Substantiation \(CAPTA081003ADR\)](#) along with a redacted copy of the [Assessment of Child Abuse or Neglect \(SF113/CW0311\)](#). Refer to separate policy, [2.1 Requests for Administrative Review](#) for procedure for redaction.

[REVISED] The Supervisor will:

1. Upon request from the DCS Local Office Director 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. Print a revised [Assessment of Abuse or Neglect \(SF113/CW0311\)](#) to send to the Prosecutor's Office, if applicable, and
 - c. Notify the parent, guardian or custodian of the alleged victim of the revision.
2. Upon request from the DCS Local Office Director or other person authorized to conduct an Administrative Review, unapprove the [Assessment of Child Abuse or Neglect \(SF113/CW0311\)](#);
 - a. If the review decision is to reopen the assessment, instruct the Family Case Manager (FCM) to gather additional information or conduct additional interviews as requested by the DCS Local Office Director or other person authorized to conduct the Administrative Review, and
 - b. Review the FCMs new recommendation and refer to separate policy, [2.1 Requests for Administrative Review](#).

[REVISED] The FCM will:

1. If the assessment is reopened, have thirty (30) days to gather additional information or conduct additional interviews necessary to complete the [Assessment of Child Abuse or Neglect \(SF113/CW0311\)](#); and
2. Send the [Assessment of Child Abuse or Neglect \(SF113/CW0311\)](#) to the Supervisor for approval.

[NEW] If the substantiation is upheld at Administrative Review and the alleged perpetrator chooses to request an Administrative Appeal of the Administrative Review decision, see separate policy, [2.5 Administrative Appeal Hearings](#).

PRACTICE GUIDANCE [NEW]

Hand Delivery

Hand delivery requires successful face-to-face contact with the alleged perpetrator and a documented contact in ICWIS.

Time computation for the alleged perpetrator to request an Administrative Review.

The following guidelines should be utilized in computing timeframes for the alleged perpetrator to request administrative review:

1. Note the date the DCS local office mails or hand delivers the [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(State Form 54317\)](#) do not count the day that the Notice is mailed or hand delivered;
2. Begin with the day following that day as day one (1); and
3. End at the close of business on the 15th day in your computation, unless it is a day the office is closed for business. 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 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 alleged 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.

FORMS AND TOOLS

1. [Notice of Administrative Review Decision and Right to Administrative Appeal \(State Form 54319\)](#)
2. [Request an Administrative Appeal Hearing for Child Abuse and/or Neglect Substantiation \(CAPTA 081003ADR\)](#)
3. [Assessment of Alleged Child Abuse or Neglect \(SF113/CW0311\)](#) – Available in ICWIS
4. [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(State Form 54317\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: October 1, 2010
	Section 3: Child Care Workers Assessment Review Process	Version: 4

POLICY

[NEW] A Child Care Worker or Licensed Resource Parent is given the opportunity for Administrative Review prior to approval of an assessment that identifies the person as a perpetrator of child abuse and/or neglect. This policy applies to child care workers and licensed resource parents.

[REVISED] The Indiana Department of Child Services (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.

The process described herein applies regardless of whether the allegation includes actions taken within the scope of employment or licensed as a resource parent.

It is the responsibility of the alleged perpetrator to notify the assessing Family Case Manager (FCM) that he or she is a child care worker in the event that the allegations are related to the individual's personal life.

DCS will allow the alleged child care worker or licensed resource parent 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 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.

[REVISED] DCS will require that the CCWAR be conducted by one (1) 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 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 in the county responsible for the assessment;
or
4. The Regional Manager in the region responsible for the assessment, (or a different region if the Regional Manager in the region in the county was involved in the assessment or has a conflict of interest).

[REVISED] The CCWAR will occur within **fifteen (15) calendar days** from the date that the Supervisor notified the individual identified by DCS to conduct the CCWAR of the need for the review, 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.

[NEW] DCS will require that the CCWAR occur prior to the Supervisor's approval of the assessment finding.

[REVISED] DCS will allow the child care worker or licensed resource parent 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 Local Office Director, or other person authorized to hold the CCWAR receives a written request for a continuance from the child care worker or licensed resource parent alleged perpetrator;
2. If the Supervisor has determined that the requested continuance will not endanger the health or safety of a child, the DCS Local Office Director, or other person authorized to hold the CCWAR can grant the request in writing, with a phone call documented in ICWIS contacts, to the child care worker or licensed resource parent 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 alleged perpetrator to allow DCS to notify the employer or licensing agency of the pending assessment, if warranted,
 - b. The phone call must be followed by written notice to the child care worker or licensed resource parent 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 alleged perpetrator's attorney.
3. The rescheduled CCWAR must be held within **fifteen (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 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 alleged perpetrator in writing of the assessment finding and his or her appeal rights regardless of whether he or she participates in the CCWAR.

DCS will notify the child care worker's employer or prospective employer and/or the appropriate licensing unit or agency within two (2) business days of the date the substantiation was approved by sending the [Notice of Substantiation of Child Abuse and/or Neglect by Child Care Worker/Resource Parent \(CAPTA080802SCW\)](#).

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.

[NEW] For Individuals who have substantiated allegations of child abuse and/or neglect approved prior to October 15, 2006, the person identified as a perpetrator will be given an agency review of the decision to substantiate prior to a denial or revocation of a Foster Home license based on a substantiated assessment. In addition, a child care worker, upon request, will receive agency review of the determination to substantiate allegations(s) against them, with the opportunity for a face to face meeting. The meeting will occur whether or not the alleged perpetrator attends. The agency review must be completed by a Regional Manager, Local Office Director, Deputy Director or Division Manager who was not previously connected to the case.

[NEW] Following the agency review, the person who conducted the agency review will decide whether to uphold or unsubstantiated each allegation classified as substantiated. If the decision is to unsubstantiated any allegation, the DCS employee conducting the review will instruct the DCS local office to unsubstantiate the allegations and include the review conclusion in the narrative of the assessment summary. The decision to substantiate will be upheld in the following situations:

1. If the review reveals that the decision to substantiate is supported by a court finding(s) that resulted in a criminal conviction or a Child in Need of Services (CHINS) adjudication based on the same facts and circumstances as the substantiation, then no reversal of the substantiation is appropriate.
2. If the review reveals that the alleged perpetrator was provided notice and opportunity for administrative hearing by an Administrative Law Judge (ALJ), then no reversal of the substantiation is appropriate.
3. If there has been a previous review conducted under this section, including the opportunity to request a DCS Local Office Director review.
4. The facts of the assessment should be sufficient to uphold a substantiation.

[NEW] The person who conducted the review will also notify the person identified as a perpetrator of the results of the review by mail. In the notice, the person will be notified that he or she may request a review of the decision by the DCS Director, or designee within fifteen (15) calendar days of the date of the notice. If DCS Director review is requested in a timely manner, the DCS Director or designee, will review the documentation utilized by the DCS local office in reaching the review conclusion. No new information will be considered. If the decision to substantiate is upheld, the decision will be the final agency decision, subject to judicial review as found in IC 4-21.5-3.

Code References

N/A

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 or 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 \(SF113/CW0311\)](#). Ensure that the words "DRAFT" are stamped on every page or watermarked on the [Assessment of Alleged Child Abuse or Neglect \(SF113/CW0311\)](#).

[REVISED] The Supervisor will:

1. If the FCM's recommendation is to substantiate and the Supervisor agrees, notify the DCS Local Office Director, Regional Manager, DCS Local Office Deputy Director, or Division Manager, as appropriate of the need for a CCWAR within one (1) business day of receiving the recommendation from the FCM; and
2. Wait to approve the [Assessment of Alleged Child Abuse or Neglect \(SF113/CW0311\)](#) until the CCWAR is conducted and the CCWAR decision is received.

[REVISED] The DCS Local Office Director 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 Supervisor, by sending the [Notice of Intent to Substantiate Allegations of Child Abuse and/or Neglect on a Child Care Worker/Resource Parent \(CAPTA080802ICW\)](#). Include a draft redacted copy of the [Assessment of Child Abuse or Neglect \(SF113/CW0311\)](#) with the notice. Refer to separate policy, [2.2 Administrative Review Process](#) for redaction procedure;
2. Hold a CCWAR within fifteen (15) business days from the date of the [Notice of Intent to Substantiate Allegations of Child Abuse and/or Neglect on a Child Care Worker/Resource Parent \(CAPTA080802ICW\)](#);
3. Review the case file with input from the DCS Local Office Attorney, including child care worker or licensed resource parent's statement and any documentation presented by the individual; and
4. Decide, which of the following actions will be taken:
 - a. Substantiate one (1) or more allegations,
 - b. Unsubstantiate one (1) or more of the allegation(s), or
 - c. Return the assessment to Child Protection Services (CPS) for further assessment and reconsideration of the report.
5. Notify the Supervisor of the review decision.
6. Within five (5) business days of holding the CCWAR, notify the child care worker or licensed resource parent alleged perpetrator, using the [Notice of Child Care Worker/Resource Parent Assessment Review \(CCWAR\) Decision and Right to Administrative Appeal \(State Form 54316\)](#). Include a copy of the [Request for an Administrative Appeal Hearing \(CAPTA080802ADR\)](#) with the notice, as well as an approved redacted copy of the [Assessment of Child Abuse or Neglect \(SF113/CW0311\)](#), if the substantiation is approved,
7. Assure that all remaining assessment tasks are completed in a timely manner as set out in [Chapter 4: Assessment](#);

[REVISED] The Supervisor will, upon receipt of the decision from the DCS Local Office Director or other person authorized to hold the CCWAR:

1. Approve the [Assessment of Child Abuse or Neglect \(SF113/CW0311\)](#) 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 Local Office Director or other person authorized to conduct the CCWAR and review the FCMs recommendation following further assessment; 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 Intent to Substantiate Allegations of Child Abuse and/or Neglect on a Child Care Worker/Resource Parent \(CAPTA080802ICW\)](#), if applicable.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

1. [Notice of Intent to Substantiate Allegations of Child Abuse and/or Neglect on a Child Care Worker/Resource Parent \(CAPTA081003ICW\)](#)
2. [Assessment of Alleged Child Abuse or Neglect \(SF113/CW0311\)](#) – Available in ICWIS
3. [Notice of Child Care Worker/Resource Parent Assessment Review \(CCWAR\) Decision and Right to Administrative Appeal \(State Form 54316\)](#)
4. [Request an Administrative Appeal Hearing for Child Abuse and/or Neglect Substantiation\(CAPTA081003AAH\)](#)
5. [Notice of Substantiation of Child Abuse and/or Neglect by Child Care Worker/Resource Parent \(CAPTA081003SCW\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: October 1, 2010
	Section 4: Assessment and Review of DCS Staff Alleged Perpetrators	Version: 4

POLICY

[REVISED] 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)¹ 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 or Child Support Bureau.

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

[NEW] During the course of an assessment, if a Family Case Manager (FCM) learns that an alleged perpetrator is a DCS employee, 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. Regional Manager;
 - b. DCS Local Office Director; and
 - c. Human Resource Director.
2. Central Office and Child Support Bureau employees the following individuals must be notified:
 - a. Division Deputy Director;
 - b. Work unit manager; and
 - c. Human Resource Director.

Assessments involving DCS employees as an alleged perpetrator must be conducted by a DCS local office other than the DCS local office in which the employee is employed.

[REVISED] DCS Regional Manager or Division Deputy Director will submit a request, within **twelve (12) hours**, of notification to restrict access to Indiana Child Welfare Information System (ICWIS) records pertaining to DCS employees. Any records pertaining to the alleged DCS employee perpetrator will be held confidential. See separate policy, [2.8 Accessing Records in ICWIS](#).

[REVISED] DCS will not allow the alleged employee perpetrator to have direct contact with the children and families (including resource families) that DCS serves, until the Administrative Review process has been completed. The alleged employee perpetrator will be notified by the employee's Regional Manager, the DCS Local Office Director, or Division Deputy Director within **one (1) business day**, if the decision is to place the alleged employee perpetrator on desk duty. The alleged employee perpetrator may be reassigned or may be placed on emergency suspension during the assessment and review process.

¹ Herein referred to as the 'alleged employee perpetrator'.

[REVISED] DCS will have **fifteen (15) calendar days** from approval of the [Assessment of Child Abuse and Neglect \(SF 113/CW0311\)](#) to provide the [Notice of Child Abuse and/or Neglect Assessment Outcome and Administrative Review for DCS Employee \(State Form 54318\)](#) and a copy of the redacted [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#), if substantiated, to the alleged employee perpetrator via certified mail.

[REVISED] DCS will require that an Administrative Review be conducted for all substantiated assessments that identify a DCS employee as an alleged 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 alleged employee perpetrator in writing of the Administrative Review decision. [Notice of Administrative Review Decision and Right to Administrative Appeal \(State Form 54319\)](#) will be mailed or hand delivered to the DCS employee the same day as the decision.

[REVISED] DCS will require that an Administrative Review of a DCS staff case be conducted by:

1. A Regional Manager;
2. A Deputy Director or Designee²; and
3. The DCS Human Resource Director or Designee.

[NEW] Note: The Administrative Review Team members conducting the review should not be in the alleged employee perpetrator's chain of command.

DCS recognizes that the alleged DCS employee perpetrator has the right to an Administrative Appeal of the Administrative Review Team decision if the substantiation is upheld. See separate policy, [2.5 Administrative Appeal Hearings](#).

DCS reserves the right to take disciplinary action up to and including termination 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 DCS Administrative Policy, [HR-2-4 Disciplinary Action](#).

Code References

N/A

PROCEDURE

The alleged employee perpetrator will notify his or her DCS Local Office Director or work unit manager within **one (1) business day** of learning of the assessment.

[REVISED] The assessment FCM will:

1. Notify the alleged employee perpetrator's Regional Manager and DCS Local Office Director by email, within **one (1) business day** of learning of the assessment if the alleged employee perpetrator works in a DCS local office, and document that notification was given;
2. Notify the alleged employee perpetrator's Division Deputy Director and work unit manager by email immediately but no later than **one (1) business day** of learning of the assessment if the alleged employee perpetrator works in Central Office or Child Support Bureau, and document that notification was given;

² The designee must be at least one supervisory level above the alleged employee perpetrator.

3. Notify the DCS Human Resources Director, by email, within **one (1) business day** of learning of the assessment;
4. Assure timely completion of the assessment. Refer to separate policy, [4.25 Completing the Assessment Report](#);
5. Send the [Assessment of Child Abuse and Neglect \(SF113/CW0311\)](#) to the Supervisor for approval; and
6. Notify the DCS Human Resource Director, by email, the results of the assessment if additional time or information is needed.

[REVISED] The FCM Supervisor will:

1. Review the [Assessment of Alleged Child Abuse and Neglect \(SF113/CW0311\)](#) for accuracy and completeness and approve the FCM recommendations, if appropriate. Refer to separate policy, [2.1 Requests for Administrative Review](#) for procedures to follow specific to the approval and redaction process;
2. Notify the DCS Regional Manager and Local Office Director (for Field Operation) or Division Deputy Director and work unit manager (for Central Office or Child Support Bureau) the results of the assessment.
3. Notify the DCS Human Resource Director the results of the assessment.
4. Upon request from the DCS Local Office Director or other person authorized to conduct an Administrative Review :
 - a. Unapprove [the Assessment of Child Abuse or Neglect \(SF113/CW0311\)](#) if the file is returned to CPS for further assessment and reconsideration of the report. See separate policy, [2.2 Administrative Review Process](#) for procedures to follow specific to the reconsideration process, if applicable; or
 - b. Unsubstantiate the allegations.

[REVISED] The DCS Regional Manager or Division Deputy Director of the alleged employee perpetrator will:

1. Ensure that the alleged employee perpetrator's assessment is restricted in ICWIS;
2. Coordinate with appropriate staff to place the employee on desk duty or reassign the employee;
3. Contact the DCS Human Resource Director, in the event that emergency suspension is considered; and
4. Notify the alleged employee perpetrator 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 \(SF113/CW0311\)](#).
5. Notify the DCS Local Office Director and Supervisor (for Field Operation) or work unit manager (for Central Office or Child Support Bureau) of the Administrative Review Team's decision.

[REVISED] The Administrative Review Team will:

1. Review the complete CPS assessment file;
2. 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 CPS for further assessment of the report.
 - d. Notify the alleged employee perpetrator of the Administrative Review Team's decision:
 - 1) If the substantiation is upheld, notify the alleged employee perpetrator of the decision using the [Notice of Administrative Review Decision and Right to Administrative Appeal \(State Form 54319\)](#) form and the [Request an Administrative Appeal Hearing for Child Abuse and/or Neglect Substantiation \(CAPTA081003AAH\)](#) form; or

- 2) If the allegations are unsubstantiated, notify the alleged employee perpetrator the decision using the [Notice of Administrative Review Decision and Right to Administrative Appeal \(State Form 54319\)](#) form.

[REVISED] The DCS Field Operations Executive Manager or designee will:

1. Ensure that the assessment is assigned to a DCS local office other than the DCS local office in which the employee is employed;
2. Coordinate the Administrative Review process by convening the Administrative Review Team members; and
3. Notify the employee perpetrator's DCS Regional Manager or Division Deputy Director of the Administrative Review Team's findings and whether any additional actions should be taken.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Assessment of Alleged Child Abuse or Neglect \(SF113/CW0311\)](#) – available in ICWIS
2. [Notice of Child Abuse and/or Neglect Assessment Outcome and Administrative Review for DCS Employee \(State Form 54318\)](#)
3. [Notice of Administrative Review Decision and Right to Administrative Appeal \(State Form 54319\)](#)
4. [Request an Administrative Appeal Hearing for Child Abuse and/or Neglect Substantiation \(CAPTA081003AAH\)](#)

RELATED INFORMATION

[NEW] Hand Delivery

Hand delivery requires successful face-to-face contact with the alleged perpetrator and a documented contact in ICWIS.

Consulting with Human Resources


Staff assessments are very delicate situations. The Central Office Human Resource Office is always available to assist management staff with any decisions that must be made surrounding reassigning an employee or when to consider emergency suspension. Please contact the HR Director if you have any questions.

Restricting Reports and Assessments

Maintaining confidentiality of employee assessments is of utmost importance. There is a checkbox on the decision window in ICWIS in the Intake module that allows for the report to be restricted. If the report is restricted, the assessment will automatically be restricted upon its creation. The system will only allow the assigned worker, the assigned worker's supervisor, and a director for that county, and the ICWIS Program Manager access to the report or assessment.

[NEW] Desk Duty for Alleged Employee Perpetrators

In the event an alleged employee perpetrator is assigned to desk duty, employees will not be allowed to have direct contact with the children and families DCS serves. Depending on the position, employees may not see a change in their job duties.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: October 1, 2010
	Section 5: Administrative Appeal Hearings	Version: 3

POLICY

The Indiana Department of Child Services (DCS) recognizes the right of the alleged 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, custodian, attorney, Guardian ad Litem (GAL), or Court Appointed Special Advocate (CASA).

[REVISED] DCS requires that all requests for Administrative Appeal Hearing by an alleged perpetrator utilize the [Request an Administrative Appeal Hearing for Child Abuse and/or Neglect Substantiation \(CAPTA081003AAH\)](#) and that the request be received by DCS Hearings and Appeals within **thirty (30) calendar days** (if request hand delivered) or **thirty-three (33) calendar days** (if request mailed) from the date identified on the [Notice of Administrative Review Decision and Right to Administrative Appeal \(State Form 54319\)](#).

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.

[REVISED] 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 **twenty (20) calendar days** of the date the request is received by Hearings and Appeals, unless the alleged perpetrator (appellant) requests an extension of time for hearing preparation or other good cause as outlined in [470 IAC 1-4](#).

Note: If the alleged perpetrator is a DCS employee or a child care worker, DCS cannot ask for a continuance. For other alleged perpetrators, DCS can request a continuance but must follow the same requirements as the alleged perpetrator.

DCS will hold all other hearings within **ninety (90) calendar days** from the date the request is received by Hearings and Appeals.

[REVISED] 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 **ten (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 requested an administrative appeal hearing.

[REVISED] 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' 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.

[REVISED] 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 alleged perpetrator who has requested an Appeal Hearing.

[NEW] 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 stay order of the Administrative Law Judge (ALJ).

[NEW] Note: The case will remain open on the Hearings and Appeals docket until it is concluded by a final DCS order by an ALJ.

The DCS Administrative Appeal Hearing will be conducted and decisions issued in accordance with the procedures outlined in [470 IAC 1-4-1](#) through 5.

[REVISED] The presiding ALJ will issue a written decision:

1. Within fifteen (15) calendar days after completion of the hearing for child care workers and DCS Employees or
2. Within thirty (30) calendar days after completion of the hearing for all other alleged perpetrators.

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

[REVISED] 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. [470 IAC 1-4-1 Administrative Appeals](#)
3. [IC 4-21.5-3-2 Adjudicative Proceedings](#)
4. IC 4-21.5-5 Judicial Review

PROCEDURE

[REVISED] The alleged perpetrator will request an Administrative Appeal Hearing by submitting a [Request an Administrative Appeal Hearing for Child Abuse and/or Neglect Substantiation \(CAPTA081003AAH\)](#) to DCS Hearings and Appeals, within **thirty (30) calendar days** of the date on the [Notice of Administrative Review Decision and Right to Administrative Appeal \(State Form 54319\)](#). 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.

[NEW] When a request for a hearing is received, the DCS Hearings and Appeals Coordinator 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 alleged perpetrator (appellant), the appellant's representative (if applicable), the ALJ, the DCS Local Office Director, DCS Local Office Attorney, and Regional Manager of the date, time and specific location of the hearing.

[NEW] 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 Coordinator, ALJ and/or DCS Local Office Director at which the hearing is being conducted.

[REVISED] 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 [470 IAC 1-4](#) through [1-4-5](#); and
2. Issue a written decision:
 - a. Within fifteen (15) calendar days after completion of the hearing for child care workers, and DCS employee's, or
 - b. Within thirty (30) calendar days after completion of the hearing 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 (alleged perpetrator);
2. The appellant's (alleged perpetrator's) representative or legal counsel, if applicable;
3. The DCS Local Office Director of the county who assessed the case;
4. The Regional Manager; and
5. DCS Local Office Attorney.

[NEW] Note: All distribution of notices and orders to the DCS Local Office Director, DCS Local Office Attorney, and Regional Manager will be emailed in PDF format.

[REVISED] The Regional Manager and/or DCS Local Office Director will notify the Supervisor and instruct him or her to comply with the final decision issued by the ALJ. The Supervisor will unapprove any allegations that may have been overturned in the Administrative Appeal decision.

PRACTICE GUIDANCE

[NEW] Hand Delivery

Hand delivery requires successful face-to-face contact with the alleged perpetrator and a documented contact in ICWIS.

[REVISED] 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.

[REVISED] Presenting the DCS Case at the Hearing

At the Administrative Appeal Hearing, the DCS case may be presented by a Family Case Manager (FCM), Supervisor, and/or DCS Local Office Attorney. The DCS Local Office Director 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.

[REVISED] Provide copies of interviews or video recordings at the Hearing

The use of audio or video recordings, including forensic interviews, can be extremely 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.).

[NEW] 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 [470 IAC 1-4-7](#).

FORMS AND TOOLS

1. [Request an Administrative Appeal Hearing for Child Abuse and/or Neglect Substantiation \(CAPTA081003AAH\)](#)
2. [Notice of Administrative Review Decision and Right to Administrative Appeal \(State Form 54319\)](#)
3. [Assessment of Child Abuse or Neglect \(SF113/CW0311\)](#) – Available in ICWIS

RELATED INFORMATION


[REVISED] Location of Hearings

All hearings for child care workers and DCS employees will be held in Indianapolis, unless the alleged 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:

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare Services	Effective Date: October 1, 2012
	Section 6: Sharing Confidential Information	Version: 4

POLICY [REVISED]

[REVISED] The Indiana Department of Child Services (DCS) will hold confidential all information gained during 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.

[NEW] Note: This includes any and all audio recordings of CA/N reports called into the DCS Hotline.

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

[NEW] DCS will maintain the confidentiality of information and records that it receives from other sources, such as a medical or health records, law enforcement agency records, or court records, in accordance with the laws applicable to the creator of the records.

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 C/AN assessment; or
3. The requesting state agency has care, custody and control of the child and the request is to check Child Protection Services (CPS) history of an individual who has a prior relationship with the child.

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

[REVISED] 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). Release of these documents will occur after approval of DCS General Counsel.

[REVISED] DCS can provide unidentifiable CA/N information of a general nature to persons engaged in research. The DCS Central Office may provide such information upon written request and approval of the specified application form submitted with the request.

[REVISED] Upon a records request received by DCS, Central Office will submit all records created or received by DCS Central Office or a DCS local office in connection with fatality or near fatality assessments, including any prior history records concerning the child to the juvenile

court in the county where the child died or the near fatality occurred for the court's redaction and release of such records to the requestor.

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

[REVISED] 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/she may plan for his or her safety and the safety of the child.

[REVISED] Code References

1. [IC 5-14-3 Access to Public Records Act \(APRA\); confidentiality requirements and Authorization](#)
2. [IC 31-25-2-20.4 Citizen review panels; membership; appointment; duties; response to report; prohibited acts](#)
3. [IC 31-27-3-18 Disclosure of Reports: Confidentiality Requirements](#)
4. [IC 31-27-4-21 Records regarding children \(in foster family homes\)](#)
5. [IC 31-27-5-18 Records \(regarding children in group homes\)](#)
6. [IC 31-27-6-15 Records regarding children \(placed through licensed child placing agencies\)](#)
7. [IC 31-33-7-8 Reports to health care providers and schools; contents; confidentiality](#)
8. [IC 31-33-18-1 Confidentiality; exceptions](#)
9. [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 redacting records](#)
10. [IC 31-33-18-2 Disclosure of unredacted material to certain persons](#)
11. [IC 31-33-18-3 Disclosure to qualified researchers](#)
12. [IC 31-33-18-4 Notice to parent, guardian, or custodian of availability of reports, information, and juvenile court records; release form; copying costs](#)
13. [IC 31-33-22-2 Obtaining child abuse or neglect information under false pretenses; falsifying records or interfering with an investigation](#)
14. [IC 31-33-24-6 Establishment of child fatality review teams; record review; purpose](#)
15. [42 U.S.C. 671\(a\)\(8\) Restriction on disclosure of information concerning individuals assisted under Title IV-E](#)
16. [465 IAC 2-5-1 Procedure for disclosure of information to qualified researchers](#)

PROCEDURE [REVISED]

[REVISED] **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 Class B misdemeanor for a person to knowingly obtain or to falsify CA/N information or records. In addition, it is a Class A misdemeanor for a public employee knowingly and intentionally to disclose information classified as confidential by state statute.

Upon receipt of a written request and approval from the DCS Local Office Attorney, the Family Case Manager (FCM) may disclose intake or assessment information to the following:

1. A legally mandated child protection agency investigating a report of CA/N or a child or family who are subjects of a report;
2. A law enforcement agency, prosecutor or coroner investigating a report of CA/N;
3. A physician treating a child whom the physician suspects may be abused or neglected;
4. 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;
5. 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;
6. The alleged victim (if requested as an adult);
7. The Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) of the alleged victim;
8. **[REVISED]** The parent (including non-custodial parent), guardian, custodian or other person responsible for the child named in a report and his or her attorney with the identity of the report source, child and others protected by law redacted;

[REVISED] Note: Each parent, guardian, or custodian must be given verbal and written notice of the availability of the assessment report and must be provided with a copy of the 311 or Notice of Availability (NOA) upon written request. See separate policy, [4.10 Interviewing the Parent/Guardian/Custodian](#).

9. A court that requires the information to decide an issue before it;
10. A grand jury;
11. **[REVISED]** An appropriate state or local official responsible for legislation in carrying out official functions¹;
12. **[REVISED]** A foster care review board established under [IC 31-34-2-9](#);
13. A community Child Protection Team (CPT), upon request, in order to carry out its purpose;
14. A person about whom a report has been made, provided that the identity of the reporting source and other appropriate persons protected by law.
15. An employee of DCS, a 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;
16. A local child fatality review team established under [IC 31-33-24-6](#);
17. The statewide child fatality review committee established by [IC 31-33-24-6](#);
18. 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;
19. Any authorized employee of DCS for an appropriate purpose, as determined by the Director or Deputy Director of Field Operations;
20. A citizen's review panel, established under [IC 31-25-2-20.4](#);
21. **[NEW]** The DCS Ombudsman; and
22. **[NEW]** The state superintendent of public instruction with protection for the identity of:
 - a. Any person reporting known or suspected child abuse or neglect; and
 - b. Any other person if the person or agency making the information available finds that disclosure of the information would be likely to endanger the life or safety of the person.

[REVISED] Providing Information to Another CPS Agency

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

¹ Release of unredacted material under this provision must be approved by the DCS General Counsel

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 with complete job and unit titles of the requesting person (e.g., Jane Doe, Family Case Manager, CPS Unit, Marion County DCS Local Office).

2. Determine the basis for the agency's request (i.e., whether the requesting agency is assessing a report of child abuse or neglect or assessing a family for the purpose of placement of a child for whom the agency has care or placement responsibility);
 - a. The written request shall contain a listing of the specific information needed and any information that would assist the FCM in identifying the appropriate CPS case file. For example, if a child's name is Charles Smith, a date of birth or social security number may be requested 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 Local Office 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 Local Office 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. **[NEW]** 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.

[REVISED] Providing Information to Parent, Guardian, Custodian or Perpetrator

Upon request from the parent, guardian, custodian, subject child (if 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;

[REVISED] Note: Carefully review to determine what information should be redacted to protect the safety of an adult victim of 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.

3. Consult with the DCS Local Office Attorney prior to releasing school records;

4. Consult with the DCS Local Office Attorney prior to releasing audio and video recordings.

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.

[REVISED] Release of Child Fatality and Near Fatality Records

All fatality and near fatality records and other records relating to a child victim for whom DCS has substantiated CA/N are subject to court approved release. The records may be subject to court approved release released upon the completion of the 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.

Upon receipt of a public records request (phone, written, e-mail, fax or by walk-in), the DCS local office will within one (1) business day of receiving the request, e-mail the Central Office Fatality Consultant 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, the DCS Central Office Fatality Consultant will notify the DCS General Counsel, or his/her designee of the request:

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 Consultant to the juvenile court of the county in which the child died or the near fatality occurred, if the record(s) requested are a substantiated fatality or near fatality locate the records.

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

[REVISED] 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 [IC 31-27-4-21](#). 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 substitute 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. A Law Enforcement Agency (LEA);
4. An agency having legal responsibility to care for a child placed in a substitute care home or facility;
5. The parent, guardian, or custodian of the child in a substitute care home or facility;
6. A citizens review panel; and
7. **[NEW]** The DCS Ombudsman.

DCS will also restrict the use or disclosure of information concerning a child or their family who is receiving services through a placement for which assistance is provided under Title IV-E of

the Social Security Act. 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 substitute 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

N/A


FORMS AND TOOLS

N/A

RELATED INFORMATION

Copying Cost

No fee may be charged for inspection of public records. However, a copying fee may be charged which is not to exceed the average cost of copying or 10 cents per page, whichever is greater.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective date: September 1, 2008
	Section 7: Confidentiality of Social Security Numbers	Version: 2

POLICY

The Indiana Department of Child Services (DCS) will comply with state legislation with regard to the release of Social Security numbers. DCS staff may not disclose an individual's Social Security number unless written consent is received or such disclosure falls under the established exceptions.

EXCEPTION: Unless prohibited by state law, federal law, or court order, the following apply:

1. DCS staff may disclose the Social Security number of an individual to a state, local, or federal agency;
2. DCS staff may disclose the Social Security number of an individual to the judicial or legislative branches of government; and
3. A state law enforcement agency may, for purposes of furthering an investigation, disclose the Social Security number of an individual to any individual, state, local, or federal agency, or other legal entity.

A DCS worker may disclose the Social Security number of an individual if any of the following apply:

1. A resource family requests the Social Security number for purposes of claiming the child as an exemption for tax purposes;
2. The disclosure of the Social Security number is expressly required by state law, federal law, or a court order;
3. The individual expressly consents in writing for the disclosure of the individual's or his/her minor child(ren)'s Social Security number. The signed release may be valid for up to two (2) years from the date it was signed;
4. The disclosure of the Social Security number is made to comply with:
 - a. The USA Patriot Act, and
 - b. Presidential Executive Order.
5. The Social Security number may be disclosed to a commercial entity for the permissible uses set forth in the:
 - a. Drivers Privacy Protection Act,
 - b. Fair Credit Reporting Act, and
 - c. Financial Modernization Act.
6. The Social Security number may be disclosed for the purpose of administration of the health benefits for state agency employees or their dependents.

DCS staff must remove or permanently obscure an individual's Social Security number on a public record prior to disclosing the record. Disclosure of the last four (4) digits of a person's

Social Security number is not considered a disclosure of the Social Security number under this statute.

Code References

1. [IC 4-1-10-2: Definition of state agency](#)
2. [IC 4-1-10-3: Non-disclosure of social security number](#)
3. [IC 4-1-10-4: Exceptions to nondisclosures of social security numbers](#)
4. [IC 4-1-10-5: Permitted disclosures](#)

PROCEDURE

If DCS is going to provide/broker services for the family or there is a specific need to release Social Security numbers, the Family Case Manager (FCM) must obtain a signed [Consent to Release Social Security Number \(SF53254/CW 3230\)](#) form from the parent or legal guardian for the purpose of authorizing the release of the Social Security number for the individual or any minor children of the individual. In cases in which parental rights have been terminated, the FCM will complete the consent form. If a parent or legal guardian refuses to sign the consent form for the minor children, the FCM must obtain court authorization to release the Social Security number or the court must order the parent or legal guardian to sign the consent.

Social Security Administration (SSA) Data Access Audit

DCS established 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 redisclosure 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. Below is the procedure for the SSA Data Access Audit.

Family and Social Services Administration (FSSA) will initiate a monthly random pull of 20 Indiana Client Eligibility System (ICES) records accessed by DCS employees.

DCS Central Office will:

1. Verify the proper usage of SSA data by DCS employees;
2. Send an electronic letter to the DCS Local Office Director and Regional Manager of the DCS employee, if DCS Central Office is unable to determine proper usage of SSA data; and
3. Forward the request to the Deputy Director of Field Operations and the Executive Staff, if a response is not received from the Director and/or Regional Manager of the DCS employee.

The DCS Local Office Director and/or Regional Manager will respond to the letter from DCS Central Office within ten (10) business days.

The Deputy Director of Field Operations and the Executive Staff will inquire if there is a delay from the Director and Regional Manager.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

[Consent to Release Social Security Number \(SF53254/CW 3230\)](#)

RELATED INFORMATION

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 what steps must be taken. Report the questionable disclosure to the Supervisor, DCS Local Office Director, and Regional Manager. Central Office must be advised.

Note: Disclosure includes handing a person a copy of information as well as allowing the person to view and verbally releasing the information.


Release of Child's Social Security Number to Resource Parent for Tax Purposes

If a request is received from a resource parent requesting a child's social security number to claim the child as an exemption for tax purposes, the FCM will require that the resource parent make this request in writing. The request from the resource parent should state why the resource parent is requesting the child's social security number (i.e. – for income tax purposes).

Release of Child's Social Security Number to Contractors

DCS will disclose a child's social security number to a Contractor if it relates to the child and the child's care and treatment while placed in Contractor's facility. Such information shall be released but not limited to, the following situations:

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, the state may consent to release of the child's social security number pursuant to an exception set forth in [IC 4-1-10 Release of Social Security Number](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: January 1, 2009
	Section 9: Verifying Identity	Version: 2

POLICY

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

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

To verify the identity of an adult or 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; and
2. Ask to see a recent statement from a utility company (water, electric, gas, phone, cable TV, etc.) addressed to the individual at his/her present address.

To verify the relationship between a child and relative prior to placing the child with said relative, the FCM will:

1. Provide said relative with a copy of the [Statement of Attestation by Relative Regarding Relationship \(SF52727/CW2118\)](#) form;
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
4. **[NEW]** The FCM will enter the relationship of the child and relative on the Placement Detail screen when entering the relative home as the child's placement in the Indiana Child Welfare Information System (ICWIS).

[See related policy 8.42 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 supervisor that you were unable to verify, and document your request to the family to produce valid identification.

FORMS AND TOOLS

[Statement of Attestation by Relative Regarding Relationship \(SF52727/CW2118\)](#)

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 Doesn't Have Government-Issued Photo ID

In this situation, ask to see any available photo ID (i.e., community pool pass photo ID, etc.) and a copy of the child's social security card or birth certificate.

Child Doesn't Have a Photo ID

Ask to see two 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, assess whether the individual can adequately care for the child (i.e. – provide proof of employment in writing).

[NEW] Child Placed with Relative

Identifying the relationship between the child and the placement provider and documenting it on the Placement Detail screen in ICWIS will maximize funding to DCS. When this relative relationship is documented in ICWIS, this information is used to determine eligibility for federal funding which covers the costs of substitute care and administrative expenditures.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: July 1, 2011
	Section 10: Conducting Background Checks for DCS Contractors	Version: 3

POLICY [REVISED]

The Indiana Department of Child Services (DCS) requires background checks for the purpose of contracts on all employees, volunteers, interns, and subcontractors, (Covered Personnel) who have or will have:

1. Electronic or physical access to children's records; or
2. Direct contact with children on a regular and continuing basis or any contact when a child(ren) is/are alone or only with the contractor's staff in connection with performance of any services or activities pursuant to a contract with DCS.

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 the:

1. Fingerprint-Based National and State Criminal History Check (Fingerprint-Based Check)
2. Child Protection Services History Check (CPS History Check)
3. Sex Offender Registry Check
4. Local Law Enforcement Agency (LEA) 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, 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 (ren) is/are 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. Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years, and
 - d. LEA Records Check in every state the subject of the check has lived in the last five (5) years.
2. For all persons 17 years of age and under:
 - a. CPS History Check in every state the subject of the check has lived in the last five (5) years, and
 - b. Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years.

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. Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years.

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 that 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 non-fingerprint 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 each Covered Personnel an annual attestation regarding whether that individual has 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 individual Covered Personnel's initial checks.

Code References

[IC 10-13-3-38.5 Conducting Fingerprint Criminal History Checks for Contractors](#)

[IC 10-13-3-27 Disclosure of State Limited Criminal History Information](#)

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 \(SF53259/CW3610\)](#):
 - 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>.

- 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 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, [2.11 Evaluation of Background Checks for DCS Contractors](#)
- 5. Conducting a 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/Core/Portal.aspx>.

Note: If you are searching a common name and results show multiple matches, narrow the search by state. If this occurs, search every state the subject of the check has lived in the last five (5) years.

- 6. Conducting a CPS History Check for all persons:
 - a. For Indiana:
 - 1. The DCS Contractor will complete Section A of the Indiana [Request for Child Protection Service \(CPS\) History Check \(SF 52802/CW 2128\)](#);
 - 2. 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 \(SF 52802/CW 2128\)](#);
 - 3. Submit the form to DCS COBCU, 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.cclid.ca.gov/AdamWalsh/2609.htm>
 Click on "[List of Contacts For Other State's Child Abuse and Neglect Registries](#)"
 - c. If the person has CPS history in any state, refer to separate policy, [2.11 Evaluation of Background Checks for DCS Contractors](#) for further required action.
- 7. Conducting LEA Records Checks by:
 - a. Requesting a records check to be completed by the LEA that would respond to the subject of the check's current home address, utilizing the [Application for Criminal History Background Check \(SF53259/CW3610\), Section titled "For Law Enforcement Use Only.](#)
 - b. Requesting searches from the appropriate LEA corresponding to ALL other residential addresses of the subject of the check during the past five (5) years.

- c. Upon receiving the results of each check, see separate policy, [2.11 Evaluation of Background Checks for DCS Contractors](#).

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 evaluate the severity and seriousness of the offense on a case-by-case basis and contact COBCU if additional guidance is needed.

FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF53259/CW3610\)](#)
2. [Request for a Child Protection Services \(CPS\) History Check SF52802/CW2128\)](#)

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 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 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 contractor will provide the non-fingerprint based checks for all other states the subject of the check has resided in the past five years to the COBCU. The COBCU will provide a letter via email 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.
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.

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 MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: July 1, 2012
	Section 11: Evaluation of Background Checks for DCS Contractors	Version: 3

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will evaluate all Fingerprint-Based National Criminal History Checks (Fingerprint-Based Checks) on all DCS Contractors. The DCS Contractor will evaluate the remaining background checks. See separate policy [2.10 Conducting Background Checks for DCS Contractors](#).

Fingerprint-Based Checks

The DCS Central Office Background Check Unit (COBCU) will evaluate the results and notify the contractor 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, court order showing dismissal and/or arrest reports. Upon receipt of all necessary verifications, COBCU will reevaluate the status and issue an amended Fingerprint-Based Check Status Letter to the assigned contractor's contact person by e-mail.

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

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

The contractor will review the completed CPS History Check results from Indiana, and if applicable, all other states of residency within the past five (5) years and determine if there are reports of any substantiations of child abuse and/or neglect for the subject of

the check. If there is substantiated CPS history in Indiana or the equivalent in another state, a Waiver is required. See section on Waivers.

Sex Offender Registry Checks

The contractor will evaluate the Sex Offender Registry Checks 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; notify the COBCU immediately. The COBCU will re-evaluate the Fingerprint-Based Check criminal history report.

Local Law Enforcement Agency (LEA) History Checks

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

Waivers

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

1. [Murder \(IC 35-42-1-1\)](#);
2. [Causing suicide \(IC 35-42-1-2\)](#);
3. [Assisting suicide \(IC 35-42-1-2.5\)](#);
4. [Voluntary manslaughter \(IC 35-42-1-3\)](#);
5. [Reckless homicide \(IC 35-42-1-5\)](#);
6. [Battery \(IC 35-42-2-1\)](#) within the last five (5) years;
7. [Domestic battery \(IC 31-27-4-13\)](#);
8. [Aggravated battery \(IC 35-42-2-1.5\)](#);
9. [Kidnapping \(IC 35-42-3-2\)](#);
10. [Criminal confinement \(IC 35-42-3-3\)](#) within the last five (5) years;
11. [A felony sex offense under \(IC 35-42-4\)](#);
12. [Carjacking \(IC 35-42-5-2\)](#) within the last five (5) years;
13. [Arson Class \(IC 35-43-1-1\)](#) within the last five (5) years;
14. [Incest \(IC 35-46-1-3\)](#);
15. Neglect of a dependent ([IC 35-46-1-4\(a\)\(1\)](#)) and ([IC 35-46-1-4\(a\)\(2\)](#));
16. Child selling ([IC 35-46-1-4\(d\)](#));
17. **[NEW]** Operating a vehicle while intoxicated ([IC 9-30-5](#)) within the last five (5) years;
18. A felony involving a weapon within the last five (5) years under ([IC 35-47](#)) or ([IC 35-47.5](#));

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

The contractor will immediately remove the subject of the check from the schedule to work if the background check subsequently reveals:

1. Disqualified history or substantiated CPS history that is not waived by DCS; or
2. Disqualified history or substantiated CPS history where a waiver is not being actively pursued.

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 9-30-5: Operating a Vehicle While Intoxicated](#)

PROCEDURE

DCS Division responsible for the contract will ensure that the contractor completes the following steps.

1. For a Fingerprint-Based Check, review the results letter received from COBCU. Where the status of the Fingerprint-Based Check results are either conditionally disqualified or disqualified;
 - 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 DCS Contractor 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), or
 - 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. Provide the requested documentation to the COBCU consultant. Upon reevaluation, 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 DCS Contractor will give the subject of the check a copy of the completed [Indiana Request for a Child Protection Services \(CPS\) History Check](#)

[\(SF52802/CW2128\)](#) form showing substantiated history or any comparable results from another state. See separate policy, [2.6 Sharing of Confidential Information](#), and

- b. A request for a Waiver should be filed within 10 days of receiving the CPS history. (See Waiver section below.) The request for the waiver must be granted for the employee or volunteer to be employed or volunteer as part of the DCS contractor. If already hired or volunteering, remove from the work schedule immediately.
3. Review the results of the Sex Offender Registry Check for a match to the subject of the check. If there a match for the subject of the check, do not hire or allow the subject to volunteer. If already employed or volunteering, then remove the subject of the check from the schedule immediately;
4. Review the results of the LEA Record Checks and contact COBCU within five (5) days of the check for further evaluation if there is a felony, four (4) or more misdemeanors, or a misdemeanor that relates to the health and safety of a child. At any time the DCS Contractor believes the LEA Record Check report may alter the status of the Fingerprint-Based Check, the DCS Contractor will contact the COBCU Consultant that is listed on the Fingerprint-Based Check Status Letter for further action;
5. 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 background.checkunit@dcx.in.gov:
 - a. A signed letter from the subject of the check explaining in detail the situation involving the substantiation or criminal act and addressing:
 1. The length of time since the person committed the offense, delinquent act, or act that resulted in the substantiated report of abuse or neglect;
 2. The severity of the offense or abuse or neglect, including jail or prison time served and whether they are currently on probation or parole; and
 3. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan, if applicable.
 - b. A signed letter on the DCS Contractor's letterhead or email from the Executive Director, or Human Resource Director explaining:
 1. His or her observation of the subject of the check;
 2. The reasons he or she supports or does not support the waiver request;
 3. If the subject is currently employed, volunteering or being considered for future work; and
 4. If a waiver has been applied for and granted in the past.
 - c. The [Indiana Request for a Child Protection Service History \(CPS\) History Check \(SF52802\)](#). If substantiation of abuse and/or neglect is found, there must be a print out the 311. Also if the subject has

- resided outside the state of Indiana in the past five (5) years, the other state's CPS search results must also be submitted.
- d. A screen print of the completed Sex Offender Registry Check from the required National Sex Offender website,
 - e. A copy of the written results for all LEA checks, if applicable, and
 - f. A copy of the fingerprint based status letter which was e-mailed to the contractor, if requesting a CPS waiver only. This is required for checks completed for the purpose of contractor employment or contractor volunteer showing the fingerprint based status of qualified.
6. Place a copy of the results for all background checks and any waiver letters in the employee or volunteer's personnel file;

Note: A criminal history or CPS waiver granted for the purpose of employment or volunteering with a DCS contractor 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 fingerprint-based check report within five (5) business days of receipt and notify by e-mail the assigned contractor's contact person regarding the clearance status;
- 2. If conditionally disqualified or disqualified, provide guidance, reevaluate history based on the received documentation, and issue a new Fingerprint-Based Check 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 Placement Support and Compliance or designee;
 - b. Deputy Director of Placement Support and Compliance or designee will submit the recommendation to the Background Check Team for a joint decision;

Note: The Background Check Review Team is made up of the DCS Local Office Director (LOD) and Regional Manager located in the county/region in which the contractor is/will be located, the Deputy Director of Services and Outcomes or designee, and the Deputy Director of Placement Support and Compliance or designee. The team decision may be made via phone or email.

- c. Notify by email the assigned contractor's contact person of the waiver decision. A decision will be returned in approximately 10 business days and the status will be either "waiver granted" or "waiver not granted".

4. For Exception to Fingerprint request, when the exception is granted, generate the LCH and notify by e-mail the assigned contractor's contact person regarding the granted status.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Factors for the Contractor 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 length of time that has passed since the conviction, juvenile adjudication, or child abuse and/or neglect substantiation;
2. The severity of the offense; and
3. Evidence of the person's rehabilitation.

Disclosing National Criminal History Check Information

Neither the contractor nor the subject of the check shall receive a copy of the official criminal history transcript that contains criminal history reported by the Federal Bureau of Investigation (FBI) and the Indiana State Police (ISP). 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 Indiana State Police (ISP).

Disqualified Fingerprint Status

Disqualified status means that the subject of the check is ineligible unless a waiver is granted, to be an employee, volunteer and/or intern, including a subcontractor, who have or will have electronic or physical access to children's records, or direct contact with children on a regular and continuing basis or any contact when a child(ren) is/are alone or only with the contractor's staff in connection with performance of any services or activities pursuant to a contract with DCS ("Covered Personnel").

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) to be 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 an arrest without a disposition, a conviction without the level of the conviction being a misdemeanor or a felony, or a conviction where additional information on the circumstances of the arrest and conviction are required.

Qualified Fingerprint Status

Qualified fingerprint status means that the subject of the check is eligible to be Covered Personnel, as long as the subject of the check passes all other background checks.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: October 1, 2010
	Section 12: Indian Child Welfare Act (ICWA)	Version: 2

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will 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) in order to promote the stability and security of Indian tribes and their families.

DCS will make diligent efforts beginning at Intake, to determine if a child is a member of an Indian tribe or eligible for membership in an Indian tribe. These 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 a diligent effort to identify those children and families subject to the Act.

DCS will notify the Indian child's parents or Indian custodian and the Tribe whenever there is an action pending regarding placement or termination of 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 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 notify the appropriate Area Director of the Bureau of Indian Affairs and the United States (U.S.) Secretary of Interior.

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 proceeding until at least **ten (10) days** after receipt of notice by the parent or Indian custodian and the tribe or the United States (U.S.) Secretary of Interior. The parent, Indian custodian, or the tribe can, upon request, will be granted up to **twenty (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 above.

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 homes licensed, approved, or specified by the Indian child's tribe;
3. An Indian foster home licensed, 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.

Applicability of the ICWA depends upon whether the proceedings in question (Child in Need of Services, Detention, Termination of Parental Rights, etc.) involve an “Indian child” within the definition utilized in 25 U.S.C. §1903(4). Whether or not a child is an Indian child for purposes of ICWA is determined by federal law and is not an arbitrary label assigned at the discretion of the parent.

Code References

- [25 U.S.C. §1903\(4\): Indian Child Welfare Definitions](#)
- [25 U.S.C. §1911: Indian tribe jurisdiction over Indian child proceedings](#)
- 25 U.S.C. §1913: Parental rights; voluntary termination
- 25 U.S.C. §1915: Placement of Indian children
- 25 U.S.C. §1916: Return of custody
- [25 U.S.C. §1922: Emergency removal or placement of child; termination; appropriate action](#)
- 25 C.F.R. §23.1: Definitions
- 25 C.F.R. §2311: Notice

PROCEDURE

[REVISED] 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; and
2. If the parent or Indian custodian states that they are a member of an Indian tribe or that the child eligible for membership, engage the family to obtain information regarding the tribe and if the child is involved in any current legal actions.
3. If the parent or child states that they are of Indian heritage, contact the Hispanic Initiative Program Manager to proceed with the steps below.

The Supervisor will:

1. Ensure that the FCM is asking each child and/or family which DCS is involved if they are a member of an Indian tribe or eligible for membership; and
2. Assist the FCM to ensure adherence to ICWA.

[NEW] If it is determined that the parent, guardian or Indian custodian is a member of an Indian tribe or that the child is eligible, the FCM will contact the Hispanic Initiative Program Manager.

The Hispanic Initiative Program Manager will:

1. Obtain the telephone number for the tribe or look for the tribe in the Federal Register, Volume 75, No. 96 - Indian Child Welfare Act: Designated Tribal Agents for Service of Notice (May 19, 2010): If you cannot locate this document, ask the DCS Local Office Attorney to locate it on SharePoint.
2. Immediately notify by telephone, the Indian tribe that there is a pending proceeding in Indiana involving the placement of an Indian child and notify them that the Indian child has been or is being detained.
3. Complete the ICWA Notification Form and mail it certified with return receipt requested to the child's parents, guardian (or Indian custodian) and the tribe with copies (also certified mail, return receipt) to the Minneapolis Area Director of the Bureau of Indian Affairs and the United States (U.S.) Secretary of Interior. Any hearings regarding

placement (including pre-adoptive placement) may not be held until ten (10) days after the latest receipt by the parent, tribe, Minneapolis Area Director, Eastern Region Area Director, and Secretary of Interior.

4. Notify the Minneapolis Area Director and the U.S. Secretary of Interior if the identity or location of the parent or Indian custodian and the tribe cannot be determined.

PRACTICE GUIDANCE **[NEW]**

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 the child is eligible for membership in an Indian tribe.

Indiana is in the Eastern Region. If any questions arise, contact the Regional Social Worker:

Department of Interior
Bureau of Indian Affairs
Eastern Regional Office
545 Marriott Dr., Ste 700
Nashville, TN 37214
Gloria York
Regional Social Worker
Phone No: (615) 564–6740;
Fax: (615) 564–6547

Although Indiana is in the Eastern Region, the Code of Federal Regulations require that DCS send the ICWA notice to the Minneapolis Area Director. DCS should also send a copy of the notice to the United States (U.S.) Secretary of Interior.

Department of Interior
Minneapolis Area Director
Bureau of Indian Affairs
One Federal Drive, Room 550
Ft. Snelling, MN 55111

Secretary of Interior
Office of Indian Services
1849 C St., N.W., MS-4513-MIB
Washington, DC 20240

The U.S. Secretary of Interior has fifteen (15) days after receipt to provide the required notice to the parent or Indian custodian and the tribe.

FORMS

[ICWA Notification Form](#)- Available in ICWIS

RELATED INFORMATION

[REVISED] Indian Child Welfare Act (ICWA)

The Indian Child Welfare Act of 1978 was enacted by Congress to assure that agencies meet the cultural needs of Indian children requiring out-of-home placement and to protect the

continue existence and integrity of Indian tribes. It gives the Indian child's parents or Indian custodian and their tribe the right to intervene or request transfer to their tribal court of any proceedings involving out-of-home placement of or termination of parental rights to an Indian child.

There is one(1) federally-recognized tribe in Indiana, the Pokagon Band of Potawatomi. If a case involving an Indian child comes to the attention of DCS, contact the address below to verify the child's eligibility for tribal membership:

Pokagon Band of the Potawatomi Indian
Social Services Director
58620 Sink Road
Dowagiac, MI 49047
(269) 782-6323
Mark.Pompey@pokagon.com

[REVISED] 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 the ICWA. These rights apply to any child protection case, adoption, guardianship, termination of parental rights action, runaway, or truancy matter involving the placement of an Indian child (foster care placements, termination of parental rights, pre-adoptive placements, adoptive placements, both voluntary and involuntary placements, transfers of placement and placements due to failed adoptions)

1. "Foster care placement" means any action removing an Indian child from the parent or Indian custodian for temporary placement in a foster home or institution or in the home of a guardian or conservator where the parent or Indian custodian cannot have the child returned upon demand, but where parental rights have not been terminated;
2. "Termination of parental rights" means any action resulting in the termination of the parent-child relationship;
3. "Preadoptive placement" means the temporary placement of an Indian child in a foster home or institution after the termination of parental rights, but prior to or in lieu of adoptive placement; and
4. "Adoptive placement" means the permanent placement of an Indian child for adoption, including any action resulting in a final decree of adoption.

Indian Child

Any unmarried person who is under age eighteen and is determined by the tribe, Bureau of Indian Affairs, or Department of the Interior, and is either:

1. A member or eligible for membership of an Indian tribe as determined by the Tribe and/or Nation, the Bureau of Indian Affairs, or the Department of the Interior; or
2. Eligible for membership in an Indian tribe and the biological child of a member of an Indian tribe.


Indian Tribe

The Indian tribe in which an Indian child is a member or eligible for membership or 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 the more significant contacts.

[NEW] ICWA protection for parents and Indian custodians

ICWA also provides several protections for parents or Indian custodians of an Indian child. These protections include the right to revoke voluntary consents to placements and to adoptions at any time prior to a decree of termination or adoption. If a consent is withdrawn, the Indian child shall be immediately returned to the parent or Indian custodian. After a Decree of Adoption is entered based on a voluntary consent, the parent may petition 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 years may be challenged on this basis.

If a decree of adoption is ever vacated or 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 absent a showing that return is not in the best interests of the child.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: October 1, 2012
	Section 13: Expungement of Records	Version: 4

POLICY **[REVISED]**

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](#) 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 Management Gateway for Indiana's Kids (MaGIK). 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. MaGIK 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.

[NEW] 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: Classification of reports](#)
2. [IC 31-33-27 Expungement of Child Abuse or Neglect Reports](#)
3. [470 IAC 1-4-1 Administrative Appeals](#)
4. [IC 31-33-26-15 Expungement within the Child Protection Index](#)

PROCEDURE

When an assessment is unsubstantiated, the FCM will scan all documentation in the case file into MaGIK.

When an assessment is substantiated, 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 an assessment is unsubstantiated, the FCM Supervisor will ensure the hard copy of the case is maintained in the DCS local office for 6 months, then transferred to the records center.

When the DCS local office receives a court order to expunge substantiated CA/N records, the Family Case Manager (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 Local Office Attorney;
3. Destroy any written record, hardcopy or electronic copy, as specified in the court order for expungement following the review by the FCM Supervisor and DCS Local Office Attorney; and
4. Contact the MaGIK Manager to request the specified electronic records in MaGIK 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. Provide this documentation to the DCS Local Office Attorney prior to destruction/expungement of records.

The DCS Local Office Attorney will:

1. Review the documentation that is 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 \(SF113/CW0311\)](#) – Available in MaGIK
2. [Records Retention Schedule](#)

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 form or in other media.

Access to Unsubstantiated CA/N Records


DCS may retain documentation relating to an unsubstantiated assessment of child abuse or neglect in paper or electronic form or in other media that is accessible only by management personnel. When completing an assessment that has limited-access history, the FCM can obtain temporary access to the documentation through their supervisor. Unsubstantiated case documentation will not be available when it has been expunged to comply with a court order.

Petition to Expunge Substantiated Report and Related Documentation

An individual identified as a perpetrator of child abuse or neglect in a substantiated report may file a petition with a court exercising juvenile jurisdiction in the county in which the individual resides, requesting the court order DCS to expunge the substantiated report and related documentation. 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 child abuse or neglect at any time, if DCS determines that the probative value of the documentation does not justify its retention in the records of DCS.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare Services	Effective Date: September 1, 2008
	Section 14: Intentional False Reports	Version: 1

POLICY

OLD POLICY: 203.4

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](#)

PROCEDURE

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

The 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.

The DCS Local Office Director will:

1. Consult with the DCS Local Office Attorney, if they concur with the 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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: September 1, 2008
	Section 15: Hospitalized Victim of Child Abuse/Neglect (CA/N)	Version: 1

POLICY

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(s), 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 that 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(s), 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 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(s) or a court approved placement; and
2. Sign [Hospital Release Authorization \(HVACAN120801HRA\)](#).

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 Indiana Child Welfare Information System (ICWIS)

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 Hearing](#).

FORMS AND TOOLS

[Hospital Release Authorization \(HVCAN120801HRA\)](#)

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."

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: 11/1/10
	Section 16: Quality Service Review (QSR)	Version: 2

POLICY

The Indiana Department of Child Services (DCS) Quality Service Review (QSR) protocol will use a thorough case review method and practice appraisal process to assess:

1. How children and their families are benefiting from services received; and
2. How well locally coordinated services are working for children and families.

Note: The central purpose of the QSR process is to encourage and support a successful change process leading to adequate, sustained daily functioning, safety, permanency, and well-being. The practice should be strength based, outcome-focused, and results-driven.

DCS will use an evidenced-based method (see Related Information for further details) to evaluate results in a specific service area at a given point in time, for the:

1. Status of the child receiving services;
2. Status of the parent/caregiver; and
3. Status of system performance based on evaluation of key practice indicator skills. See table (1) for further details.

The QSR will measure 22 specific Status Indicators

Child Status indicators	System Performance indicators
1. Safety 2. Behavioral Risk to Self/Others 3. Stability 4. Permanency 5. Appropriate Living Arrangements 6. Physical Health 7. Emotional Status 8. Learning & Development 9. Pathway to Independence	1. Role & Voice of Family Members ² 2. Team Formation & Functioning ¹ 3. Cultural Recognition ³ 4. Assessing & Understanding ³ 5. Long-term View ⁴ 6. Child and Family Planning Process ⁴ 7. Planning Transitions & Life Adjustments ⁴ 8. Intervention Adequacy ⁵ 9. Resource Availability ⁵ 10. Maintaining Quality Family Relationships ⁵ 11. Tracking & Adjusting ⁵
Parent/Caregiver Status indicators	Note: As related to the Indiana Practice Model "TEAPI" - teaming ¹ , engaging ² , assessing ³ , planning ⁴ , and intervening ⁵ .
1. Parenting/Caregiving Capacities 2. Informal Supports	

Table (1)

Note: The review of each child and family served is a unique test of the service system. A random sample of cases of children are reviewed to determine child and parent/caregiver status, recent progress, related system practice, and performance results.

[REVISED] The initiation of the QSR process will occur every 30 months for every local office, and will include the participation of all DCS local offices. All QSRs initiated will be scheduled with:

1. The Director of DCS;
2. The Regional Manager;
3. The Regional Quality Assurance (QA) Lead;
4. The Deputy Director of:
 - a. Field Operations, and
 - b. Practice Support.
5. Performance and Quality Improvement (PQI) State Director; and
6. The DCS Local Office Director.

PROCEDURE

Prior to the QSR:

1. A maximum random sample of 24 cases and assessments will be selected per region. Each random sample will be reflective of the region's population¹ of cases. The sample selection should be distributed to reflect the population in the following areas:
 - a. Age of child,
 - b. Type of placement (e.g., congregate care, licensed foster care, etc.),
 - c. Case type (i.e., Informal Adjustment (IA) or Child in Need of Services (CHINS)),
 - d. Assessments, and
 - e. Length of time in care.

Exception: Marion and Lake Counties will each have a maximum random sample of 72 cases and assessments, due to the size of the regions. Region four (4) will have a maximum random sample of 36 cases and assessments, due to the size of Allen County within this region.

The sample pull will consist of one (1) case type (i.e., IA or CHINS) or assessment per worker. If insufficient staffing ratios causes more than one (1) case pull from the same worker, a second case type or assessment will be selected.

2. The Family Case Manager (FCM) will:
 - a. Complete two (2) duplicate information case files containing information specifically requested, as indicated in the following checklist about the child and family:

1) Interview Schedule,	9) Safety/Risks/Needs Assessment,
2) Directions to Interviews,	10) Case Plan/Child and Family Team Meeting Notes,
3) Release of Information,	11) Contact Logs,
4) General Information,	12) Court Reports,
5) Brief Case Summary,	13) Assessments (e.g., Parent, Medical, IEP, Psychological, etc.), and
6) 310 & 311 (include history),	14) Confirmation Letters.
7) Preliminary Inquiry (PI),	
8) Genogram,	

¹ The term population denotes a statistical population (i.e., a set of entities concerning which statistical inferences are to be drawn, often based on a random sample taken from the population).

- b. Schedule and confirm interviews for the case, with the focus child and parent(s), along with the most significant people involved in the case (generally four (4) to eight (8) individuals). Individuals that reviewers may meet with include, but are not limited to the following:
 - 1) Relatives,
 - 2) Resource parents,
 - 3) Teachers,
 - 4) Mentors,
 - 5) Therapist,
 - 6) School Counselor,
 - 7) Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL),
 - 8) Child and Family Team (CFT) Members,
 - 9) FCM, and
 - 10) Service Providers.
3. Three (3) to four (4) weeks prior to the review, the PQI Staff will contact each FCM to:
 - a. Review case preparation progress,
 - b. Address questions, and
 - c. Ensure that the reviewer's schedule is within allowable timeframes. See Related Information for further details.

[REVISED] During the QSR week, the following tasks will occur:

1. The PQI Staff will assign a team of two (2) reviewers to a child's case and this team will consist of:
 - a. A reviewer-in-training (i.e., Shadow or Lead), and
 - b. The Mentor Reviewer.

Note: The Mentor Reviewer will negotiate a working agreement with the reviewer-in-training as to who will conduct the interviews while the other reviewer serves as a scribe (i.e., documents the information obtained through the interviews).

2. Prior to any interviews, the Mentor Reviewer and the reviewer-in-training will review the file and meet with the assigned FCM. The status of the case will be checked in comparison to the information initially provided. The reviewers may request at any time that additional interviews be scheduled during the review process;
3. One (1) case will be assigned to each review team during the review. The case will be reviewed on Tuesday and Wednesday, unless the DCS local office is closed in observance of a holiday. Each review team will provide feedback (i.e., debrief) Wednesday afternoon with the assigned FCM and/or Supervisor. After this debriefing, review teams will present to other review team members the reviewed cases, and determine common trends across case findings in what is known as the "mini-round";

Note: After conducting all of the interviews, the reviewers are asked to rate each of the Child and Parent/Caregiver Status and System Performance Indicators. Ratings in the QSR protocol for Indiana are made on a scale from (1 to 6 with N/A as a possible choice):

One	–	Adverse Performance
Two	–	Poor Performance
Three	–	Marginal Performance
Four	–	Fair Performance
Five	–	Good Performance

Six	–	Optimal Performance
N/A	–	Not Applicable

4. The “grand round” meeting will be open to the regional staff under review and the regional stakeholders. At the “grand round” meeting, there will be a presentation and analysis of the preliminary data collected during the regional review. Those in attendance will be asked to participate in several small group discussions, focused on how to improve overall system performance in areas where the regional scores reflected concerted action needed. The small groups will then gather and report to other participants their suggestions for system reform; and
5. The PQI State Director will issue a finalized regional report of findings, within 30 days of the review, to the following:
 - a. The Director of DCS,
 - b. The Deputy Director of Practice Support,
 - c. The Deputy Director of Field Operations,
 - d. Executive Manager, and
 - e. The Regional Manager.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS **[REVISED]**

1. Electronic Copy of Protocol Listing
2. Roll Up Sheet
3. QSR Reviewer Workbook
4. General Information Document

RELATED INFORMATION

Team Composition

Nine (9) skilled professionals will staff the PQI team. The team assesses the quality of service to families and children, front line workers’ practice skills, and adherence to the practice model.

Regional Managers are responsible for the selection of additional reviewers from his/her region to be trained and to assist in year round reviews.

QSR Results

The QSR examines recent results for a focus child and his/her parents/caregivers and the contributions made by local service providers in producing those results. Case reviews and other findings are used internally in an effort to improve practice skills. The QSR strives to stimulate and support skills needed to improve services for children and families who are recipients of the local community’s service providers. The service providers include, but are not limited to the following:

1. Child Welfare;
2. Health;

3. Mental Health;
4. Education; and
5. Juvenile Justice.

What is learned through the QSR

The QSR process involves case reviews, data pattern reviews², and interviews with key stakeholders. Triangulated results provide a rich array of well-focused lessons for skill refinements, next step actions and improvements, so that child/family independence from system involvement is achieved.

Note: The effectiveness of the key practice skills of Teaming, Engaging, Assessing, Planning and Intervening (TEAPI) can only be understood within the context of the status of the child and family progress being made. Thus, child/family status, recent progress, and performance of key practice functions together create a QSR case review.

[REVISED] Allowable Timeframes

Time management issues should be considered by the reviewer before a case review begins. These issues include but are not limited to:

1. No interviews after 6:00 pm (i.e., if appropriate);
2. Travel time;
3. Scoring time;
4. Interviewing and debriefing with FCMs and/or Supervisors; and
5. Scheduled mini-round meeting.

[REVISED] Qualified Regional Reviewer

To become a qualified regional reviewer workers will need to:

1. Complete a 2 day New Reviewer (protocol) training;
2. Shadow a Lead/Mentor Reviewer for one (1) case in a QSR;
3. Participate in two (2) QSRs as a Lead Reviewer in Training;
4. Complete one (1) day New Mentor training; and
5. Participate as a Lead/Mentor Reviewer.

Rating Scales


The QSR protocol uses a six (6) point rating scale as a “yard stick” for measuring the situation observed for each indicator. Overall, scores are divided in to two (2) major action steps:

1. Refine/Maintain (4-6); and
2. Concerted Action Needed (1-3).

Evidence-based Practice

Involves identifying, assessing, and implementing strategies that are supported by scientific research as being effective in improving outcomes for children and families. In child welfare practice, evidence-based practices are those that have strong research design, evidence of significant positive effects, sustained effects, and capacity for replication.

² Data analysis review is an analysis of data that provides information on regional trends.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: 11/1/10
	Section 17: Quality Assurance Review (QAR)	Version: 1

POLICY **[NEW]**

The Department of Child Services (DCS) Quality Assurance Review (QAR) provides an objective analysis of the Indiana Child Welfare System. The QAR evaluates systemic factors in each DCS local office by identifying strengths and needs to ensure compliance with:

1. Federal and state laws (i.e., statutes),
2. Regulations,
3. Policies, and
4. Social Work best practice.

The DCS local office will conduct the QAR on a quarterly basis in conjunction with the Reflective Practice Survey (RPS). Cases pulled for QAR will be randomly selected by the Office of Data Management (ODM) and include Assessments, IAs, and CHINS cases.

Note: The QAR pull consists of any assessment or case with an open case status within the previous 6 months from the pull date. The period under review begins with the pull date and reflects back one year. Each case will be reviewed for quality and best practice.

Regional Managers (RMs) will conduct a quarterly regional review of a small, random sample of cases that were reviewed by the DCS local office during the previous quarter. Cases pulled for this review will be randomly selected by the ODM and include Assessments, IAs, and CHINS cases.

Note: The RM review pull consists of any assessment or case with an open case status within the previous six (6) months from the pull date. The period under review begins with the pull date and reflects back one (1) year. Each case will be reviewed for quality and best practice.

The RM reviews will be conducted by the RM and upper management staff within the region. The Review Team will consist of:

1. Regional Manager
2. Local Office Director (LOD)
3. Supervisors.

Code References

N/A

PROCEDURE

The Supervisor will have one (1) case pulled for each Family Case Manager (FCM) assigned to their unit.

The Supervisor will:

1. Review the hard copy case file;
2. Review the case in the Indiana Child Welfare Information System (ICWIS);
3. Score each case using the appropriate form on the QAR SharePoint website; and
4. Submit the form electronically through the QAR SharePoint website by the last day of the quarter.

Note: Cases pulled for the QAR will not be available for review after the last day of the quarter.

The RM will:

1. Coordinate the RMs review process by convening the RM review team members;
2. Notify the DCS LOD if a child is in an unsafe situation and/or a non-compliance with policy or law exists.

Note: This notice will be sent via e-mail and followed up with a direct phone call to the DCS LOD.

3. RMs will utilize the QAR results to identify opportunities for improvement in the Strategic Action Report (STAR). The STAR reports will be discussed with the RMs at the RM team meetings.

Review Team will:

1. Review the hard copy case file;
2. Review the case in ICWIS;
3. Score each case using the appropriate form on the QAR SharePoint website; and
4. Submit the form electronically through the QAR SharePoint website by the last day of the quarter.

Note: Cases pulled for the QAR will not be available for review after the last day of the quarter.

DCS LOD will, upon receipt of the notification:

1. Initiate immediate action to bring a non-compliant or unsafe situation into compliance;
2. Notify the RM, via email, within 48 hours (excluding weekends and holidays) of how the unsafe situation was resolved; and
3. Notify the RM, via email, of a plan to resolve non-compliance with policy.

PRACTICE GUIDANCE

QAR result reports will be available for review on the QAR SharePoint within 15 calendar days from the end of each quarter. QAR result reports are generated for each QAR tool (Adoption, Assessment, CHINS and IAs) and additional reports are generated for 'All Survey Summary' and 'Exception' data. Each report provides a breakdown and comparison of Statewide, Regional and County data collected from the QAR. The Adoption, Assessment, CHINS and IA reports

provide additional breakdown of worker data. The Exception report provides county data on pulled cases that were not reviewed during the quarter and/or not completed incorrectly.

FORMS AND TOOLS

1. Quality Assurance Tools – available on the QAR SharePoint.
2. QAR Guidelines- available on the QAR SharePoint.


RELATED INFORMATION

Quality Assurance Tools and Guidelines

The Quality Assurance Tools and Guidelines Standardized instruments of basic questions applied to the cases to be reviewed. The Guidelines provide policy and procedural guidance for scoring the questions in the QAR tools.

RM case pull

The number of cases pulled will be determined by the total number of regional administrative staff assigned to that region and divided in half.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: August 1, 2011
	Section 18: Reflective Practice Survey (RPS)	Version: 1

POLICY **[NEW]**

The Indiana Department of Child Service (DCS) Reflective Practice Survey (RPS) provides an analysis of case management services by identifying the strengths and needs of the family, as well as, those of the Family Case Manager (FCM). The RPS tool uses field observation and a FCM interview to review cases in order to evaluate the FCM's practice skills.

Cases pulled for the RPS will be randomly selected by the Office of Data Management (ODM). The RPS will be completed quarterly in conjunction with the Quality Assurance Review (QAR). See separate policy, [2.17 Quality Assurance Review \(QAR\)](#). Only one (1) case will be selected per FCM for the QAR and RPS for an overall comprehensive assessment. The selected case, RPS tool and a link to the QAR Sharepoint can be accessed through the Indiana Child Welfare Information System (ICWIS) by clicking the 'Review' icon.

Note: The RPS pull consists of any assessment or case with an open case status within the previous 6 months from the pull date. The period under review begins with the pull date and reflects back one year. Each case will be reviewed for quality and best practice.

DCS will use the information obtained from the RPS to identify regional trends.

Code References

N/A

PROCEDURE

The Supervisor will:

1. Shadow the FCM on a home visit for the selected case;
2. Interview the FCM after the home visit using the RPS Indicator questions;
3. Score the case using information obtained from the field observation and FCM interview; and
4. Provide feedback to the FCM.

Note: The Supervisor will use case summary questions three (3) and four (4), at the end of the RPS, to identify trends and generate the trends report.

5. Develop and submit a trends report summary to the DCS Local Office Director (LOD).

The DCS Local Office Director (LOD) will submit a list of county trends to the Regional Manager (RM).

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

1. RPS Tool- available in ICWIS
2. Quality Assurance Tools – available on the QAR SharePoint.

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 2: Administration of Child Welfare	Effective Date: October 1, 2012
	Section 19: Local Child Fatality Review Teams	Version: 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) will form Local Child Fatality Review Teams¹ in each region. These teams will conduct child fatality reviews and examine factors contributing to fatalities. They will also make recommendations for strategies to prevent future deaths.

The Local Child Fatality Review Team will review the death of a child that occurred in the region and is:

1. Sudden;
2. Unexpected;
3. Unexplained;
4. Assessed by DCS for alleged abuse or neglect that resulted in the fatality; or
5. Determined by a coroner in the region served by the Local Child Fatality Review Team to be the result of a homicide, suicide, or accident.

At a minimum, each Local Child Fatality Review Team will meet in executive session² quarterly. Any review that involves confidential records or identifying information regarding the death of a child will take place in executive session. Executive sessions will include Local Child Fatality Review Team members and anyone invited to attend by the team Chairperson. Anyone that attends an executive session at the invitation of the team Chairperson and is not a member of the Local Child Fatality Review Team will be required to sign a confidentiality agreement in accordance with IC 31-33-24-12.

Local Child Fatality Review Teams will document data from each review on the National Center for Child Death Review Case Report Form available online through [The National Center for the Review and Prevention of Child Deaths](#). Teams will submit an annual report to the DCS Director and the Statewide Child Fatality Review Committee. The report will include non-identifying information regarding cases reviewed and aggregate data collected, information regarding the circumstances surrounding deaths, factors contributing to the deaths, and suggested prevention strategies.

Each Local Child Fatality Review Team will hold at least one (1) public meeting per year. During this meeting, non-identifying aggregate data, trends, and prevention activities will be discussed.

A Local Child Fatality Review Team will consist of the following members from the area served by that team:

¹ For purposes of this policy Local Child Fatality Review Team refers to the Child Fatality Review Team conducted in each region.

² Executive Session refers to a meeting from which the public is excluded. However, the governing body may admit non members necessary or desired to conduct business.

1. A coroner or deputy coroner;
2. A representative from:
 - a. A local health department, or
 - b. A multiple county health department.
3. A pediatrician or family practice physician;
4. A representative of a law enforcement agency;
5. A representative from an emergency medical services provider;
6. A DCS Regional Manager (RM);
7. A representative of the prosecuting attorney;
8. A pathologist with forensic experience who is licensed to practice medicine in Indiana, and who, if feasible, is certified by the American Board of Pathology in forensic pathology;
9. A representative from a fire department or volunteer fire department;
10. A DCS attorney;
11. A mental health provider;
12. A representative from a school district; and
13. The prosecuting attorney or designee from the county where the child fatality occurred, as a non-voting member.

Optional team members from the area served by the Local Child Fatality Review Team may include professionals with experience relevant to a specific death or pattern of deaths, including:

1. A representative from a hospital;
2. A representative from a juvenile or probate court;
3. A representative from the Department of Natural Resources;
4. A representative from Prevent Child Abuse Indiana;
5. A Court Appointed Special Advocate (CASA) or Guardian Ad Litem (GAL); or
6. Other representatives requested to serve by the members of the Local Child Fatality Review Team may include, but are not limited to Toxicologist, Crash Reconstruction Specialist, and Injury Prevention Specialist.

Code References:

1. [IC 31-33-24 Child Fatality Review Teams](#)
2. [IC 5-14-1.5 Public Meetings \(Open Door Law\)](#)
3. [IC 5-14-1.5-3.6 Electronic Meetings of State Agencies](#)
4. [IC 5-14-3 Access to Public Records](#)

PROCEDURE

For Recruiting and Appointing members to the Local Child Fatality Review Team

Central Office Fatality Unit staff will:

1. Recruit individuals to serve as appointees to the team;
2. Reach out to groups that represent the necessary membership; and
3. Determine deadlines for applications and final appointments.

RMs will:

1. Assist Central Office with recruitment activities;
2. Serve as the designee for the Director of DCS to make the final decision on who to appoint for their Local Child Fatality Review Team; and
3. Notify appointees by letter and copy Central Office.

Local Office Directors (LODs) will submit one (1) name of an individual for each position on the Local Child Fatality Review Team to their RM for consideration.

Training Local Child Fatality Team Members

Training for team members will be provided through DCS.

Referring a Case to the Local Child Fatality Review Team

Central Office Fatality Unit staff will:

1. Obtain monthly information on the deaths of children from the Indiana State Department of Health; and
2. Provide information on child deaths to team Chairpersons. The Local Child Fatality Review Teams will determine which cases meet the criteria for review.

FCM/FCM Supervisors will notify the LOD upon receipt of a fatality assessment.

LODs will notify the RM upon receipt and completion of a fatality assessment.

RMs will ensure each fatality assessment from their region is reviewed by the Local Child Fatality Review Team.

Conducting a Local Child Fatality Review Team Meeting and Reviewing a Fatality

The RMs will:

1. Chair the Local Child Fatality Review Team, and attend all meetings, but may delegate facilitation to another team member;
2. Ensure team members are notified of meeting dates, locations and times;
3. Ensure a staff member familiar with the case being reviewed (FCM, FCM Supervisor, or LOD) attends the Local Child Fatality Review Team meeting;
4. Ensure DCS information on the cases being reviewed is disseminated to team members electronically or by mail at least one week prior to the Local Child Fatality Review Team Meeting;
5. Ensure team members receive identifying information (name, address, date of birth, date of death, location of incident leading to death, if applicable, and city/county of death) on cases that have no DCS history so they can check their agency records for history;
6. Determine the agenda for the meeting and ensure the agenda and notices for both public and executive session meetings are posted on the door of each local office in the region and at the meeting location 48 hours prior to a meeting;
7. Ensure minutes are kept for each meeting;
8. Ensure confidentiality agreements are signed and kept;
9. Ensure the National Center for Child Death Review Case Report Form available online through [The National Center for the Review and Prevention of Child Deaths](#) is completed correctly for each case and is entered into the National Center for Child Death Review Case Reporting System; and
10. Ensure an annual report is completed and submitted timely to the DCS Director and Central Office Fatality Unit.

The Local Child Fatality Review Team members will:

1. Review all records concerning the deceased child that are held by DCS regarding a death that the team is reviewing. The team may also review records obtained from a:

- a. Hospital,
 - b. Physician,
 - c. Coroner,
 - d. Law enforcement officer, or
 - e. Mental health professional.
2. Discuss information obtained from the perspective of each team member; and
3. Participate in the completion of an annual report.

PRACTICE GUIDANCE

Confidentiality

All identifying information in a fatality review is confidential. Local Child Fatality Review Team members must sign a confidentiality agreement that will last during their two-year term. Anyone who is invited by the Chairperson to attend an executive session, but is not a member of the Local Child Fatality Review Team will be required to sign a confidentiality agreement.

Local Child Fatality Team Membership

In some regions, a representative from each required discipline may not be available to serve on the Local Child Fatality Review Team. In these cases, a substitution may be made that will substantially fill that position. For example, a forensic pathologist may not be available in some areas. A pathologist could fill this position on the team. If a team member is unable to attend a meeting of the Local Child Fatality Review Team, the team Chairperson should be notified. Team members may not send a proxy to meetings they are unable to attend.

Statewide Child Fatality Review Committee Assistance

The Statewide Child Fatality Review Committee may review a fatality upon request of a Local Child Fatality Review Team. This request is made by completing the Statewide Child Fatality Committee Review Request (available on the Field Ops Report SharePoint under Fatalities).

FORMS AND TOOLS

Child Fatality Review Team Public Documents are set out below:


1. [Local Child Fatality Review Team Applicant Cover Sheet](#);
2. [Local Child Fatality Review Team Confidentiality Agreement for Team Member](#);
3. [Local Child Fatality Review Team Confidentiality Agreement for Invitee](#);
4. [Local Child Fatality Review Team Vision, Mission, and Goals](#);
5. Mandatory Team Member Roles:
 - a. [Role of the Coroner](#),
 - b. [Role of the DCS Representative](#),
 - c. [Role of the School District Representative](#),
 - d. [Role of the Emergency Medical Services \(EMS\) Representative](#),
 - e. [Role of the Fire Department Representative](#),
 - f. [Role of the Health Department Representative](#) ,
 - g. [Role of the Law Enforcement Representative](#),
 - h. [Role of the Mental Health Provider](#),
 - i. [Role of the Pathologist](#),
 - j. [Role of the Pediatrician-Family Practice Physician](#), and
 - k. [Role of the Prosecuting Attorney Representative](#).

6. Optional Team Member Roles:
- a. Role of the Court Appointed Special Advocate (CASA)/Guardian Ad Litem (GAL) Representative,
 - b. [Role of the Natural Resources \(DNR\) Representative](#),
 - c. [Role of the Hospital Representative](#),
 - d. [Role of the Juvenile-Probate Court Representative](#), and
 - e. [Role of the Prevent Child Abuse Indiana Representative](#).

Additional forms for internal use or use by the Local Fatality Review Teams are available on the Field Ops Report SharePoint under Fatalities

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 3: Intake	Effective Date: July 1, 2008
	Section 1: Receiving Calls (Overview)	Version: 2

POLICY

The Indiana Department of Child Services (DCS) will be available to receive reports of child abuse and/or neglect (CA/N) 24 hours per day, seven (7) days per week. DCS will operate a statewide, toll-free child abuse hotline (800-800-5556) as well as [local child abuse hotlines](#).

DCS will receive oral and written (hard copy and electronic) reports and requests.

DCS will record the date, time, and purpose of every hotline call received.

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 intake worker will complete the following steps for all calls received:

1. Record the date and time of the call;
2. Engage with the caller in a courteous and professional manner;
3. Actively listen to the reporter and take detailed notes;
4. Make an initial determination about the nature of the call to be one of the following, record the purpose of the call, and take appropriate actions:
 - a. **CA/N allegations**
Proceed with creating a [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) (Child Abuse and/or Neglect (CA/N) intake report). See separate policy, [3.2 Creating a Child Abuse and/or Neglect \(CA/N\) Intake Report](#).
 - b. **Service Requests**
Proceed with creating a [Service Request Intake Report \(SF 49548/CW0310SR\)](#). See separate policy, [3.3 Service Request Intake Reports](#).
 - c. **Other calls**
 - 1) **Out of State CA/N allegations:** Reports where the alleged CA/N occurred in another state will be transferred to the appropriate child welfare agency in that state. No further action required unless courtesy interviews are requested by the agency,
 - 2) **Information only** (i.e., requesting the phone number of a local childcare provider): Provide the caller with the requested information. No further action required,

- 3) **Collateral information** for an open assessment or case: Transfer the caller to the Family Case Manager (FCM) who is assigned to the assessment or case,
- 4) **Inquiries** about the status of CA/N report, assessment or case. See procedures in separate policy, [2.6 Sharing of Confidential Information](#),
- 5) **[NEW] Homeless Unaccompanied Minor**: Proceed with completing a CA/N intake report regardless of whether abuse and/or neglect is alleged,
- 6) **Complaints**: Refer the caller to the appropriate person by following the chain of command at the DCS local office, escalating only if previous complaints went unresolved (FCM), Supervisor, DCS Local Office Director, Regional Manager),
- 7) **Resource parenting inquiries**: Refer the caller to the person who handles licensing at the DCS local office or the [Indiana Foster Care and Adoption Association \(IFCAA\)](#), phone: 800-468-4228,
- 8) **Adoptive parenting inquiries**: Refer the caller to the [Indiana Foster Care and Adoption Association \(IFCAA\)](#), phone: 800-468-4228, and
- 9) **Wrong numbers**: No further action required.

PRACTICE GUIDANCE

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 and due process. 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 child abuse hotline are often the only contact the community has with DCS. To the community, the intake worker 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 intake worker should always communicate with callers in a courteous and helpful manner.

Routing Collateral Information

If FCM assigned to the assessment or case is not available and the caller is unwilling to leave voice mail or the call is of an urgent nature, record the caller's message as a contact or temporary contact in the Indiana Child Welfare Information System (ICWIS) and use an appropriate method to alert the FCM to the message (send an e-mail to the FCM, call the FCM, etc.).

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:
www.acf.hhs.gov/programs/cb/publications/slo.htm

[NEW] 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 with 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.

[NEW] 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; standard intake and assessment procedures should be followed.

FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) – Available in ICWIS
2. [Service Request Intake Report \(SF 49548/CW0310SR\)](#) – Available in ICWIS

RELATED INFORMATION

Mandated Reporters

[IC 31-33-5-1](#)

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.”

Professional Reporters

[IC 31-33-5-2.3](#)

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 (unless they have assurances that a report has already been made 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.

[NEW] 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. Child who shares another person's housing of 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 3: Child Abuse Hotline	Effective Date: July 1, 2012
	Section 2: Creating a Child Abuse and/or Neglect Intake Report	Version: 2

POLICY [REVISED]

The Indiana Department of Child Services (DCS) Child Abuse Hotline (Hotline) will create a [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) using Management Gateway for Indiana's Kids (MaGIK).

[NEW] Note: Intake reports involving a suspected injury to the head or neck of any child under the age of 18 should be considered for a referral to the Pediatric Evaluation and Diagnostic Service (PEDS) Program. This program is available 24 hours a day, seven (7) days a week.

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.

[NEW] 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 5-26.5-1-3: Domestic Violence](#)
6. [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. **[REVISED]** Create a [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) in MaGIK. Ideally, this will occur during the initial call from the reporter. The [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) 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. **[REVISED]** 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

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 \(SF 114/CW0310\)](#) – Available in MaGIK

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 MANUAL	
	Chapter 3: Intake	Effective Date: November 1, 2005
	Section 3: Service Request Intake Reports	Version: 1

POLICY

The Indiana Department of Child Services (DCS) will coordinate **voluntary** services for those families that experience issues that may compromise the health and well-being of a child, yet do not rise to the level of alleged or suspected Child Abuse and/or Neglect (CA/N). See separate policy, [3.8 Statutory Definition of Child Abuse and/or Neglect \(CA/N\)](#).

DCS will create a [Service Request Intake Report \(SF 49548/CW0310SR\)](#) for all service requests, regardless of whether DCS will or will not be funding the services.

A DCS Family Case Manager (FCM) will monitor the family's voluntary participation in the services if the services are paid for with DCS funds.

Exception: If there is a contract in place with a service provider, DCS will monitor the contract, not the family's participation.

Code References

N/A

PROCEDURE

The intake worker will:

1. **Third Party Requests:** Depending upon the situation, the intake worker will respond to the third party calling with a concern about a family by either:
 - a. Asking the third party to ask the family to contact DCS directly;
 - b. Giving the third party contact information for one or more appropriate service providers and asking the third party to give the information to the family; or
 - c. Taking the information about the family and advising the third party that DCS will review the report and take appropriate action.
2. **All Requests (Third party or self-referrals):**
 - a. Gather and document as much information as possible about the child's condition and the family's issues;
 - b. Gather the family's contact information, if known; and
 - c. Create a [Service Request Intake Report \(SF 49548/CW0310SR\)](#) in the Indiana Child Welfare Information System (ICWIS). The [Service Request Intake Report \(SF 49548/CW0310SR\)](#) must be completed in ICWIS no later than 24 hours after the conclusion of the initial call,

Do one of the following:

- a) Make a referral for services by providing the contact information of a provider. Forward the [Service Request Intake Report \(SF 49548/CW0310SR\)](#) to the intake Supervisor so that it may be approved and closed. No further action is required if DCS funds will not be used to pay for the services, or
 - b) Deliver the [Service Request Intake Report \(SF 49548/CW0310SR\)](#) to the intake Supervisor for review and possible assignment. The report may be delivered electronically or in hard copy.
3. **Self-Referrals Only:** Let the family know how soon someone will be in contact to complete an assessment and make a referral for services, if applicable.

The intake Supervisor will review the information contained on the report and do one of the following:

1. Contact the third party or family and make a referral for services by providing the contact information of a provider. “Approve” the [Service Request Intake Report \(SF 49548/CW0310SR\)](#). No further action is required if DCS funds will not be used to pay for the services;
2. If a self-referral, open a service case and assign to a FCM for further assessment; or
3. Override the intake worker’s recommendation of “service request” and assign the report to a FCM for a CA/N assessment if the Supervisor determines the circumstances do rise to the level of alleged or suspected CA/N. Follow procedures in separate policy, [3.5 Supervisory Review of Child Abuse and/or Neglect \(CA/N\) Intake Reports](#).

PRACTICE GUIDANCE

Special Note: Voluntary Services

Based on the premise that government should intervene in families’ lives only when it is absolutely necessary, DCS will move away from providing and monitoring (e.g., conducting an assessment, developing a plan, providing follow-up, etc.) voluntary services. DCS Regional Services Councils will develop a statewide network of community providers. Once DCS has a sufficient network in place, DCS will refer families who are not the subjects of substantiated CA/N assessments to community providers to receive voluntary services. DCS will monitor service provider contracts, not individual family participation. This will allow FCMs to focus on assessing and supporting those families who are participating in formal interventions as a result of CA/N substantiations.

Finding Community Resources (Service Providers)

Consider the following sources for information:

1. Printed and online local community resource directories;
2. Indiana 2-1-1 (dial 2-1-1; not available in all counties) or local Information and Referral (I&R) hotlines; and
3. Experienced DCS Supervisors and FCMs.

Examples of Service Requests

Examples include but are not limited to:


1. A mother requests assistance with a Safety Plan; her oldest child is returning home from juvenile detention for molesting a neighborhood child and there are younger children living in the home;
2. Requests for help for children who are a danger to themselves or others;
3. Requests for help for children who are adjudicated as delinquent or status offenders, but for whom DCS is given fiscal and/or supervisory responsibilities (by the courts); and
4. Requests received through the Interstate Compact on the Placement of Children (ICPC).

FORMS AND TOOLS

[Service Request Intake Report \(SF 49548/CW0310SR\)](#) – Available in ICWIS

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 3: Child Abuse Hotline	Effective Date: July 1, 2012
	Section 4: Initial Evaluation of Child Abuse and/or Neglect Intake Reports	Version: 5

POLICY **[REVISED]**

The Indiana Department of Child Services (DCS) Child Abuse Hotline (Hotline) will evaluate every [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) it receives and make determinations about:

1. Whether or not the allegations meet the statutory definition of Child Abuse and Neglect (CA/N) and should be assigned 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 must be initiated.

[NEW] Note: Intake reports involving a suspected injury to the head or neck of any child under the age of 18 should be considered for a referral to the Pediatric Evaluation and Diagnostic Service (PEDS) Program. This program is available 24 hours a day, seven (7) days a week.

CA/N intake reports that allege that a child witnessed or was present in the home during an incident of domestic violence will be assigned for assessment if appropriate with the focus of the assessment being placed on the safety of the child. The Hotline will also assign for assessment other domestic violence related calls that meet the statutory definition of CA/N. 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](#).

[REVISED] 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.

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. **[REVISED]** Complete the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) in Management Gateway for Indiana's Kids (MaGIK);
2. Screen thoroughly each individual named in the report in the MaGIK prior to sending to the Hotline Intake Supervisor;
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. **[REVISED]** 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 advanced.
5. Send the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) to the Hotline Intake Supervisor to route to the DCS local office;

Note: A Hotline Intake Specialist may not bypass supervisory review on any reports.

PRACTICE GUIDANCE

Records Search

The Indiana Child Welfare Information System and the Indiana Client Eligibility System (ICES) databases 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 route 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 decision 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.

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.

[REVISED] Safe Haven

A child who 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; and
2. Did not express an intent to return for the child.

FORMS AND TOOLS


[Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW 0310\)](#)

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 Periods of Limitation](#)), 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](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 3: Intake	Effective Date: May 1, 2009
	Section 5: Supervisory Review of Child Abuse and/or Neglect (CA/N) Intake Reports	Version: 4

POLICY

All [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) (Child Abuse and/or Neglect (CA/N) intake reports) will undergo supervisory review and approval before being assigned, transferred, or screened-out.

Exception: Reports that require an assessment to be initiated within one (1) hour of the conclusion of the initial call from the reporter. **[NEW]** For example, Law Enforcement Agency (LEA) on the scene and reports alleged domestic violence and has requested assistance.) Such CA/N intake reports may be transferred directly to a Family Case Manager (FCM) without prior supervisory approval.

The Supervisor will review the CA/N intake as soon as practical, not to exceed **24 hours**.

An intake Supervisor **may shorten** the time frame in which a CA/N assessment must be initiated, but he or she **may not lengthen** the time frame.

An intake Supervisor may override an intake worker's recommendation to "screen-out" a report.

An intake Supervisor may only override an intake worker's recommendation to "assign for assessment" if the allegations clearly 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 Supervisor will make direct contact (in-person or via phone) and have a dialog with the FCM when assigning the report.

Exception: Per [IC 31-36-3](#), DCS must conduct an assessment concerning the child no later than **48 hours** after receiving notification from the emergency shelter or shelter care facility.

The Indiana Department of Child Services (DCS) 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 Local Child Protection Service: Time of Investigation](#)
2. [IC 31-33-7-5: Written Reports; Copies Made Available](#)
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 Supervisor will:

1. Carefully review the CA/N intake report and any information gained from the Indiana Child Welfare Information System (ICWIS) and Indiana Client Eligibility System (ICES) records search;
2. Contact only the reporter to expand upon or clarify information in the CA/N intake report if necessary to determine the appropriate DCS action;

Note: No other contacts will be made prior to the decision to assign for assessment.

3. Agree or disagree with the intake worker's recommendations about whether or not the report should be assigned for assessment, transferred to another DCS local office or state, or screened-out. The 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 \(CA/N\)](#), [3.11 Transferring Intercounty Child Abuse and/or Neglect \(CA/N\) Intake Reports](#), and [3.6 Recommending a Child Abuse and/or Neglect \(CA/N\) Report for Screen-Out](#).

For all CA/N intake reports that will be transferred to another DCS local office, the intake Supervisor will follow procedures contained in the separate policy, [3.11 Transferring Intercounty Child Abuse and/or Neglect \(CA/N\) Intake Reports](#).

For CA/N intake reports that will be assigned for assessment, the intake Supervisor will:

1. Follow any additional procedures for special intakes. See separate policies: [3.10 Institutional Child Abuse and/or Neglect \(CA/N\) Intake Reports](#), [3.11 Transferring Intercounty Child Abuse and/or Neglect \(CA/N\) Intake Reports](#), [2.14 Intentional False Reports](#), and [4.29 Joint Assessments](#);
2. Review the response time assigned by the intake worker and:
 - a. Agree,
 - b. Find that the response time should be **shortened** and use the override function in ICWIS to make the change, or
 - c. Find that the response time should be **lengthened**, but leave the response time unchanged, and discuss your findings with the intake worker as a "teaching moment."
3. If appropriate, link the CA/N report to any assessments, open 30 days or less, involving the same alleged perpetrator, alleged victim, and same or similar allegations. See separate policy, [3.12 Linking Child Abuse and/or Neglect \(CA/N\) Reports to Open Assessments](#);
4. Assign the report for assessment after considering the following:
 - a. How quickly the assessment must be initiated,
 - b. Any relationships that exist between the FCMs and the alleged victim, family members, alleged perpetrator, and/or reporter that may cause a conflict of interest,
 - c. How well the experience and skill sets of available FCMs match the case,
 - d. Which FCMs, if any, had previous involvement with the family, and
 - e. Case loads, work loads, and schedules.
5. Deliver the report and the records search information to the assigned FCM. Ideally, this will be done in-person. If circumstances do not permit an in-person handoff, make

contact with the FCM via phone. In either case, review key information about the report with the FCM. Call attention to any factors that impact child and/or FCM safety;

6. Transmit a copy of the CA/N intake report to LEA and prosecutors following local protocols unless this step was already completed as part of a joint assessment; and/or
7. Transmit a copy of the CA/N intake report to the coroner if the report involves a child fatality.

Note: For those reports that will be screened-out the intake Supervisor will follow all procedures outlined in the separate policy, [3.7 Review of Screened-Out Child Abuse and/or Neglect \(CA/N\) Intake Reports](#).

For CA/N intake reports that involve the following, the intake Supervisor will:

1. **Child Fatalities (Death):** Immediately upon learning that a child fatality occurred that is alleged to have been caused by CA/N notify the following people:
 - a) DCS Agency Director,
 - b) Deputy Director of Field Operations,
 - c) Deputy Director of Communications,
 - d) Regional Manager, and
 - e) DCS Local Office Director.

If immediate notification is not practical, notification must be given in the same day, regardless of weekends and holidays. Notification should be made via phone or e-mail.

2. **Near Fatalities:** Notify persons listed in Item one (1) above within 24 hours of learning of a near fatality allegedly caused by CA/N, regardless of weekends and holidays.

PRACTICE GUIDANCE

Hand-off of CA/N Intake Report to FCM

An in-person hand-off is the best method to use when assigning reports for assessment. This method assures two things:

1. It gives the Supervisor certainty that the report has been received; and
2. It allows a dialog to take place that will ensure the FCM understands key information contained in the report.

[NEW] Initiation Times for CA/N Intake Reports That Involve Domestic Violence

DCS will initiate the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) within 24 hours if the event occurred in the past 48 hours (regardless of reporting source). Self-reports (one parent, guardian, or custodian calls to report the domestic violence) will be initiated within 24 hours. For incidents that occurred more than 48 hours ago and the child is not believed to be in physical danger, initiation will occur within five (5) days. See separate policy, [3.9 – Initiation Times for Assessments](#).


Note: If the incident occurred more than 48 hours before the time of the intake report and the child(ren) are believed to be in physical danger, the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) must be initiated within 24 hours.

FORMS AND TOOLS

[Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) – Available in ICWIS

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 3: Intake	Effective Date: May 1, 2009
	Section 6: Recommending a Child Abuse and/or Neglect (CA/N) Report for Screen-Out	Version: 3

POLICY

The Indiana Department of Child Services (DCS) will not assign for assessment a [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) (Child Abuse and/or Neglect (CA/N) intake reports) that **do 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 and initiate an assessment.

CA/N intake reports that are not 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 intake worker will:

1. Recommend an CA/N intake report for screen-out if:
 - a. The statutory definition of CA/N **has not** been met, and/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.

[NEW] Note: DCS will consider potential 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 in the notes section of the CA/N intake report (i.e., “The allegations don’t meet the statutory definition of CA/N because the person who allegedly beat the child was not the child’s parent, guardian or custodian”);
3. Recommend the report be referred to law enforcement if the allegations are of a criminal nature;
4. Forward the CA/N intake report and records search information to a Supervisor for review and approval of the recommendation to screen it out. This may be done electronically or in hard copy;

5. The intake worker will either make direct contact with the Supervisor to confirm receipt or will assure receipt through a standardized delivery process such as a high-priority inbox, an incoming CA/N intake report log, etc.

See related policy, [3.7 Review of Screened-out Child Abuse and/or Neglect \(CA/N\) Intake Reports](#).

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 3: Intake	Effective Date: November 1, 2005
	Section 7: Review of Screened-Out Child Abuse and/or Neglect (CA/N) Intake Reports	Version: 1

POLICY

The Indiana Department of Child Services (DCS) will conduct a structured review of all [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) (Child Abuse and/or Neglect (CA/N) intake reports) that are recommended by a Supervisor for screen-out.

A local Screen-Out Committee will exist for **each county** to review all CA/N intake reports that a DCS Local Office Director recommends for screen-out. The Screen-Out Committee will act as an advisory committee and will make recommendations about screen-outs.

The Screen-Out Committee members will consist of the following four (4) people:

1. DCS Local Office Director;
2. DCS Family Case Manager (FCM) Supervisor or FCM;
3. Member of a local Child Protection Team¹; and
4. DCS Local Office Attorney.

Code References

N/A

PROCEDURE

After a Supervisor approves a CA/N intake report for screen-out, the following will occur:

1. The **DCS Local Office Director** or his or her designee² will complete the following within 24 hours of the conclusion of the initial call from the reporter:
 - a. Review the CA/N intake report and records search information,
 - b. Agree with or overrule the Supervisor's recommendation, and
 - c. Contact a Supervisor to communicate his or her decision.
2. The **Supervisor** will document the DCS Local Office Director's decision in the notes section of the CA/N intake report in the Indiana Child Welfare Information System (ICWIS) and either:
 - a. Assign the report for assessment if the DCS Local Office Director overruled the screen-out. See separate policy, [3.5 Supervisory Review of Child Abuse and/or Neglect \(CA/N\) Intake Reports](#), or
 - b. Leave the report open in ICWIS so the DCS Local Office Director can enter his or her final decision at a later date. Assure that a hard copy of the report and search information is properly filed for the Screen-Out Committee review.

¹ This representative may not be a DCS employee.

² In this case, the director's designee cannot be the supervisor who recommended the report for screen-out.

3. The local **Screen-Out Committee** will review all CA/N intake reports that a DCS Local Office Director has recommended for screen-out within seven (7) days of the initial call made by the reporter.
 - a. The members of the local Screen-Out Committee may meet in person or conduct the review via teleconference or e-mail,
 - b. Information from the records search will also be reviewed, and
 - c. The committee's discussion about each report will be documented, along with any recommendations. A hard copy of the documentation will be attached to a copy of the intake report and filed.
4. The **DCS Local Office Director** will consider the committee's recommendations before making a final decision and communicating the decision to a Supervisor. Any decisions to disallow a screen-out must be communicated to a Supervisor no later than two (2) hours after the committee adjourns;
5. The **Supervisor** will document the date and final decision, with rationale, in the notes section of the CA/N intake report in ICWIS;
6. The **Supervisor** will either:
 - a. Assign the intake report for assessment. This must be done within two (2) hours of receiving the DCS Local Office Director's decision to disallow the screen-out, or
 - b. "Approve" the screen-out decision in ICWIS, thus closing the report. Consider referring the family for services. See separate policy, [3.3 Service Request Intake Reports](#).
7. A **Supervisor** will give feedback to the intake worker who recommended the report for screen-out if the final decision was to disallow the screen-out.

Note: This is a teaching moment, not a disciplinary action.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 3: Intake	Effective Date: February 1, 2008
	Section 8: Statutory Definition of Child Abuse and/or Neglect (CA/N)	Version: 2

POLICY

The Indiana Department of Child Services (DCS) will use the following criteria when evaluating a [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) (Child Abuse and/or Neglect (CA/N) intake report) 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 "Relationship" below); and

Exception: For allegations involving sexual offenses, 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).

Relationship

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.

[REVISED] 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
 - b. A child care center that is required to be licensed or is licensed
 - c. A child care home that is required to be licensed or is licensed; or
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 that is exempt from licensing requirements and is registered or required to be registered
 - c. A home, center, or facility that serves migrant children
 - d. A school; or
3. A child caregiver; or
4. An individual who has direct contact, on a regular and continuing basis, with a child for whom care and supervision is provided at a house, center, or facility described above.

See Related Information for a definition of child caregiver.

Allegations

Indiana Law includes the following Child in Need of Services (CHINS) definitions as the basis for child CA/N.

Note: There are additional CHINS statutes in Indiana Code that are not included in the definition of CA/N.

This list is intended to be used by an intake worker/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.
- CHINS 2: The child's physical or mental condition is seriously impaired or seriously endangered due to an injury as a result of the parent, guardian, or custodian's act or omission, or there is evidence that illegal manufacture of a drug or controlled substance is occurring on property where a child resides.
- CHINS 3: The child is a victim of certain sex offenses or is living in a household with a victim of certain sex offenses.
- 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 Offenses CA/N Matrix](#)).

Code References

1. [IC 31-9-2-14: Child abuse or neglect](#)
2. [IC 31-9-2-31: Custodian](#)
3. [IC 31-34-1: \(Sections 1-15\) Circumstances under which a child is a Child in Need of Services](#)
4. [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](#)
5. [IC 35-45-4: \(Sections 1 and 2\) Public indecency and prostitution](#)
6. [IC 35-46-1-3: Incest](#)

PROCEDURE

See separate policy, [3.4 - Initial Evaluation of CA/N Intake Reports](#) for procedure.

PRACTICE GUIDANCE

Statutory Definition of CA/N

The ultimate determination about whether or not allegations meet the statutory definition of CA/N requires a careful, balanced assessment of both objective and subjective data with the paramount consideration being the child alleged to be a victim. The child has the right to due process of an assessment if the allegations meet the statutory definition. When in doubt, assign for assessment.

Emotional Abuse

Emotional abuse can be a repeated pattern of caregiver behavior or an extreme incident that conveys to a child that he or she is worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs. (American Professional Society on the Abuse of Children, 1995)¹. The emotionally abusive act(s) can be grouped into the categories of spurning, terrorizing, exploiting/corrupting, isolating, and denying emotional responsiveness.

DCS defines an **emotionally abused child** as one whose health or welfare is harmed or threatened with harm, when his or her parent, guardian, or custodian inflicts or allows to be inflicted an emotional injury, or creates or allows to be created a risk of emotional injury upon the child.

DCS defines an **emotional injury** 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

[Tool: Sexual Offenses CA/N Matrix](#)

RELATED INFORMATION

[NEW] 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,

¹ American Professional Society on the Abuse of Children. *Guidelines for Psychosocial Evaluation of Suspected Psychological Maltreatment in Children and Adolescents*. Chicago, IL: American Professional Society on the Abuse of Children;1995

- b. Guardian, or
 - c. Or 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.

[NEW] Child Care Home

DCS assesses all child care homes whether licensed, unlicensed, or operating illegally without a license. See separate policy, [4.30 Institutional Assessments](#).

A child care home is defined 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 3: Intake	Effective Date: May 1, 2009
	Section 9: Initiation Times for Assessments	Version: 3

POLICY

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.

An assessment will be considered “initiated” when:

1. The Family Case Manager (FCM) makes **face-to-face contact** with the alleged child victim and notifies, in-person or via phone, the parent, guardian, or custodian; and
2. The FCM has assessed, and is able to reasonably assure, the safety of the child.

Assessments will be initiated within the following timeframes:

1. Within **one (1) hour** if the allegations would cause a reasonable person to believe that the child is in imminent danger of serious bodily harm; or
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.

[NEW] For reports involving alleged domestic violence, DCS will initiate the assessment:

1. If a Law Enforcement Agency (LEA) is on the scene and has requested assistance, DCS will respond within **one (1) hour** to the scene;
2. Any reports where a parent, guardian, custodian, or child(ren) calls to report alleged domestic violence will be initiated within **24 hours**;
3. If the alleged domestic violence occurred in the past **48 hours** (regardless of the reporting source), DCS will initiate the assessment within **24 hours**; or
4. If the alleged domestic violence occurred more than **48 hours** ago and the child(ren) are not believed to be in physical danger, DCS will initiate the assessment within **five (5) days**.

For reports concerning children who voluntarily enter an emergency shelter or a shelter care facility without the presence or consent of a parent, guardian, or custodian, DCS must conduct an assessment within **48 hours** of receiving the report. DCS must notify the parent, guardian, or custodian of the child within **72 hours** of the child entering the shelter or a shelter care facility.

Response times are measured from the conclusion of the initial call from the reporter. This means for **one (1) hour** assessments, the FCM must make face-to-face contact with the child, notify the parents, and assure the safety of the child within **one (1) hour** of the conclusion of the initial call from the reporter.

Assessments will be initiated regardless of the time of day (or night), and regardless of weekends or holidays, in order to meet the appropriate timeframes.

DCS will request assistance from LEA when circumstances exist that prevent DCS from being able to initiate **one (1) hour** assessments in a timely fashion.

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](#)

PROCEDURE

The intake worker or Supervisor will:

1. Consider all known information about the CA/N allegations;
2. Make a determination about the appropriate initiation timeframe; and
3. Compare the selected timeframe to the one assigned by the Indiana Child Welfare Information System (ICWIS) and make any - appropriate overrides.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 3: Intake	Effective Date: February 1, 2008
	Section 10: Institutional Child Abuse and/or Neglect (CA/N) Intake Reports	Version: 2

POLICY

The Indiana Department of Child Services (DCS) will receive reports of institutional Child Abuse and/or Neglect (CA/N).

The DCS local office in the county where the alleged CA/N occurred will coordinate the intake process.

Code References

N/A

PROCEDURE

The intake worker will:

1. Gather as much information as possible to create a thorough [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) (Child Abuse and/or Neglect (CA/N) intake report). See separate policy, [3.2 Creating a Child Abuse and/or Neglect \(CA/N\) Intake Report](#);
2. Select "Institutional CA/N" in the Indiana Child Welfare Information System (ICWIS);
3. Create separate institutional CA/N intake reports in ICWIS, if multiple alleged victims are identified;
4. Document the name and location of the institution where the alleged CA/N took place; and
5. Follow procedures outlined in separate policy, [3.4 Initial Evaluation of Child Abuse and/or Neglect \(CA/N\) Intake Reports](#).

[NEW] Unlicensed Registered Child Care Ministries

The intake worker will:

1. Gather as much information as possible to create a thorough CA/N intake report. See separate policy, [3.2 Creating a Child Abuse and/or Neglect \(CA/N\) Intake Report](#);
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 ICWIS, 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 ICWIS and is verified from www.childcarefinder.in.gov;
5. Follow procedures outlined in separate policy, [3.4 Initial Evaluation of Child Abuse and/or Neglect \(CA/N\) Intake Reports](#); and
6. If the allegations are reported by a Law Enforcement Agency (LEA), confirm if LEA plans to conduct an investigation of the reported allegations involving the unlicensed

registered child care ministry. See separate policies, [3.9 Initiation Times for Assessments](#) and [4.29 Joint Assessments](#).

PRACTICE GUIDANCE

Examples of institutions include but are not limited to:


1. Resource family homes;
2. Residential child-caring institutions'
3. Juvenile correctional facilities;
4. Unlicensed registered child care ministries;
5. Group homes;
6. Pediatric nursing homes; and
7. Detention centers

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: November 1, 2009
	Section 0: Diligent Search	Version: 1

POLICY

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

DCS shall conduct a diligent search to locate the following:

1. Absent and non-custodial parents for the purposes of notifying them of a Detention and Initial Hearing and other Juvenile Court proceedings, including missing parents for the purpose of terminating parental rights or adoption, unless a parent:
 - a. Is deceased (certified by a Death Certificate);
 - b. Has signed a consent to the adoption of the child;
 - c. Has surrendered the child for adoption;
 - d. Has already had his or her rights terminated 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 that 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(s), guardian, or custodian(s);
4. Relatives or other significant individuals to a child in DCS custody for the purpose of finding 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;
5. Siblings of a child (ren) in DCS custody for the purpose of placing the siblings together or to facilitate regular visitation. See separate policy, [8.1 Selecting a Placement Option](#);
6. Individuals who may be possible informal supports and who are identified by the child(ren) or family of children and families receiving in-home services; and
7. Children absent from placement. This includes 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.

Code Reference

[IC 31-34-3-4.5: Procedures for notices to adult relatives and siblings](#)

PROCEDURE

The FCM will:

1. If a non-custodial parent(s) whereabouts are unknown, ask the custodial parent where DCS can find the other parent(s);
2. During conversations with the parent, gather information on any relatives, friends, or non-relative kin who could be a resource for the child and/or youth or family, 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 resources for the child;
3. Ask both the custodial or non-custodial parent for the location and contact information for any paternal and/or maternal grandparents, aunts, uncles, or adult siblings of the child(ren) involved, and any other relatives suggested by the child(ren) or parent;
4. If the caregiver is not the custodial parent(s), talk with the current caregiver about the whereabouts of the child's parent(s) and other relatives and any other known caregivers;

Note: Results of efforts described in 1 - 4 above, must be documented in the assessment record as well as the Indiana Child Welfare Information System (ICWIS). These efforts must also be captured or updated in the GenoPro software (Genogram or Family Network Diagram).

5. Make an in-person visit to the parent's last known address if there is reason to believe that the parent may be there. See separate policy, [5.6 Locating Absent Parents](#) for specific information. Contact the landlord, ensuring that the identified individual's confidentiality is being maintained. See separate policy 2.6 Sharing Confidential Information. 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](#);
6. If the parent(s) are deceased, continue to conduct a diligent search for living relatives of the child(ren) for notice purposes and to encourage participation in a Child and Family Team (CFT) Meeting;
7. Search the databases available to the FCM including the Indiana Support Enforcement Tracking System (ISETS); ICWIS and the Indiana Client Eligibility System (ICES);
8. Document all search efforts and the results of each search effort in the ICWIS contact log within 24 hours of completion of each respective search;
9. Advise the Child and Family Team (CFT) regarding the identity, or lack thereof, of a noncustodial parent and relatives, efforts made to locate and contact the parent or identified relatives and the identity and location of other persons contacted as requested by the child or the child's parent(s); and
10. Continue to pursue these efforts, if necessary, throughout the life of the case. See separate policies, [5.4 Noncustodial Parents](#), and [5.6 Locating Absent Parents](#).

In the event of a removal, the FCM will:

1. Identify and locate those individuals required by [IC 31-34-3-4.5](#) to be notified of the removal. See Related Information;

2. Record in the ICWIS contact log:
 - 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 efforts made to locate and contact each relative 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 Child and Family Team (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 the form [Notice to Relatives \(NOT060901LTR\)](#) 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 Supervisor and documented in ICWIS.

5. Follow all confidentiality requirements when communicating with relatives. See Practice Guidance for more information.

PRACTICE GUIDANCE

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 that other family members are concerned, participate in family preservation or reunification services, Child and Family Team (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 – Tips for Child Interviews](#) 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

All DCS staff members are required to follow confidentiality requirements when communicating with relatives and other supportive individuals. When providing the [Notice to Relatives \(NOT060901LTR\)](#) as required by law, DCS staff members are only permitted to share the information outlined in Related Information. If these relatives contact the FCM to request additional information about the case, the FCM should work with the child's parent(s) to engage

the relative in the CFT Meeting process and Visitation Plan, as appropriate. See [2.6 Sharing Confidential Information](#).

DCS recommends that a separate letter be sent to each required individual for each child. Children may not have the exact same relatives and for confidentiality purposes, they can only receive information about the children they are related to. Additionally, the law requires DCS to notify certain relatives about a child's removal and the best way DCS can do that is to send a letter to each person. For example, DCS can't guarantee that a grandmother will show the letter to the grandfather just because they live at the same address.

FORMS

1. [Notice to Relatives \(NOT060901LTR\)](#) – Available in ICWIS
2. [4.A Tool – Tips for Child Interviews](#)

RELATED INFORMATION

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 don't care about the child(ren). When DCS takes the time to build trust with relatives, it can go a long way to help them seriously consider the role they want to play in the child's life. DCS can help relatives see that they don't have to limit their roles to providing a place to stay, but have a variety of ways they can 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 Child and Family Team (CFT) Meetings to partner in the identification of family and important individuals in the lives of the child(ren) and family; 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 can 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 families' 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. Families' cultural traditions can 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.

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 parents, guardian, or custodian:

1. Maternal and paternal grandparents;
2. Adult aunts and uncles;
3. Any other adult relatives suggested by either parent or the child; and
4. 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 Supervisor and documented in ICWIS.

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(s), 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 requirements for the relative to become a licensed resource parent; and
4. Additional services available to the child while in foster care.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2012
	Section 1: Reviewing the Child Abuse and/or Neglect (CA/N) Intake Report and Other Records	Version: 3

POLICY **[REVISED]**

The Indiana Department of Child Services (DCS) will thoroughly review the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114 CW0310\)](#) (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 the child and family.

DCS will consider the following when reviewing the CA/N intake report and other records:

1. What is the nature and extent of the family's current and previous involvement with DCS, Division of Family Resources, and community-based services;
2. What safety concerns exist for the child and for the FCM; and
3. What issues should be discussed with the child and family members.

Code References

[IC 31-36-3-3 \(b\) Notification To Department; Investigation Of A Child; Notification To Parents](#)

PROCEDURE

The Family Case Manager (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, no later than **forty-eight (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 Department of Family Resources (DFR) contact with the family via the following sources **if available**:
 - a. **[NEW]** Child protection service records: Management Gateway for Indiana's Kids (MaGIK) (see Practice Guidance for viewing limited-access unsubstantiated CA/N history),
 - b. Child support records: Indiana Support Enforcement Tracking System (ISETS),
 - c. Public assistance records: Indiana Client Eligibility System (ICES), or
 - d. Other local electronic and paper records.
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., Law Enforcement Agencies (LEA), schools, public utility companies, Bureau of Motor Vehicles, etc.);
5. Obtain and review additional confidential information as needed (e.g., medical records, social services records, etc.);
6. Consider the following when reviewing records:
 - a. What is the nature and extent of the family's current and previous involvement with DCS, Division of Family Resources, and community-based services,
 - b. What safety concerns exist for the child and for the FCM, and
 - c. What 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.

PRACTICE GUIDANCE

[NEW] Viewing Unsubstantiated, Limited-Access CA/N History

DCS will retain a hard copy of documentation relating to an unsubstantiated assessment of child abuse or neglect 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 in accordance with the [Records Retention Schedule](#). Documentation in electronic form 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. The electronic documentation will be accessible only by management personnel 180 days after the assessment is approved by the supervisor. When completing an assessment that has limited-access history, the FCM can obtain temporary access to the documentation through their supervisor. 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 form an initial assessment of the child's safety. Factors like 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 \(SF 114 CW0310\)](#)– Available in MaGIK
2. [Records Retention Schedule](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2010
	Section 2: Preparing for the Assessment	Version: 3

POLICY

The Indiana Department of Child Services (DCS) will take all foreseeable, 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 given required response times, FCMs will take the necessary steps for adequate preparation prior to initiating any interviews or assessment of home conditions.

[NEW] 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

N/A

PROCEDURE

Before initiating any interviews and assessment of home conditions, the FCM will:

1. Be familiar with all policies related to interviewing, including:
 - a. [4.4 Required Interviews](#),
 - b. [4.5 Consent to Interview Child](#),
 - c. [4.6 Exigent Circumstances](#),
 - d. [4.8 Entry into Home or Facility](#),
 - e. [4.9 Interviewing Children](#),
 - f. [4.10 Interviewing the Parent, Guardian, or Custodian](#),
 - g. [4.11 Interviewing the Alleged Perpetrator](#),
 - h. [4.13 Assessing Home Conditions](#),
 - i. [4.14 Examining a Child](#), and
 - j. [4.30 Institutional Assessments](#)
2. Arrange interpreter services if the parties to the assessment are non-English speaking;
3. Develop an interview plan. Decide whether, in an optimal situation, it is best for family members to be interviewed separately or together. Determine the best order for the interviews to occur;
4. **[NEW]** Assess 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. Plan interviews with law enforcement if the CA/N allegations are of a criminal nature. See separate policy, [4.29 Joint Assessments](#);
 7. 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;
 8. 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;
 9. Gather necessary maps and driving directions;
 10. Confirm that all equipment is in working order (e.g. - cell phones, cameras, video recorders, audio recorders, etc.); and
 11. Start the assessment. See separate policy, [4.3 Conducting the Assessment - Overview](#).

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. Assure that all FCMs have access to appropriate, functioning assessment (interview) equipment (e.g. - cell phones, cameras, video recorders, audio recorders, etc.)

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

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.

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, 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](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: June 1, 2011
	Section 3: Conducting the Assessment – Overview	Version: 6

POLICY

The Indiana Department of Child Services (DCS) will conduct a thorough assessment.

DCS will seek Law Enforcement Agency (LEA) assistance as needed, in order to conduct the assessment.

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. Notify the parent, guardian, or custodian of the allegation(s) 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](#);

Note: An assessment involving domestic violence does not warrant an automatic removal to ensure the safety of the child(ren). Domestic violence does not always constitute exigent circumstances to interview the child(ren) without first seeking parental consent. See separate policy, [4.4 Required Interviews](#) for further information.

2. Locate the subjects of the Child Abuse and/or Neglect (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](#);
3. Identify him or herself and show proper identification at the onset of each interview.
4. Follow appropriate procedures for gaining entry into the home or facility. See separate policy, [4.8 Entry into Home or Facility](#);
5. Conduct the following interviews (in the order shown below, to the extent possible and practical):
 - a. Required Interviews¹ (See separate policy, [4.4 Required Interviews](#)):
 - 1.) The alleged child victim, 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. See separate policy, [4.9 Interviewing Children](#),

¹ If practical given the particulars of the situation, the FCM should conduct the interviews in this order.

- 2.) The parent(s), guardian(s), or custodian. See separate policy, [4.10 Interviewing the Parent, Guardian, or Custodian](#),
 - 3.) All witnesses,
 - 4.) If they exist, at least two (2) professionals believed to have knowledge that relates to the allegation(s),
 - 5.) The alleged perpetrator. See separate policy, [4.11 Interviewing the Alleged Perpetrator](#), and
 - 6.) The reporting source (unless the reporting source is anonymous).
- b. 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, extended family members, family friends, ministers, rabbis or priests, etc.
6. 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 any child or secure photographs that have been taken by a medical professional or LEA. See separate policy, [4.15 Photographing Trauma](#);
 7. Arrange for necessary medical and/or psychological examinations. See separate policy, [4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations](#);
 8. Complete a [Safety Assessment](#), and if appropriate, a [Family Support/Community Services Plan \(SF 53243/CW3425\)](#). See separate policies, [4.18 Safety Assessment](#) and [4.19 Family Support/Community Services Plan for Conditionally Safe Children](#) and [5.7 Child and Family Team \(CFT\) Meetings](#);
 9. Conduct an assessment of the home environment. See separate policy, [4.13 Assessing Home Conditions](#). See separate policy, [5.7 Child and Family Team \(CFT\) Meetings](#);
 10. During all interviews, gather additional demographic information that is not already included on the CA/N intake report;
 11. **[REVISED]** 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 \(SF 51886/CW0024S\)](#) and document in the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#). If the alleged perpetrator is a child, provide the notice to his or her parent, guardian or custodian.
 12. If at any point during an interview in a home suspicions arise that a meth lab is present, immediately exit the home without alarming the adults and/or children. Call 9-1-1. Refer to the [Indiana Drug Endangered Children \(DEC\) Response Protocol](#);
 13. Discontinue 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;
 14. If the alleged perpetrator is a DCS staff member, notify the accused employee's Regional Manager or the DCS Human Resources Office. See separate policy, [2.4 Assessment and Review of DCS Staff Alleged Perpetrators](#);
 15. Gather additional information necessary to make a determination about the validity of the allegations. See separate policy, [5.7 Child and Family Team \(CFT\) Meetings](#);
 16. Document all information gathered during the assessment;
 17. Seek supervisory input as needed throughout the assessment;
 18. 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](#);

19. Send the [30 Day Report](#) to the administrator of the facility that made the CA/N report, if applicable. See separate policy, [4.21 30 Day Assessment Reports](#);
20. If the alleged perpetrator is a child care worker or resource parent, notify the child care worker of his or her right to participate in an informational review prior to arriving at a finding. See separate policy, [2.3 Child Care Workers Assessment Review Process](#);
21. Arrive at a finding of substantiated or unsubstantiated for each allegation. See separate policy, [4.22 Making an Assessment Finding](#);
22. If necessary, conduct a [Risk Assessment](#) and [Strengths and Needs Assessment](#). See separate policies, [4.23 Risk Assessment](#) and [4.24 Strengths and Needs Assessment](#);
23. Take additional actions if necessary to assure the child's safety, including implementing child and family services. See separate policy, [4.26 Determining Service Levels and Transitioning to Case Management](#) and [5.7 Child and Family Team \(CFT\) Meetings](#);
24. Complete the Assessment Report. See separate policy, [4.25 Completing the Assessment Report](#); and
25. If any allegations are substantiated, send notice to the perpetrator(s) regarding their rights to a review and an appeal of the decision. See separate policies, [2.1 Requests for Administrative Review](#), and [2.5 Administrative Appeal Hearings](#).

PRACTICE GUIDANCE

Domestic Violence Assessments

The primary focus of intervening in domestic violence cases is the ongoing assessment of the risk posed to child(ren) by the presence of domestic violence. The challenge in providing Child Protection Services (CPS) in domestic violence cases is to keep the child(ren) 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(ren) and take appropriate action to ensure their continued safety.

Every family will be assessed for the presence of domestic violence whether or not it was a part of the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) intake report. The purpose of this assessment is to assess the nature, severity, and impact of the alleged domestic violence on the child(ren).

CA/N assessments may increase the risk to the child(ren) 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.

[REVISED] Distribution of the Notice of Availability of Completed Reports and Information

The Notice of Availability of Completed Reports and Information (SF 48201/CW0024) should not be left on the parent, guardian, custodian or alleged perpetrator(s) door. The information contained in this document should be discussed verbally with the parent, guardian, custodian and alleged perpetrator(s) to ensure an understanding of the contents of the form. This will provide the parent, guardian, custodian and alleged perpetrator(s) 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, custodian and/or alleged perpetrator(s). Mailing the form is acceptable if the parent, guardian, custodian or alleged perpetrator(s) live outside the jurisdiction of the DCS local office. However, the FCM should make attempts to contact the individual prior to mailing the form.

FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) – Available in ICWIS
2. [Safety Assessment](#) – Available in ICWIS
3. [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) – Available in ICWIS
4. [Notice of Availability of Completed Reports and Information \(SF 48201/CW0024\)](#) – Available in Hardcopy
5. [30 Day Report](#) – Available in ICWIS
6. [Risk Assessment](#) – Available in ICWIS
7. [Strength and Needs Assessment](#) – Available in ICWIS

RELATED INFORMATION

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 a level that is appropriate 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 and other employees, physicians, other professionals, or 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 that the purpose of gathering additional information is to gain knowledge that may aid in the assessment, not to release **confidential information** already gathered. Confidentiality regarding the reporting source of the additional information must also be maintained.

Communication with Supervisor

Because the Supervisor provides the first level of quality assurance within the system, it is important the Supervisor be updated and consulted as necessary throughout the assessment.

Contacting LEA

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 present. The parent, guardian, or custodian of the child must be notified within **48 hours** of DCS receiving the report, but 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 that the child is a victim of child abuse or neglect, DCS may not notify the parent, guardian, or custodian as to the specific shelter or facility the child has entered. If DCS determines that 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

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 MANUAL	
	Chapter 4: Assessment	Effective Date: January 1, 2012
	Section 4: Required Interviews	Version: 4

POLICY

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.

[NEW] 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;
6. Correspondence.

[NEW] DCS will interview the non-custodial parent regarding the CA/N assessment or document in the Indiana Child Welfare Information System why the contact or interview with that person could not be made. See Related Information regarding information on Contacts vs. Interviews.

The Indiana Department of Child Services (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 the Indiana Child Welfare Information System 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2011
	Section 5: Consent to Interview Child	Version: 3

POLICY

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 this rule 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.

[NEW] See Related Information regarding Contacts vs. Interviews.

If the custodial parent, guardian or custodian of a child refuses to allow DCS to interview the child after the Family Case Manager (DCS) 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.

An assessment involving domestic violence does not warrant an automatic removal to ensure the safety of the child(ren). Domestic violence does not always constitute exigent circumstances to interview the child(ren) 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, DSC 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 Indiana Child Welfare Information System, 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\(ren\) \(SF52013/CW0052\)](#), and proceed with child interview;
7. Follow all procedures in separate policy, [4.8 Entry Into Home or Facility](#);
8. **[REVISED]** If consent not given, coordinate with the DCS Local Office Attorney to petition a court order for the child(ren) 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.

FORMS AND TOOLS

1. [Consent of Parent, Guardian or Custodian to Interview Child\(ren\) \(SF 52013/CW0052\)](#) – Available in the Indiana Child Welfare Information System

2. [Notice to Parent, Guardian or Custodian of Interview with Child \(SF 53130/CW2129\)](#) – Available in the Indiana Child Welfare Information System

RELATED INFORMATION **[REVISED]**

[NEW] 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;
6. Correspondence.

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.

Child's Situation	Additional Details	Consent From
Child lives at home with parent, guardian, or custodian		Parent, guardian, or custodian
Child 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
Child has been committed to DOC facility		No consent needed from parent, guardian, or custodian; consent is required from DOC facility superintendent
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. Ongoing services FCM seeks consent from parent, guardian, or custodian
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.

Exigent Circumstances

See Practice Guidance in separate policy, [4.6 Exigent Circumstances](#).

¹ It is advisable to give advance notice of the interview to the LCPA as a courtesy.

Consent from One or Both Parents?

1. If the child has **two** parents and **both** parents have physical custody of the child (i.e., 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”).

Consent from a Guardian

A child will have only one legally appointed guardian.

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.

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, i.e. “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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2008
	Section 6: Exigent Circumstances	Version: 2

POLICY

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 (See separate policy, [3.9 Initiation Times for Assessments](#)) 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;
4. **[NEW]** 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; or
5. 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

[NEW] 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

N/A

FORMS AND TOOLS

[Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) – Available in ICWIS

RELATED INFORMATION

Determining if Exigent Circumstances Exist

Every [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) 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.


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.

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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: May 1, 2009
	Section 7: Locating the Subjects	Version: 2

POLICY

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.](#)

[NEW] 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.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

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.

[NEW] 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2008
	Section 8: Entry into Home or Facility	Version: 2

POLICY

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.

[REVISED] 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 meth lab (See the [Indiana Drug Endangered Children \(DEC\) Response Protocol](#)).

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 meth lab. 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

N/A


RELATED INFORMATION

Home

For the purpose of this policy, “home” means home, foster home, relative home, or licensed child care home.

[REVISED] 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: October 1, 2012
	Section 9: Interviewing Children	Version: 4

POLICY **[REVISED]**

[REVISED] 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.

[NEW] If a child who lives in the home part time or has visitation is listed as a *victim*, the child's custodial parent can 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 \(SF 113/CW0311\)](#). 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 Management Gateway for Indiana's Kids (MaGIK).

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 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, other office;
2. Telephone;
3. Fax;
4. Email;
5. Voice Mail; and
6. Correspondence.

[REVISED] 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 led 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; however, DCS will be present during the interview.

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.

[NEW] 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, 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](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. **[NEW]** Determine which children require a face to face interview by asking if additional children live in the home part time or have visitation;
2. 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](#).);
3. Conduct the interview in a location and/or setting that assures privacy for the child;
4. 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;
5. **[REVISED]** Determine when to video and/or audio tape the interview with an alleged victim by staffing with a Supervisor if possible;

[NEW] Note: Video and/or audio taping should be utilized in situations when allegations of sexual abuse, severe physical abuse, or other complex cases could lead to criminal charges being filed.

6. Develop rapport with the child prior to asking questions about the alleged CA/N;
7. 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);
8. **[REVISED]** Document in MaGIK any possible behavioral signs of domestic violence in the child, especially statements that they are afraid of the alleged perpetrator or domestic violence offender;
9. Engage the child(ren) in the development of the [Family Support/Community Services Plan \(SF53243/CW3425\)](#), if age appropriate. See separate policy, [4.19 Family Support/Community Services Plan](#).

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, 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. Regression, such as bed wetting or thumb sucking;
6. School phobia- a manifestation of leaving the non-offending parent alone in the home;
7. Guilt or the inability to establish trusting relationships;
8. Child tries 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 overly protective of one (1) parent; and/or
12. Child may be withdrawn, apathetic, or feel insecure and powerless.

[NEW] 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 can affect child safety. The FCM should also advise the child's parent that they can be present during the interview with their child.

[REVISED] 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, or other complex cases could lead to criminal charges being filed.

[REVISED] 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 towards separate interviews. The interview with the child should never be conducted in the presence of or within hearing distance of the alleged perpetrator.

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?*"

FORMS AND TOOLS

[Family Support/Community Services Plan \(SF53243\)](#)

RELATED INFORMATION

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.

[REVISED] Child Advocacy Centers (CACs)

At CAC's, 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 MANUAL	
	Chapter 4: Assessment	Effective Date: June 1, 2011
	Section 10: Interviewing the Parent, Guardian, or Custodian	Version: 4

POLICY

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. **[REVISED]** Provide each parent, guardian, custodian and alleged perpetrator with a copy of the form, [Notice of Availability of Completed Report and Information \(SF48201/CW0024\)](#) and document in the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#). 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 \(SF 48201/CW0024\)](#) to the alleged domestic violence offender; this includes sending the Notice of Availability of Completed Reports and Information (SF 48201/CW0024) 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 ICWIS;
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. **[REVISED]** [Notice of Availability of Completed Reports and Information \(SF 48201/CW0024\)](#) – Available in Hardcopy

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

Crisis Line: 1-800-332-7385, www.violenceresource.org

Indiana Coalition Against Sexual Assault

1-800-691-2272, www.incasa.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 MANUAL	
	Chapter 4: Assessment	Effective Date: June 1, 2011
	Section 11: Interviewing the Alleged Perpetrator	Version: 3

POLICY

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 **and** a court order can't be obtained; 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 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 coordinate with LEA when conducting interviews with alleged perpetrators who are in police custody and/or if a joint investigation is being conducted.

Code References

N/A

PROCEDURE

In domestic violence assessments, prior to making face-to-face contact with the alleged perpetrator the Family Case Manager (FCM) will:

1. Inform the non-offending parent of the time and location of the interview with the alleged domestic violence offender, if possible; and
2. Plan for the FCMs own safety prior to and during the interview. Consider conducting the interview in a place where others are present (DCS local office, alleged domestic violence offender's place of employment, consult with Supervisor for additional suggestions).

Note: If the FCM has assessed that the alleged domestic violence offender appears too dangerous to interview alone, consider completing a joint assessment with LEA.

In all assessments, prior to starting the interview the Family Case Manager (FCM) will:

1. Secure identifying information and request the individual's Social Security number (SSN);
2. State the reason for the interview;
3. 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;
4. 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
5. 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. If the alleged perpetrator is a parent, guardian, or custodian, explain that if the FCM cannot verify that the child is safe by completing the interview, the child may have to be removed;
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 time¹ 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 the presence of his or her attorney or if LEA indicates that the interview should be halted;
2. Engage the alleged domestic violence offender 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. Not disclose any information provided by the non-offending parent or child(ren) during the interview. Refer only to information provided from 3rd 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 the reason he or she does not have custody;
11. Ask questions to determine the amount and type of access the alleged perpetrator has to the alleged child victim;
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;

¹ Within the timeframe required to complete a timely investigation.

14. **[NEW]** Provide the alleged perpetrator(s) with a copy of the form, [Notice of Availability of Completed Reports and Information \(SF 48201/CW0024\)](#) and document in the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#). If the alleged perpetrator is a child, provide a copy to his or her parent, guardian or custodian.
15. If the alleged perpetrator is a child care worker, inform the child care worker 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. 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 copy² 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](#).

After the interview, the FCM will:

1. Translate any hand-written interview notes by entering them electronically into the Indiana Child Welfare Information System (ICWIS); and
2. If a face-to-face interview with an alleged perpetrator did not occur or ended prematurely, document thoroughly the reasons why in ICWIS.

If the alleged perpetrator is a DCS employee the FCM will in addition:

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.

² Certain confidential information will be removed from the report copy, such as the identity of the reporting source.

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.

FORMS AND TOOLS

1. **[REVISED]** [Notice of Availability of Completed Reports and Information \(SF 48201/CW0024\).](#)—Available in Hardcopy

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.

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.

Alleged Perpetrator in Police Custody


If the alleged perpetrator is in the custody of LEA, the FCM must work with LEA to ensure that the individual's rights under criminal law are not violated.

LEA Present for Alleged Child Perpetrator Interviews

Anything an alleged perpetrator states during an interview with DCS, regardless of his or her age, can be used in a court of law. A child may not fully understand this, even if the FCM explains it, unless LEA is present during the interview. Most children of a certain age or developmental status will understand the seriousness of the situation more clearly when LEA is present.

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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2008
	Section 12: Courtesy Interviews	Version: 2

POLICY

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 FCM would have to travel more than one hour (one way) from his/her 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/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/her Supervisor if he/she believes a courtesy interview is appropriate.
2. Explain why a courtesy interview is the most efficient and effective method for conducting the interview.

If he/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.
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.
3. Assure that all notes and any audio/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/Custodian](#)).
3. Type any hand-written notes to assure legibility before delivering all interview documentation (including any audio/video recordings) to his/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-base basis. In general, best practice is for the assigned FCM in the County that has jurisdiction over the assessment to conduct the home conditions assessment so that he/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](#).

Homeless Unaccompanied Minor in a Shelter

The alleged child victim's permanent residence with his/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 Local DCS office in County A will be responsible for completing the assessment and arriving at a finding.

FORMS AND TOOLS

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: October 1, 2012
	Section 13: Assessing Home Conditions	Version: 3

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will conduct an assessment of the home of an alleged child victim if:

1. The alleged Child Abuse and/or Neglect (CA/N) occurred in the child's home; and
2. During the course of the assessment, concerns about the condition of the home and its impact on child safety and well-being arise.

[REVISED] If a home visit is completed, 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 and any other children living in the home. A visit or visits to the home to conduct an assessment may be announced or unannounced.

DCS will seek a court order and assistance from a Law Enforcement Agency (LEA) when it is necessary to conduct an assessment of a home if access is denied.

See Practice Guidance for a list of indicators of domestic violence.

Code References

[IC 34-6-2-34.5: Domestic or family violence](#)

PROCEDURE

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

1. Make a determination as to 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 can be requested;
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 meth lab. 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;

7. Examine the kitchen (refrigerator, cabinets, pantry, etc.) to verify adequate food supply;
8. Document the conditions of the home in writing; photograph any adverse conditions;
9. Add new allegations to the assessment report if concerns are noted during the assessment of the home environment; and
10. Complete an 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.

PRACTICE GUIDANCE

[REVISED] Announced and Unannounced Visits

The FCM must decide whether or not 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.

Throughout the life of the case, unannounced home visits should be utilized to determine compliance with DCS standards including, but not limited to protective orders, maintaining sanitary living conditions, and maintaining an adequate food supply.

Announced home visits continue to be a valuable method of engaging and maintaining contact with families.

During a home visit, observe for 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 (i.e., holes punched in walls, doors ripped off hinges);
2. Evidence of the phone being ripped out of wall; telephone is broken, disconnected or missing;
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 adult/partner appears emotional, nervous, or extremely uncomfortable and uncooperative while the other partner looks together and cooperative;
5. One adult/partner seems afraid of the other adult/partner;
6. Children being overly protective of one parent;
7. Pet abuse;
8. Visible injuries or injured areas hidden;
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.

[NEW] Safe Sleeping

FCMs will talk to parents, guardians, and caregivers about safe sleeping for infants and will document the discussion in the Management Gateway for Indiana's Kids (MaGIK). Refer to the below information for safe sleeping guidelines:

1. Always place babies on their backs to sleep. The back sleep position is the safest;

2. In December 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (e.g. cribs that allow for the sides to be lowered and raised). These types of cribs should be avoided for children. See the following link for a picture of the new crib: <http://www.cpsc.gov/nsn/cribrules.pdf>;
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on pillows, bean bags, quilts, sheepskins or other soft surfaces;
4. Keep soft objects and toys, and loose bedding, out of babies' sleep area. Do not use pillows, blankets, quilts, or pillow like crib bumpers in the sleep area and keep any other items away from the baby's face;
5. Keep babies' sleep area close to, but separate from, where you and others sleep. Babies should not sleep in a bed, on a couch, or armchair with adults or other children. They can sleep in the same room as you;
6. Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult; and
8. Reduce the chance that flat spots will develop on a baby's head by providing "tummy time" when the baby is awake and someone is watching, changing the direction that the baby lies in the crib from one week to the next, and avoiding too much time in car seats, carriers and bouncers.

More information can be found through:

1. [The American Academy of Pediatrics](#);
2. [Healthy Children.org](#);
3. [The National Institute of Health](#); and
4. [The DCS Website](#).

FORMS AND TOOLS

N/A

RELATED INFORMATION

General

The purpose of the assessment of the home is to assess and evaluate conditions in the home that relate to the child's health and safety and/or assist in making a finding regarding the allegations.


[REVISED] 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; and
7. Dangerous pets and/or animals.

[REVISED] 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](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2007
	Section 14: Examining a Child	Version: 1

POLICY [NEW]	OLD POLICY: N/A
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The Indiana Department of Child Services (DCS) will, as necessary to confirm alleged or suspected bodily injuries, visually examine an alleged child victim.

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 children who are alleged to be sexually abused, regardless of the age of the child. Examination of such children will occur at a medical facility. See separate policy, [4.16 Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations](#).

A Family Case Manager (FCM) will not examine a pre-pubescent or older child of the opposite gender.

When examining a child aged two (2) and older, the FCM will use standard precautions to observe the child's injuries without examining the child's anus, genitalia, or chest, unless the FCM and the child are in the presence of a medical professional.

See also related policy, [4.15 Photographing Trauma](#).

Code References

[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](#)

PROCEDURE

The FCM will:

1. Get consent from the parent, guardian, or custodian to examine the child if the Child Abuse and/or Neglect (CA/N) allegations warrant such action or if during the interview with the child the FCM sees signs or hears information that leads to suspicions of physical injuries;
2. Seek a court order if consent is not given and no exigent circumstances exist;
3. Reassure the child, to gain rapport before initiating the examination;
4. If, despite the FCM's efforts to reassure the child, the child's discomfort level is too high to complete an examination, discontinue efforts to examine the child and make alternate arrangements;
5. Observe the child 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. See separate policy, [4.15 Photographing Trauma](#);

7. Make detailed notes about each injury (e.g., location, color, shape, 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

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

General

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; others may want to be quiet; some may need to be reassured by the FCM; etc. Despite the FCM's 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, and how they can help their children. The FCM should enlist the parents' assistance when removing the child's clothing.


Standard Precautions When Not in Presence of Medical Personnel

To avoid observing the anus or genitalia of a child aged two (2) and older, the FCM should ask a child to leave his or her underwear on. 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 bras. 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, if 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. **[NEW]** The FCM should document thoroughly name and title of witness (e.g., FCM, Law Enforcement Officer, Social Worker, parent, guardian, or custodian, etc.).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: December 1, 2009
	Section 15: Photographing Trauma	Version: 2

POLICY

The Indiana Department of Child Services (DCS) will take, or ensure that a Law Enforcement Agency (LEA) or a medical professional takes, color photographs of all visible trauma or injury on an alleged child victim.

DCS will destroy all photographs when an unsubstantiated report is expunged in accordance with the policy, [2.13 Expungement of Records](#).

See also separate policy, [4.14 Examining a Child](#).

Code References

1. [IC 31-33-8-3: Photographs and x-rays](#)
2. [IC 31-33-10-3: Delivery of Photos to Local CPS Agency](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Follow all procedures contained in separate policy, [4.14 Examining a Child](#);
2. Consider the child's gender, age, and need for privacy when determining who will take photographs and selecting a location;
3. Assure that LEA takes photographs of the child if the assessment is a joint assessment. See separate policy, [4.29 Joint Assessments](#);
4. Assure photographs are taken of all visible trauma suspected to be the result of Child Abuse and/or Neglect (CA/N);
5. Assure that where possible, the face of the child is shown with the trauma or injury;
6. Document the child's name, the location where the photograph was taken, the date and time the photo was taken, the name of the person taking the photo, and the names of any witnesses;
7. Document receipt of any and all photographs taken by LEA or a medical professional; and
8. Make color duplicates of photos available to the Prosecuting Attorney and/or LEA.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS


N/A

RELATED INFORMATION

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.

[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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: September 1, 2010
	Section 16: Medical and Psychological Examinations, Drug Screens and Substance Abuse Evaluations	Version: 3

POLICY

During an assessment, the Indiana Department of Child Services (DCS) may seek to obtain medical and/or psychological tests and evaluations, 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 evaluation** when one 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 meth lab or meth home. See the [Indiana DEC Response Protocol](#).
4. The child is under the age of two, and shaking or a head injury is alleged even if there are no visible injuries.

[REVISED] DCS will assure that all child victims who will be under the supervision of DCS will receive a **Child and Adolescent needs and Strengths (CANS) Assessment**. See separate policy, [4.32 Child and Adolescent needs and Strengths \(CANS\) Assessment](#).

DCS will pursue a **psychological assessment** when 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, [4.32 Child and Adolescent needs and Strengths \(CANS\) Assessment](#).
2. The child exhibits behaviors that would cause a reasonable person to believe he/she is a danger to him/herself and/or others.

DCS will pursue a drug screen and/or a substance abuse evaluation of the child victim if one 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;
2. The alleged child victim's behavior indicates he/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/custodian.

DCS may ask a parent/guardian/custodian of an alleged child victim to **voluntarily** submit to medical and/or psychological tests and assessments, drug screens, or other substance abuse assessments if the allegations involve CA/N which may be due to:

1. Illegal substance use;
2. Alcohol abuse; or
3. Mental incompetence.

Note: DCS does not have the authority to require such action. If the parent/guardian/custodian does not agree to voluntary testing, DCS may pursue a court order if such tests and evaluations are necessary to complete the Assessment.

DCS may seek access to mental health records of the parent, guardian, or custodian as part of a Preliminary Inquiry, if an emergency exists in which 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.

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 FCM will:

1. Request consent from the parent/guardian/custodian.
2. Seek a court order, if consent is not given or an emergency exists and the child is alleged to be a CHINS.
3. Arrange for necessary medical and/or psychological examinations or substance abuse evaluations.
4. 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.

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.

Waiting for Test/Evaluation Results


If the FCM has not received the results of a medical or psychological test/evaluation, 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.

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.

FORMS AND TOOLS

[Consent to Release of Mental Health and Addiction Records](#) (SF 51128/CW 0045)

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2010
	Section 17: Accessing Child's Medical, Psychological, and Substance Abuse Records	Version: 2

POLICY

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.

[REVISED] 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 \(SF 51128/CW0045\)](#) 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 \(SF 51128/CW0045\)](#)
2. Consent to Background Investigation and Release (Juvenile Justice Benchbook C-3.04)

RELATED INFORMATION

Health Insurance Portability and Accountability Act (HIPAA)


[45 CFR 164.512\(b\)\(1\)\(ii\)](#) makes exceptions to HIPAA for child protection 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 MANUAL	
	Chapter 4: Assessment	Effective Date: June 1, 2012
	Section 18: Initial Safety Assessment	Version: 5

POLICY [REVISED]

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 and a subsequent Safety Assessment when there are:

- Changes in family circumstances;
- Changes in information known about the family;
- Changes in ability of protective factors to mitigate safety threats; and/or
- Changes at the point of a critical case juncture.

When child safety concerns are identified, DCS will always consider the viability of informal and community support services prior to considering involuntary removal of the child. When a Child in Need of Services (CHINS) petition must be filed, DCS will always consider an in-home CHINS if the child can be safe.

DCS will utilize the Child and Family Team (CFT) Meeting process to engage children and families throughout the assessment phase to assist in planning for child safety while identifying the child and family's strengths, informal supports and needs. See separate policy, [5.7 Child and Family Team \(CFT\) Meetings](#).

DCS will explore all possible safety options for the child with the non-offending parent in domestic violence situations.

DCS will assist the family with referrals when community services are deemed necessary.

DCS will continually reassess a child's safety based on the most current information available by completing subsequent Safety Assessments.

[NEW] 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 can occur if it is in the best interest of the child. (See separate policy 4.37 Change in Household Composition)

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

- Complete an initial [Safety Assessment](#) to determine if there are any safety threats present;

2. Determine if any protective factors are present to mitigate the safety threats;
3. Identify what safety responses will be used to control the threat to safety;
4. Utilize the CFT Meeting process to identify the child and family strengths and needs that will assist in planning for child safety;
5. Take necessary actions to remove the child (see separate policy, [4.28 Involuntary Removals](#)) if the child cannot remain in the home;
6. Document the details of the [Safety Assessment](#), response and decision by completing the safety assessment in the Indiana Child Welfare Information System within one (1) business day of the safety assessment completion; and
7. 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 ability of protective factors to mitigate safety threats; and/or
 - d. Changes at the point of a critical case juncture.
8. Identify the appropriate Safety Decision. If no safety threats exist, consider recommending assessment closure with supervisor approval.

PRACTICE GUIDANCE

[NEW] Successful interventions reduce risk and ensure the well-being of the child. 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) should be considered when assessing safety.

FORMS AND TOOLS

1. [Safety Assessment](#) - Available in the Indiana Child Welfare Information System
2. [Family Support/Community Services Plan \(SF 53243/CW3425\)](#)

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

It is important to keep in mind the difference between safety and risk when completing this form. 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: June 1, 2012
	Section 19: Family Support/Community Services Plan for Conditionally Safe Children	Version: 5

POLICY [REVISED]

During the assessment the Indiana Department of Child Services (DCS) will assist the child's family with the development of a [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) whenever:

1. A safety decision of "Conditionally Safe" has been determined; or
2. An assessment finding of "Substantiated" is reached but DCS will take no further direct intervention.

When domestic violence has been alleged, DCS will create a [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) upon initiation of the assessment and begin planning for the safety of the child and all family members. See Practice Guidance for assistance. The purpose of this plan is to:

1. Achieve immediate and long-term safety for the child and non-offending parent;
2. Provide safety options for the non-offending parent and the child; and
3. Address behaviors demonstrated by the alleged domestic violence offender that pose a risk to the child's safety.

Note: [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) for the non-offending parent and child should not be shared with the alleged domestic violence offender. The Family Case Manager (FCM) should work with the alleged domestic violence offender to develop a separate [Family Support/Community Services Plan \(SF53243/CW3425\)](#). If a case is opened, DCS will work with the family to transition both Family Support/Community Services plans into Safety Plans.

Following the completion of the Safety Assessment, a [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) will be created as quickly as necessary to protect the safety of the child.

If it is identified during the assessment phase that the child's family will require on-going case management (DCS involvement), DCS will transition the [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) into a Safety Plan (SF51455/CW 0440) prior to transitioning the case to on-going services.

Code References

1. [IC 35-37-6-1: "Confidential Communication" defined](#)
2. [IC 34-6-2-34.5 Domestic or Family Violence](#)

PROCEDURE

The FCM will:

1. Discuss in detail with the family the implementation of either of the interventions below that were chosen as 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, and/or
 - b. The family receives services through community providers.
2. Write a [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) with the family's participation. The plan should describe in detail how, when, and by whom each intervention will be implemented;
3. Specify the consequences for the family if an intervention is not followed;
4. Specify how the FCM will monitor and support the family's compliance with the plan until the completion of the assessment;
5. Have the parents, guardian, or custodian sign the plan;
6. Re-assess the child's safety before closing the assessment. See separate policy, [4.25 Completing the Assessment](#); and
7. Assess whether the child's family will require on-going services. If identified, transition the [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) into a Safety Plan (SF51455/CW 0440) prior to transitioning to on-going services.

PRACTICE GUIDANCE

[NEW] Consider Protective Factors When Ensuring Safety

When completing a Family Support/Community Services Plan consider the following protective factors when evaluating the family's ability to ensure the safety of their 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.

Family Support/Community Services Planning with Assessments Involving Domestic Violence

DCS will partner with the non-offending parent and child to create a [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) 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 [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) can 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 can best be created by referring the non-offending parent to a domestic violence program in the community.

This [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) 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.

[Family Support/Community Services Plan \(SF 53243/CW3425\)](#) 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. If during the initial interview, 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.

Tracking and Adjusting of Family Support/Community Services Plans

When it is identified during the assessment that the child and family will require on-going services from DCS, the [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) will be transitioned into a Safety Plan.

From the point it was identified that a Family Support/Community Services Plan was needed, DCS engages the child, family and CFT and develops certain intervention strategies to transition the family forward towards sustainable changes and making a difference in the family situation. During the course of the assessment, many of these strategies are strengthened and certain tasks are completed which require further adjustment. If referrals are completed, follow-up may be required. See separate policy, [5.1 Transitioning from Assessment](#).

FORMS AND TOOLS

[Family Support/Community Services Plan \(SF 53243/CW3425\)](#)

RELATED INFORMATION

General

The [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) 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 [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) 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 [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) 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.

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 routine or emergency medical care or mental health care (outpatient), alcohol or substance abuse services, in-home health care, day care, respite care, child-oriented activities (e.g., Brownies, Boy Scouts), home management and/or life skills, parenting skills, individual or family crisis counseling, financial services, housing services, transportation services, food and clothing assistance, etc.

[NEW] 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 can 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, that caregiver must agree to provide a safe environment for the child.


A change in household composition would be documented in the [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) or outlining the family's plan 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 5 days or court action will be initiated. See separate policies [5.9 Informal Adjustment](#) and [6.2 Filing a CHINS Petition](#).

At any time during an assessment when there is a restriction placed on any parent regarding contact with a child and/or his or her parent, a CHINS Petition will be filed. 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 circumstance has been remedied. The non-biological household member does not have the same right of access to a child as the biological parent.

Some flexibility in the filing of CHINS will allow those we serve to have the primary responsibility for the care and safety of their children. When there is an identified correctable situation, the partnership between our agency, families and the community will work together for the best outcome.

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 CHINS proceedings.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2007
	Section 20: Good Faith Efforts	Version: 1

POLICY [REVISED]	RELATED OLD POLICY: 205.56
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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 Protection 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2011
	Section 21: Report of Assessment or Investigation	Version: 3

POLICY

[REVISED] The Indiana Department of Child Services (DCS) shall send the [Report of Assessment or Investigation](#) no later than 30 days after receiving the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\)](#) 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 [Report of Assessment or Investigation](#) 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 [Report of Assessment or Investigation](#) 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's name and telephone number;

6. The date the report is prepared;
7. Other information that DCS may prescribe.

The [Report of Assessment or Investigation](#) 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

[REVISED] No later than 30 days after the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\)](#) is received, the FCM will:

1. Complete the Report of Assessment or Investigation in the Indiana Child Welfare Information System;
2. Complete the [Report of Assessment or Investigation](#) by updating any appropriate data fields that are not populated;
3. Print the [Report of Assessment or Investigation](#) and submit to the Supervisor for review and approval.
Note: Do not attach the [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#); and
4. Deliver the approved [Report of Assessment or Investigation](#) to the appropriate person via United States (U.S.) mail in an envelope marked "Confidential".

PRACTICE GUIDANCE


[NEW] Linking an assessment report may eliminate the ability to automatically generate each [Report of Assessment or Investigation](#) in the Indiana Child Welfare Information System. If more than one report is received by DCS from the agencies listed above, it is the responsibility of the FCM to generate a Report of Assessment or Investigation for each professional report source and include the statutorily required information outlined in this policy.

FORMS AND TOOLS

1. [Report of Assessment or Investigation](#) – Available in the Indiana Child Welfare Information System
2. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\)](#) – Available in the Indiana Child Welfare Information System
3. [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) – Available in the Indiana Child Welfare Information System

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2012
	Section 22: Making an Assessment Finding	Version: 8

POLICY **[REVISED]**

The Indiana Department of Child Services (DCS) will make all findings on an assessment no later than **30 days** from the date the [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) was received.

DCS will make a finding of “**substantiated**” when facts obtained during the assessment provide a **preponderance** of evidence that is 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.

Note: When domestic violence is the only risk factor in a family, DCS will not substantiate CA/N on the parent accused of domestic violence solely for the alleged behavior. However, a decision to substantiate is justified when the actions of the alleged domestic violence offender are combined with the inability or the unwillingness of the other adult(s) in the household to take sufficient actions to ensure the safety of the child.

A substantiation for neglect against a parent may be sufficient if he or she is acting contrary to available help and support needed to keep the child safe. See Practice Guidance for a list of questions to assist in making a finding for assessments involving domestic violence.

DCS will provide effective early intervention services to children from birth to age three (3). Any child victim under the age of three (3) at the time that DCS makes a finding of “**substantiated**” will automatically be referred to First Steps through the Management Gateway for Indiana’s Kids (MaGIK).

DCS will make a finding of “**unsubstantiated**” when facts obtained during an assessment provide credible evidence that CA/N has **not** occurred.

Code References

1. [IC 31-33-8-12: Classification of reports](#)
2. [IC 31-9-2-123: “Substantiated”](#)
3. [IC 31-9-2-132: “Unsubstantiated”](#)
4. [IC 34-6-2-34.5: Domestic or 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 each piece of evidence collected and place greater weight on those pieces of evidence that have greater credibility;

3. Consult with his or her Supervisor as needed to arrive at an assessment finding;
4. Document the finding and rationale in the assessment records; and
5. Follow all procedures to complete the [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#). See separate policy, [4.25 Completing the Assessment Report](#).

If an allegation is determined to be “**unsubstantiated**,” the FCM will also:

1. Include in the finding a description of the credible evidence that supports 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
2. Recommend that the assessment be closed.

If an allegation is determined to be “**substantiated**,” the FCM will also:

1. Include in the finding a description of the credible evidence that supports the conclusion that the allegation is **true** and that this evidence outweighs any contrary evidence;
2. Complete a [Risk Assessment](#) and a [Child Adolescent Needs Assessment \(CANS\)](#) to assist in determining the level of services intervention appropriate for the family. See separate policies, [4.23 Risk Assessment](#) and [4.32 Child and Adolescent Needs and Strengths Assessment](#);
3. Discuss the First Steps program and referral process with the family if the child is under the age of three (3); and
4. Ensure that the caregiver understands that First Steps will contact them regarding an assessment for the child.

The 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; and
3. Follow all procedures contained in the separate policy, [4.25 Completing the Assessment Report](#).

PRACTICE GUIDANCE

[REVISED] Considering Unsubstantiated Limited-Access CA/N History in Making an Assessment Finding

DCS may retain documentation relating to an unsubstantiated assessment of child abuse or neglect that is accessible only by management personnel. When completing an assessment that has limited-access history, the FCM can obtain access to the documentation through their supervisor. This documentation may be considered 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.

The Presumption of CA/N

Some allegations, by their very definition, presume CA/N. For example, a child who has suffered a subdural hematoma, internal injuries, bone fractures, or burns as the result of parental action or inaction is presumed to have been abused and/or neglected. Other allegations do not, by their very definition, presume child abuse or neglect. For example, bruises or welts as the result of parental action or inaction may or may not be serious enough to constitute child abuse or neglect.

Whether the incident constitutes abuse or neglect 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 age; maturity; ability to make sound judgments; and ability to care for or protect him or herself. Weighing these factors helps distinguish true allegations of CA/N from poor parenting. 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 himself or herself or to obtain and/or provide these necessities increases.

Credibility of Evidence

There are two (2) types of evidence:

1. Direct evidence, such as a statement taken from an eyewitness; and
2. Indirect or circumstantial evidence, such as the following circumstances: A baby is suffering from shaken baby syndrome. The baby has not been out of the care and custody of her mother. Together, these two pieces of information would seem to support a conclusion that the mother is the perpetrator.

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, the following:

1. **Corroborating evidence** 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;
2. **Source of information:** The more direct the source of information the more credible the opinion. For example, a physician rendering an opinion based on a review of medical records is more credible than one rendering an opinion based on an FCM's description of an injury;
3. **Direct interest:** Information from a source who has something to lose or gain from a particular assessment outcome is less credible than information from one who has no direct interest;
4. **Professional sources** may be more or less credible depending upon the amount of training and experience they have. The professional source's area of specialization may also have an impact on how credible his or her opinions are;
5. **Nonprofessional, adult sources** may be more or less credible depending upon how consistent and/or plausible the statements are. For example, a statement that a hand-shaped bruise on a child's face was caused by a fall is implausible; and
6. **Children:** When evaluating the credibility of a child's statement, the FCM must take into consideration several factors, such as the influence (e.g., pressure or coercion) of adults. A parent, guardian, or custodian or other adult may "coach" the child on what to say and what not to say during an interview. 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:

1. Has the domestic violence occurred with frequency and/or is the domestic violence severe?
2. Are there current safety issues?
3. Would the child(ren) be unsafe in the home where the abuse or neglect occurred?
4. Is the child at risk of future harm?
5. Is the child in need of protection?

The following questions may be helpful in making an assessment finding:

1. Have the child(ren) intervened in the domestic violence? (whether the child(ren) was injured or not, their direct involvement presents extreme risk)
2. Is there an established pattern of domestic violence that is chronic or severe?
3. Have the child(ren) 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 coexistence 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(ren) 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(ren)?
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(ren)?

The following criteria should be used in making a decision to hold the alleged victim/parent responsible for neglect (substantiate) 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 or attempting to make 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(ren) 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(s) thinking about, planning, or made past attempts of suicide or homicide exist;
3. The alleged domestic violence offender is not allowing adults and child(ren) access to basic needs;
4. Child(ren) are 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 Assessment When:

1. The alleged domestic violence offender has supervised or no access to the child(ren) (i.e., in jail, no legal relationship to the child(ren), etc.);
2. Adequate [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) is in place for the safety of the child(ren);
3. Support services in place for the alleged victim/parent and child(ren) which help the alleged victim/parent provide safety for himself or herself and the child(ren); and/or
4. Active involvement with the alleged domestic violence offender by the criminal justice system and an appropriate intervention program is in place.

Note: If an assessment is closed without opening a case, the FCM should, as warranted, offer to refer the parent to local domestic violence service providers and other community resources for services.

If risks posed by domestic violence are no longer present (e.g., the mom and child(ren) are living in a shelter, the alleged domestic violence offender is in jail, etc.), consider substantiating on the alleged domestic violence offender and informing the alleged victim/parent and/or child(ren) of services available in the community.

Homeless Unaccompanied Minor in a Shelter


Homeless unaccompanied minors receiving shelter without the presence or consent of a parent, guardian, or custodian present **should not be considered an automatic Child in Need of Services (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 in each situation.

FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) Available in ICWIS
2. [Risk Assessment](#) – Available in ICWIS
3. [Strengths and Needs Assessment](#) – Available in ICWIS
4. [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) – Available in ICWIS
5. [4.B Tool –Assessment Narrative](#)
6. [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) – Available in ICWIS

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: June 1, 2011
	Section 23: Initial Family Risk Assessment	Version: 4

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will conduct an [Initial Family Risk Assessment](#) to assess the future probability of both abuse and neglect on all substantiated assessments.

DCS will not conduct an [Initial Family Risk Assessment](#) to help arrive at a finding of substantiated or unsubstantiated. See separate policy [4.18 Initial Safety Assessment](#).

The [Initial Family Risk Assessment](#) will be completed prior to the CFTM and no later than 30 days after the date of the assessment.

During a Child and Family Team (CFT) Meeting, 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.

See related policy, [4.22 Making an Assessment Finding](#).

Code References

1. [IC 31-9-2-123 "Substantiated"](#)

PROCEDURE

[REVISED] 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](#) of abuse and/or neglect;
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 families strengths, and informal supports to address needs.

PRACTICE GUIDANCE

When risk is clearly defined and objectively quantified, the choice between serving one family or another is simplified: agency resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

The risk assessment is based on research on cases with substantiated abuse or neglect that examined the relationships between family characteristics and the outcomes of

subsequent substantiated abuse and neglect. The tool does not predict recurrence but simply assesses whether a family is more or less likely to have another incident without intervention by the agency.

FORMS AND TOOLS

1. **[NEW]** [Initial Family Risk Assessment](#) – Available in the Indiana Child Welfare Information System

RELATED INFORMATION

Purpose of Risk Assessments

The purpose of the Risk assessment is to assess the probability of both abuse and neglect.

Safety vs. Risk Assessment

It is important to keep in mind the difference between safety and risk when completing this form. 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.

Risk of Abuse vs. Risk of Neglect

[REVISED] Because different family dynamics are present in abuse situations than in neglect situations, separate scales are used on the [Initial Family Risk Assessment](#) tool to assess the future probability of both abuse and neglect.

Completing the Assessment

[REVISED] Both scales, abuse and neglect, are completed regardless of the type of allegation(s) or substantiated type(s) of maltreatment. The FCM must make every effort during the assessment to obtain the information needed to answer every question. However, if information cannot be obtained to answer a particular question, that question should be scored as "0."

Determining Overall Risk Level

[REVISED] Scores are totaled separately for the abuse scale and the neglect scale and the higher of the two scores is used to determine the risk level as indicated the chart below:


Neglect Score	Abuse Score	Risk Level*
-1— 1	-1— 0	LOW
2— 5	1— 3	MODERATE
6— 8	4— 6	HIGH
9+	7+	VERY HIGH

*When unresolved safety threats are still present at the end of the assessment, the referral should be promoted to a case regardless of risk level.

Risk Levels

[REVISED] Risk assessment identifies families with low, moderate, high, or very high probabilities of future abuse or neglect. By completing the 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. High risk

families have significantly higher rates of subsequent referral and substantiation than low risk families, and they are more often involved in serious abuse or neglect incidents.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: June 1, 2011
	Section 25: Completing the Assessment Report	Version: 5

POLICY

The Indiana Department of Child Services (DCS) will complete an [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/CW0311\)](#) 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 [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) (substantiated or unsubstantiated) to the appropriate Court and/or Law Enforcement Agency (LEA).

Code References

1. [IC 31-33-8-12: Classification of reports](#)
2. [IC 31-33-7-8: Reports to health care providers and schools](#)
3. [IC 31-33-8-9: Provision of copies of investigative report](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Review all information documented during the assessment including paper files, Indiana Child Welfare Information System (ICWIS) log notes and contacts, audio and visual recordings, etc.;
2. **[NEW]** Provide each parent, guardian, custodian and alleged perpetrator with a copy of the form, [Notice of Availability of Completed Report and Information \(SF48201/CW0024\)](#) and document in the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#). 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 [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) 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 [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) if he or she deems it accurate and complete;
3. Assure that the following steps are completed:
 - a. A copy of any completed [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) 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 [30 Day Assessment Report](#) is sent to the administrator of the facility that made the Child Abuse and/or Neglect (CA/N) report. See separate policy, [4.21 30 Day Assessment Reports](#).

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

1. **[NEW]** [4.B Tool – Assessment Narrative](#)
2. [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#)
3. [30 Day Assessment Report](#)
4. **[REVISED]** [Notice of Availability of Completed Report and Information \(SF48201/CW0024\)](#)—Available in Hardcopy

RELATED INFORMATION

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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: May 1, 2009
	Section 26: Determining Service Levels and Transitioning to Ongoing Services	Version: 3

POLICY

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. **[NEW]** See Practice Guidance for factors that may aid DCS in the assessment of domestic violence situations.

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 assure child safety and well-being.

[NEW] DCS will provide information about available community resources to all families where domestic violence has been identified as a risk factor.

The assessing Family Case Manager (FCM) will continue to monitor the safety and well-being of the child until the case is formally transferred to another FCM via a transition meeting.

Code References

N/A

PROCEDURE

The FCM will complete the following after determining the family's risk level and needs level:

1. Examine the Service Level Matrix (see Related Information) for direction on the appropriate service level to offer the child and family;
2. Examine the Service Type Matrix (see Related Information) for direction on the appropriate type of services to offer the child and family;
3. Use critical thinking and evaluate the appropriateness of the level and type of services indicated by the matrices and arrive at a recommendation;
4. Consult with his or her Supervisor;
5. With supervisory approval, implement any services necessary to assure the child's safety and well-being. See separate policy, [5.10 Family Services](#);
6. Continue to monitor the safety and well-being of the child through regular contact and:
 - a. Begin the transition to ongoing services by requesting that a case be created. See separate policy, [5.1 Transitioning from Assessment](#), or
 - b. Participate in an internal transition meeting where the responsibility for monitoring the child's safety and well-being will be formally transferred to a separate ongoing services FCM. See separate policy, [5.1 Transitioning from Assessment](#).

The Supervisor will review and approve the FCM's recommendations regarding the level and type of services.

PRACTICE GUIDANCE

[NEW] Factors Which May Suggest That A Child Can Remain Safe in the Home

1. Non-offending parent acknowledges risk to child(ren) and demonstrates protective capacities;
2. Non-offending parent and child(ren) are in a shelter or other safe location;
3. Alleged domestic violence offender's access to the child(ren) and non-offending parent or activities are restricted (e.g., in jail, complying with protective order, or no-contact order);
4. Alleged domestic violence offender demonstrating responsibility for his or her behavior and actively engaging in intervention programs;
5. Child(ren) show minimal behavioral or emotional effects from the domestic violence;
6. Child(ren) have a supportive adult in the home;
7. An older child(ren) 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 serious violence;
9. Other issues (substance abuse, mental health, etc.) do not pose safety threats; and
10. Non-offending parent has supportive extended family or community ties.

[NEW] If the non-offending parent is remaining with the offender, consider the following:

1. Will the child(ren) be safe if they remain in the home?
2. In an emergency, what works best to keep the child(ren) 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 house? Could the non-offending parent work out a signal with the child(ren) or neighbors to call the police or get help?
5. If the child(ren) and/or non-offending parent need to leave the home, where can they go?

[NEW] 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 create safety threats;
3. Alleged domestic violence offender continues to expose child(ren) to serious violence despite intervention;
4. Alleged domestic violence offender continues to have unauthorized contact with child(ren) which present safety concerns;
5. Alleged domestic violence offender's history includes known serious domestic violence;
6. Child(ren) has reduced ability to manage circumstances or has conditions that increase vulnerability; and/or
7. Adult abuse of alcohol or other drugs presents additional safety threats.

An out-of-home placement for cases involving domestic violence is usually unnecessary. An out-of-home placement should only be considered when all other means of safety have been considered and offered; when the child(ren) are at imminent risk of placement; or the non-offending parent is unable to protect the children or accept services.

FORMS AND TOOLS

N/A

RELATED INFORMATION

Determining Service Level

By examining the risk level in the context of the needs level, a determination can be made about the level of services that is appropriate for the child and family.

Service Level Matrix		RISK LEVEL			
		LOW	MODERATE	HIGH	VERY HIGH
NEEDS LEVEL	HIGH	Moderate	High	Very High	Very High
	MODERATE	Low	Moderate	High	Very High
	LOW	Low	Moderate	High	Very High

Determining Service Type

After the service level has been calculated, the FCM considers the appropriate service type:

Service Type Matrix		No Services or Community-Based Services (non DCS-monitored)	Informal Adjustment	Child in Need of Services (in /out-of-home?)
Service Level	(1) Low	✓		
	(2) Moderate		✓	
	(3) High		✓	✓
	(4) Very High		✓	✓


No services needed: Children are assessed as safe. There is no (or extremely low) risk to the child and the family is able to manage any risk issues using its own strengths and resources.

Referral for community-based services: There is low risk to the child but the family is not able to manage risk issues using its own strengths and resources. However, the family is able to use community resources for support without ongoing DCS case management services. DCS involvement is limited to actively linking the family with those services and resources that effectively and safely address its needs.

Informal Adjustment (IA): An IA may be appropriate for children in families where risk levels range from moderate to very high, but coercive intervention of the courts 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 courts must approve the IA. Consequences for not complying may include, but are not limited to, court intervention, such as filing a Child in Need of Services (CHINS) petition.

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 assure 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 and permanency goal.

Consequences for parental noncompliance with the Case Plan and permanency goal may include, but are not limited to, a placement in out-of-home care, and in the most extreme circumstances, termination of parental rights.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2007
	Section 27: Child Protection Index (CPI)	Version: 1

POLICY **[NEW]**

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 \(CAPTA080802AOR\)](#) to all perpetrators. Non-Offending parent(s), guardian, or custodians will receive [Notice of Substantiation of Report of Child Abuse or Neglect \(SF 53252/2324\)](#).

PRACTICE GUIDANCE

N/A

FORMS

1. [Request by a Person or Organization for a Search of the CPI \(SF 49214\)](#)
2. [Request From a Potential Employer for Release of Information Contained in CPI \(SF 49215\)](#) *In REVISION*
3. [Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review \(CAPTA080802AOR\)](#)

4. [Notice of Substantiation of Report of Child Abuse or Neglect \(SF 53252/CW2324\)](#)


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 protection service 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 child protection services 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 MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2010
	Section 28: Involuntary Removals	Version: 4

POLICY

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 that 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 (taken) to protect the child.

The Family Case Manager (FCM) will obtain Supervisory approval prior to removing any child from their parent, guardian, or custodian.

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. Emergency removal may be necessary if all of the following factors are present:

1. It appears that the child's physical or mental condition is seriously impaired or seriously endangered if the child is not immediately taken into custody;
2. There is not a reasonable opportunity to obtain an order of the court; and
3. Consideration for the safety of the child precludes the immediate use of family services to prevent removal of the child.

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, and considering the immediate concern for the safety or well-being of the child, is unable to be present during the removal.

If DCS removes a child without a court order and/or LEA present, DCS will document 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 certain legal holidays.

[NEW] DCS will notify the following relatives within 30 days of a child being removed from his or her parent, guardian, or custodian: paternal and/or maternal grandparents, aunts, uncles, or adult siblings of the child(ren) involved, and any other relatives suggested by the child(ren) or parent. See separate policy, [4.0 Diligent Search](#).

[NEW] DCS will complete a Child and Adolescent Needs and Strengths (CANS) Assessment on all children who are removed from the parent, guardian, or custodian. See separate policy, [4.32 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#).

[NEW] The DCS local office will not delay or 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 is removed due to an immediate safety concern.

[NEW] 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 removed from his or her parent.

[NEW] DCS will facilitate a Child and Family Team (CFT) meeting when it has been determined that the child is at imminent risk of removal.

If all identified CFT members are not available prior to the removal, the FCM will use all other available contacts to engage and prep the members for the CFT process.

Note: The CFT composition may look different in the assessment phase. Over time, the functioning of the team and identification of other team members may occur.

Code References

1. [IC 31-33-8-8: Immediate removal of a child](#)
2. [IC 31-34-2-3: Taking a child into custody without court order](#)
3. [IC 31-34-2-6 Documentation by person taking child into custody without court order: forms](#)
4. [IC 31-34-4: Temporary placement of child taken Into custody](#)

PROCEDURE

The 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. To the extent the parent will cooperate, 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;
6. If the child's parent, guardian, or custodian was not present at the time of removal, notify the parent, guardian, custodian within two (2) hours of the child's detention, and provide the parent, guardian, or custodian 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 \(SF 47114\)](#);
7. Complete the form [Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstances \(SF 49584/CW0018\)](#) to document why the child was removed without a court order and/or without LEA presence, if such extreme measures were taken;
8. **[NEW]** Notify the following relatives within 30 days of a child being removed from his or her parent, guardian, or custodian: paternal and/or maternal grandparents, aunts,

uncles, or adult siblings of the child(ren) involved, and any other relatives suggested by the child(ren) or parent. See separate policy, [4.0 Diligent Search](#);

9. **[NEW]** Complete the [Notification to the Consulate or Embassy](#) form when it is believed that a foreign national child has been detained and give it to the DCS Local Office Attorney;
10. **[NEW]** Complete the Intake Officer's Report of [Preliminary Inquiry and Assessment \(Investigation\) \(PIR1070108\)](#) and send it to the Supervisor for review;
11. **[NEW]** Schedule a detention hearing. See separate policy, [6.1 Detention Hearing](#);
12. At a detention hearing, Initial court order language must include Contrary to the Welfare/Best Interests of the child, Reasonable Efforts to Prevent Placement and Placement and Care responsibility to DCS;
13. Provide parent, guardian, or custodian with advance written notification of the detention hearing, using the [Notice of Hearing](#) form;
14. File a child in need of services (CHINS) petition; See separate policy, [6.2 Filing a CHINS Petition](#); and
15. **[NEW]** Coordinate and implement the CFT meeting. See separate policy, [5.7 Child and Family Team \(CFT\) Meetings](#).

[NEW] The Supervisor will:

1. Staff with the FCM and provide supervisory approval for removal of a child when it has been determined that the child cannot safely remain in the home;
2. Assist the FCM with any removal activities; and
3. Review the [Preliminary Inquiry and Assessment \(Investigation\) \(PIR1070108\)](#) prior to the DCS Local Office Attorney screening the [Preliminary Inquiry and Assessment \(Investigation\) \(PIR1070108\)](#) and CHINS petition;

[NEW] The DCS Local Office Attorney will:

1. Screen the [Preliminary Inquiry and Assessment \(Investigation\) \(PIR1070108\)](#) prior to securing a Detention Hearing; and
2. Fax the [Notification to the Consulate or Embassy](#) form to the International and Cultural Affairs Liaison.

[NEW] The International and Cultural Affairs Liaison will:

1. Fax the [Notification to the Consulate or Embassy](#) form to the appropriate consulate or embassy of the child's country of origin; and
2. Serve as the liaison for DCS and each respective consulate or embassy in sharing information as allowed by law.

PRACTICE GUIDANCE

[NEW] Exploring Placement Options with the CFT

CFT members may aid in determining the least restrictive, 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, placement of siblings, etc.

[NEW] Composition of CFT During Assessment Phase

During the assessment phase, the CFT composition will have a unique composition. The following considerations should be considered in adapting the CFT process 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 Teaming is not necessarily an event, but a process of utilizing 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 can 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 of key individuals that can support the family after DCS involvement ends.
3. **The composition of the Team may look different in the assessment phase.** These meetings may lack the formality of CFT meetings held later in the case because there are no flip charts, snacks, or formal agenda. The focus of the meeting will be the same: the creation of a functioning CFT that can support the family so that well-informed decisions can be made to ensure the safety and well being of the child(ren) involved.

[NEW] 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. Therefore, even if a child is removed from his or her home more than 24 hours, the case needs to be entered into Management Gateway for Indiana’s Kids (MaGIK).

FORMS AND TOOLS

1. [Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstances \(SF 49584/CW0018\)](#)
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 \(SF 47114\)](#)
3. [Notice of Hearing – Available in the Juvenile Justice Benchbook: Child in Need of Services](#)
4. [Notice to Relatives Form \(NOT100902LTR\)](#)
5. [Notification to the Consulate or Embassy Form \(CON091001EMB\)](#)
6. [Preliminary Inquiry and Assessment \(Investigation\) \(PIR1070108\)](#)

RELATED INFORMATION

Preparing the Child for Removal

See related policy, [8.8 Preparing Child for Placement](#).

Prepare the child for separation to the extent possible and for coping with placement after it occurs.

1. Help the child talk about feelings and concerns; don’t minimize;
2. Accept the feelings of the child;

3. Answer questions in a way the child comprehends;
4. Do not provide answers unless you are certain; it is better to say "I don't know" than to provide false information. Do not say "everything will be fine;"
5. Check with the child to see what he or she understands or is confused about. Ask the child to explain in his/her own words;
6. Elicit the parent or guardian's help in giving permission to the child to leave and assuring the child of their continued love;
7. Take familiar objects, i.e., clothes, toys, bottles, cups, music tapes, photos of the parent(s), guardian, or custodian(s), unless the home is the site of a meth lab. See [Indiana Drug Endangered Child Response Protocol](#);
8. Give the child permission to miss his/her family; and
9. Provide for physical and emotional comfort.

Eligibility for Federal Funding

The following should be documented in the case file and in MaGIK:

1. The most accurate and up to date information concerning household members;
2. The relationships of household members to the removed child;
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 should be documented.

The FCM is responsible for determining which members of the household are included in the Assistance Group and which persons should be designated as the child's Specified Relative in MaGIK. This information is needed to make an eligibility determination for federal funding (Title IV-E foster care, Title IV-A Emergency Assistance, Title IV-E Waiver) to cover the costs of the child's substitute care and DCS's administrative expenditures.

Assistance Group

Individual or group of individuals whose income, resources, needs and/or expenses are considered together in the Title IV-E eligibility determination; based on living arrangement and relationship.

Specified Relative

Any blood, adoptive or step relative, including preceding generations up to the fifth degree of kinship (and any spouse of these persons, even after death or divorce) from whom a child is legally removed.

Specified relative relationships include:

1. Mother and Stepmother or Father and Stepfather;
2. Grandmother or Grandfather (Great, Great-great, Great-great-great);
3. Sister or Brother (Step, In-law);
4. Aunt or Uncle (Great, up to Great-great-great-great, In-law);
5. Niece or Nephew; and
6. First Cousin and Children of First Cousin.


[NEW] Foreign National

A foreign national for the United States (U.S.) refers to a minor living in the U.S. reported to have been born in another country, who has at least one parent who is a citizen of another

country, and for whom no documentation is available showing U.S. citizenship has been established for the child.

[NEW] Vienna Convention

In compliance with the provisions of the Vienna Convention, the DCS local office will contact the appropriate foreign consulate or embassy in the United States (U.S.) soon as possible after the detention of a foreign national child.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: February 1, 2008
	Section 29: Joint Assessments	Version: 2

POLICY

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.

DCS will conduct joint assessments with LEA when CA/N allegations include, but are not limited to:

1. Child fatalities and near fatalities. See separate policy, [4.31 Fatality and Near Fatality Assessments](#);
2. 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
3. Allegations involving persons or entities acting as custodians of the child (licensed childcare homes or centers, unlicensed registered child care ministries, residential childcare centers, or schools) or employees or volunteers of those persons or entities.

[NEW] DCS will **not** conduct an assessment involving an unlicensed registered child care ministry without the presence of LEA.

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 meth lab and an interview with the child at an alternate site is not practicable. Refer to the [Indiana Drug Endangered Children \(DEC\) Response Protocol](#).

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

If LEA is able to respond within the assessment timeframe required by DCS, the Family Case Manager (FCM) will:

1. Arrange a preinterview conference 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, the FCM will:

1. Document in the assessment files the request that was made to LEA for a joint assessment (date 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

N/A

FORMS AND TOOLS

N/A

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.

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 from the investigating police officer and the alleged perpetrator's attorney, if one has been appointed, to conduct the interview. This is necessary to ensure that the alleged perpetrator's rights under criminal law are protected. If the Officer or the Attorney does not allow the interview the FCM must immediately advise the FCM Supervisor and document thoroughly.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: February 1, 2008
	Section 30: Institutional Assessments	Version: 2

POLICY

The Indiana Department of Child Services (DCS) local office will conduct an assessment of a report of possible Child Abuse and/or Neglect (CA/N) that occurred in an institution located within the county.

Institutions include:

1. Resource family homes,
2. Licensed childcare homes and centers,
3. Public and private schools,
4. Hospitals,
5. Group homes,
6. Residential treatment centers,
7. Emergency shelter care centers,
8. Correctional facilities, and
9. **[NEW]** Unlicensed registered child care ministries.

Code References

N/A

PROCEDURE

To assess an institutional report, the Family Case Manager (FCM) will:

1. Follow all procedures outlined in separate policy, [4.3 Conducting the Assessment](#) and in all related assessment policies.
2. If the child victim and/or the child perpetrator are Child in Need of Services (CHINS) or probation wards:
 - a. Notify the FCM assigned to provide ongoing services for the child or the Probation Officer; and
 - b. Notify the Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) appointed for the child.
3. Conduct the following interviews in addition to those required for a standard CA/N assessment, if warranted:
 - a. Current and former administration and staff of the institution;
 - b. Current and former residents of the institution, particularly those who may have witnessed the acts or omissions alleged in the report,
 - c. School administration and staff where the alleged child victim and/or alleged child perpetrator attend,
 - d. The ongoing services FCM assigned to the alleged child victim and/or the alleged child perpetrator,

- e. The Probation Officer assigned to the alleged child victim and/or alleged child perpetrator, and
 - f. Appropriate DCS local office or DCS Central Office licensing staff.
4. Review the alleged child victim's records kept by the facility, such as daily log sheets, medical reports, incident reports, etc;
 5. Examine and photograph pertinent areas of the facility;
 6. If the institution is a resource home and the license is held by an agency other than DCS, discuss with the assessing Supervisor and/or DCS Local Office Director if a review of the actual licensing file would further the progress of the assessment; and
 7. Request to review the licensing file if it is decided that information in the file will further the progress of the assessment.

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, the DCS Local Office Deputy Director, or the Regional Manager, at which 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 Workers Assessment Review Process](#).

[NEW] To assess an unlicensed registered ministry, the FCM will:

1. Notify his or her Supervisor that the assessment involves a child care worker as defined in separate policy, [2.3 Child Care Workers Assessment Review Process](#);
2. Determine the appropriate response time based on the nature of the allegation(s). Follow policies and procedures outlined in, [3.9 Initiation Times for Assessments](#);
3. Contact LEA and advise of the allegations, the response time required by DCS, and request a joint assessment. This information must be thoroughly documented in both written contact notes and the Indiana Child Welfare Information System (ICWIS) contacts (i.e., who was contacted at LEA);
4. Coordinate with LEA on the plan of action for the assessment. DCS is **not** to conduct an assessment of an unlicensed registered child care ministry without the presence of LEA;
5. Follow all procedures outlined in separate policy, [4.3 Conducting the Assessment](#);
6. Provide the [Notice of Availability of Completed Reports and Information](#) to the ministry administrator at the beginning of the assessment; and
7. Notify his or her Supervisor in the event the allegations are substantiated. The individual employed by the ministry is entitled to the appeal process available to child care workers which includes a CCWAR prior to supervisory approval of the assessment finding. Follow policies and procedures outlined in, [2.3 Child Care Workers Assessment Review Process](#).

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Access to Information

DCS has the authority to request and secure any information from a facility that is necessary to conduct a 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.

State Agencies that Administer and/or Monitor Institutions

Each of these state agencies has designated one (1) individual to work with DCS in the assessment of CA/N reports involving that agency's facilities. Basic information regarding the CA/N report as well as information concerning who will be assessing and the proposed time to initiate the assessment will be shared.

State agencies with a liaison person include:

1. Indiana State Department of Health;
2. Indiana Department of Correction;
3. Family and Social Services Administration: Division of Mental Health;
4. Indiana Department of Education; and
5. Indiana State Police.

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 to assess a child caregiver.


Child Care Home

DCS assesses all child care homes whether or not licensed, unlicensed, or operating illegally without a license.

A child care home is defined 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: January 1, 2012
	Section 31: Child Fatality and Near Fatality Assessments	Version: 7

POLICY

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, and unexplained, DCS shall consider these occurrences to determine whether or not the death or near fatality was related to child abuse and/or neglect.

DCS will coordinate child fatality or near fatality assessments with a Law Enforcement Agency (LEA) and the Coroner.

The Coroner shall immediately notify DCS by using the statewide hotline and either the local child fatality review team or if the county does not have a local child fatality team, the statewide child fatality review committee of each 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 of an apparently suspicious, unexpected, or unexplained manner.

In the event of a child 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 can 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 death of the child.

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 cannot be used in any criminal action.

[NEW] DCS will make a finding of substantiated or unsubstantiated no later than 180 days from the date the [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\)](#) (CA/N) Intake Report was received. See separate policy [4.22 Making an Assessment Finding](#).

Code References

1. [IC 31-33-8 Investigation of reports of suspected child abuse or neglect](#)
2. [IC 31-33-18-1.5\(h\) Data and information included in disclosed record of child fatality or near fatality assessment](#)
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](#)

PROCEDURE

For fatality and near fatalities, 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 \(SF 113/0311\)](#) 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 fatality of a child, within three (3) hours of the death of the child. The FCM must receive approval from the 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 \(SF 113/0311\)](#). If a drug or alcohol screen cannot be completed at the scene, collaboration shall occur between LEA and the DCS 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 a DCS [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#) can be prepared;

Note: The final Autopsy Report can 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 \(SF48201\)](#) and document in the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#). 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](#)) but do not approve the assessment;

[REVISED] For all fatalities and near fatalities that are either substantiated or unsubstantiated, per [IC 31-33-18-1.5\(h\)](#) the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#) must include a summary of 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 and, if the department had prior contact (not just prior substantiated history) where the fatality or near fatality child had been previously listed as a victim, or when any alleged perpetrator in the fatality/near fatality assessment has been listed as a perpetrator, include the following:
 - a. The frequency of the contact (face to face) with the child or the perpetrator before the fatality or near fatality and the date on which the last contact 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; and
 - ii. If the child's case was closed as described under item (i), the reasons that the case was closed and the date of closure.
- 5. Document all efforts made to obtain any outstanding reports (i.e. coroner's report, autopsy).

The 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 Supervisor is satisfied that DCS has reason to believe impairment is suspected in the fatality of a child ;
- 2. Send one (1) copy of the assessment file to the Deputy Director of Field Operations for review by the DCS Fatality Unit within 30 days of the receipt of the child fatality or near fatality report, unless the assessment cannot be completed within that time frame due to unavailability of a necessary report or document, such as an Autopsy Report. The assessment file should include these and other items:
 - a. Completed and approved [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#),
 - b. Copies of any history the family may have had with DCS,
 - c. Completed but unapproved [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#),
 - d. Completed and thoroughly documented assessment notes (add printed contacts from ICWIS),
 - e. Hospital report,

Note: This refers to any relevant medical information relating to the fatality or 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. 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 \(SF 113/0311\)](#).

- i. State issued Death Certificate, and
 - j. Copies of available newspaper clippings showing the progress of the assessment and, if applicable, the outcomes of the arrest and trial.
- 3. Following review by the DCS Fatality Team, approve the assessment as directed by the Fatality Unit; and
- 4. Send a copy of the completed DCS [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#) to the following persons, if substantiated, and follow-up via phone to confirm receipt:
 - a. County Prosecutor,
 - b. Investigating LEA, and
 - c. County Coroner.

5. Assess to determine if a referral to the DCS Critical Response Unit is needed to assist local staff.

The DCS Local Office Director or designee will:

1. Complete the [Child Death Review](#) using the National Center for Child Death Review's Case Reporting System.

PRACTICE GUIDANCE

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" under findings on the allegation screen in the assessment module. 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 that 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 \(SF 113/0311\)](#). For example, interview dates and birth dates can be found in LEA reports.

Delayed Coroner's Reports and Autopsies

DCS has 30 days to complete a CA/N assessment, although it may take longer than 30 days to receive the final Coroner's report and autopsy report.

Note: Delayed Coroner's reports and autopsies are not justification for delaying sending the assessment file, including the completed Assessment Report, to the Deputy Director of Field Operations, unless the FCM is unable to get a verbal Coroner's report and autopsy report, and has documented this in ICWIS. If the FCM is unable to obtain a report necessary to complete the assessment within 30 days after receiving the fatality report, the Supervisor will notify the DCS 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.

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.

FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF114\)](#)
2. [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#) – Available in ICWIS
3. [Child Death Review](#) –Available online at <http://www.childdeathreview.org/reports/CDRCaseReportForm2-1-11009.pdf>
4. [4.B Tool - Assessment Narrative](#)
5. [Notice of Availability of Completed Report and Information \(SF48201\)](#)—Available in Hardcopy

RELATED INFORMATION

"Near Fatality"

A "near fatality" is defined by the Child Abuse Prevention and Treatment Act (CAPTA) as "an act that, as certified by a physician, places the child in serious or critical condition."

DCS defines near fatality as a situation where a child has been admitted to the intensive care unit (ICU) or a neonatal intensive care unit (NICU) **and** has been placed on a ventilator due to injuries sustained from alleged abuse and/or neglect (this definition was developed in conjunction with forensic pediatric experts). Once the child meets this criteria then the allegation of "near fatality" should be marked along with any other type(s) of maltreatment.

A child cannot be determined to be a near fatality and a fatality 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 worker must un-approve the near fatality assessment, unsubstantiate the near fatality allegation, and add the allegation of death to the assessment. The FCM is required to e-mail the Assistant Deputy Director of Field Operations of the death as soon as possible but no later than 24 hours upon learning of the fatality. The worker must document in ICWIS that the fatality resulted from the near fatality injury.

Autopsy Report

A clinical report issued by a medical doctor/pathologist.

According to [IC 36-2-14-18\(e\)](#), a coroner shall make available, upon written request, a full copy of an autopsy report, including photograph, a video recording, or an audio recording of the autopsy to:

1. DCS established by [IC 31-25-1-1](#), including the DCS local office where the death occurred;
2. Statewide child fatality review committee established by [IC 31-33-25-6](#); or
3. A county child fatality review team or regional child fatality review team established by IC 31-33-24-6 by the county or for the county where the death occurred


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 document issued by an elected official usually based on the findings in an autopsy report.

Coroner's Inquest

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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: January 1, 2012
	Section 32: Child and Adolescent Needs and Strengths (CANS) Assessment	Version: 2

POLICY [REVISED]

The Indiana Department of Child Services (DCS) utilizes the Child and Adolescent Needs and Strengths (CANS) Assessment to document and communicate the strengths and needs of the child 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 Assessment will also play a critical role in informed decision making regarding the category of placement recommended for a child once the decision to place has been made.

The DARMHA Database

The CANS will be completed by DCS staff in the Data Assessment Registry Mental Health and Addictions ([DARMHA](#)) database. When completed, the CANS instrument will produce a behavioral health recommendation. If a child will be placed out-of-home, the FCM should indicate the DCS decision to remove/place the child within the CANS to generate the CANS placement recommendation.

To gain access into DARMHA, individuals must register in the system by completing the DARMHA [Individual User and Confidentiality Agreement Form](#). For further information on CANS certification see the [DCS CANS/DARMHA User Guide](#) or contact a SuperUser at your DCS local office or the DCS CANS mailbox at DCS.CANS@dcs.in.gov.

The DARMHA database includes five (5) versions of the Indiana CANS assessment; CANS Comprehensive 5-17; Comprehensive Birth-5; short 5-17; Short Birth-5; and Crisis Assessment Tool. DCS will use the Comprehensive Birth-5 and 5-17 as well as the Short Birth-5 and 5-17 tools as indicated based on the age of the child and case juncture as outlined below. DCS will not use the Crisis Assessment Tool.

[NEW] Note: For children who are age five (5), FCMs should use the version that will best address the child's developmental needs. For example, consider the child's school involvement. If the child is in school (kindergarten through grade 12), use the CANS 5 to 17. For youth who are age 18+ years, FCMs should use the CANS 5 to 17. For youth 18+ years that do not have a Caregiver, rate the youth's own ability to fulfill the following caregiver functions/items: Supervision, Knowledge, Organization, and Residential Stability. Mark remaining items N/A (they are reflected in other items). If the youth has family or an unpaid caregiver, rate that person or persons regarding their ability to fulfill the caregiver functions. This modification allows the Behavioral Health algorithm to function.

[REVISED] Initial CANS Assessment

DCS will complete an Initial CANS Assessment (short or comprehensive) for each child in the home when:

1. The substantiated assessment has been 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; and/or
4. Children are placed Out-of-Home during a CA/N assessment.

DCS may complete a Short or Comprehensive CANS during the DCS Assessment phase. DCS will complete a Comprehensive CANS Assessment if any needs item is rated a 2 or 3 within the Short CANS Assessment (see practice guidance)

[NEW] When completing a CANS assessment on a child and his or her family, the Family Case Manager (FCM) should first gather information from readily available sources, which may include the child, the family, the Court Appointed Special Advocate (CASA), the Guardian Ad Litem (GAL), foster parents, service providers, the school, and others with relevant information.

DCS will complete a Comprehensive CANS Assessment prior to the development of the Program of Informal Adjustment (IA-R 3091109) or Case Plan ([SF 2956/DCS0046](#)). DCS will engage the CFT to assist in identifying the child's strengths and needs in order to determine the appropriate level of services for the child and family, using the CANS ratings and recommendations as guidance.

Note: All needs items rated a 2 or 3 on the CANS should be addressed in the Program of Informal Adjustment (IA-R 3091109) or Case Plan ([SF 2956/DCS0046](#)). Strengths rated a 0 or 1 on the CANS can also be central or useful to strength-based planning.

The CFT will also review the family's [Initial Safety Assessment](#) and the [Initial Family Risk Assessment](#) to assist in identifying the family's needs and corresponding services. See separate policy, [5.10 Family Services](#). The FCM should also engage the CFT in determining the service level and service type for each family. See separate policy, [4.26 Determining Service Levels and Transitioning to Ongoing Services](#).

CANS Re-Assessment

DCS will continue to update the Comprehensive CANS every 180 days and at critical case junctures during the life of the case.

CRITICAL CASE JUNCTURES

A critical case juncture is an event or episode involving the child or family that may cause a disruption (e.g. trial home visits, potential placement disruptions, new abuse or neglect allegations, potential runaway situations, pregnancy of the child, lack of parental contact, adoption placements, etc.). DCS will update the Comprehensive CANS at critical case junctures throughout the life of the case.

CANS Transition/Discharge

DCS will complete a Comprehensive CANS upon closing all ongoing cases.

Service(s) and Placement Type Determination

[REVISED] CANS RECOMMENDATIONS

CANS Behavioral Health Recommendations

When the Short or Comprehensive CANS, Birth-5 or 5-17 Assessment is completed in [DARMHA](#), the behavioral health decision model will run, producing one of the following recommendations:

0. No Treatment Services Indicated
1. Outpatient
2. Entry Level Behavioral Health (Birth-5) or Outpatient with Limited Case Management (5-17)
3. Supportive Community Services
4. Intensive Community Services: Wraparound
5. Intensive Community Services: Community Alternative to Psychiatric Residential Treatment Facility (CA-PRTF Grant)
6. Intensive Services: CA-PRTF Grant, PRTF or State hospital

[REVISED] 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 the FCM indicates on the CANS tool that DCS or the court decided to remove / place the child, the CANS placement decision model will run, producing one of the following recommendations:

Foster Care

This is the minimum placement level recommended on the CANS for all children identified as removed/placed by DCS. The child's needs can be met in a family and community setting with access to school, friends and community-based resources. Child may have a history of mild behavioral/emotional needs that require a low level of service (such as outpatient therapy).

Foster Care with Services/Moderate Foster Care

This indicates the child has a moderate developmental, behavioral/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.

Therapeutic Foster Care

This indicates the child has either a severe medical, developmental or behavioral/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.

Group Home

This indicates the child age 12 or older has a moderate developmental, sexual aggression, physical, medical, or delinquency need 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.

Residential

This indicates the child age 12 or older has a severe developmental, sexual aggression, physical or medical, and/or delinquency need 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 intensity.

Placement Decision-Making

1. If an out-of-home placement is needed, the FCM will first search for an appropriate relative placement and utilize the CANS behavioral health and placement recommendations to determine any additional services needed to support the relative placement.
2. If an appropriate relative is not identified and a non-relative placement is needed, the FCM will then search for an appropriate licensed foster care home (DCS or Licensed Child Placing Agency (LCPA) and utilize the CANS behavioral health and placement recommendations to determine any additional services which are needed to support the licensed foster home placement.
3. If the CANS placement recommendation is Group Home or Residential Facility, the FCM will review the CANS ratings to determine the needs of the child. The FCM should then 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 should then search for an appropriate placement setting to meet the identified needs of the child.
4. Any placement of a child in a placement type other than the CANS placement recommendation will require the DCS Local Office Director or their designee's approval.
5. Placement in a residential facility will require approval from the Residential Placement Committee. DCS will not place a child into a residential care facility prior to receiving court approval of the DCS recommendation. See separate policy. See separate policy, [8.4 Residential Care Review and Approval](#).

Code Reference

N/A

PROCEDURE

[REVISED] Substantiated and Closed CA/N Assessments

For all substantiated CA/N assessments that are closed without opening a case, the FCM will:

1. Gather 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 community service information and referral to the child's parent, guardian or custodian as appropriate for the Behavioral Health Recommendation.

Informal Adjustments (IAs) and In-Home Child in Need of Services (CHINS)

For all IAs and In-Home CHINS assessments, the FCM will:

1. Gather information necessary to complete the CANS Assessment;
2. Complete the Initial CANS Assessment within five (5) days of the CA/N assessment finding;
3. **[REVISED]** For all Informal Adjustments and In-Home CHINS, if an item is rated a 2 or 3 on the Short CANS Assessment, then the Comprehensive CANS

- Assessment must be completed within thirty (30) days of completion of the Short CANS or prior to development of the [Progress Report on the Progress of Informal Adjustment \(IA ProgRptR1073008\)](#) or Case Plan (SF 2956/DCS0046), whichever is first. See separate policy, [5.8 Developing the Case Plan](#);
4. Complete "additional steps" below.

Placement Out-of-Home during the Child Abuse and/or Neglect (CA/N) Assessment and Out-of-Home Child and Need of Services (CHINS)

For all children placed out-of-home during the CA/N assessment, the FCM will:

1. Gather 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;
3. The Comprehensive CANS Assessment must be completed within thirty (30) days of completion of the Short CANS or prior to development of the [Case Plan \(SF 2956/DCS0046\)](#), whichever is first. See separate policy, [5.8 Developing the Case Plan](#); and
4. Complete "additional steps" below.

Critical Case Junctures

For all children or families who are involved in a critical case juncture (e.g., any time there is an apparent change in the child or family needs that might require a different intensity of services), the FCM will:

1. Complete the Comprehensive CANS Assessment within five (5) days of the beginning of the event, unless a placement change is necessary which would require a Comprehensive CANS Assessment prior to placement; and
2. Complete "Additional Steps" below.

Additional Steps for All CANS Assessments

In addition to the steps listed above, the FCM must complete the following for all CANS Assessments:

1. After completion of the CANS Assessment, discuss the appropriateness of the recommendations first with the parent, guardian, or custodian during the CFTM prep meeting. Distribute copies of the CANS assessment and prompt discussion of the ratings and recommendations with the CFT members. Should the CFT members significantly disagree on any of the needs ratings, behavioral health or placement recommendations those disagreements may be addressed in the CFTM or other team meeting in order to build consensus among team members;
2. If it is determined that the child should be placed at a category lower than the CANS recommendation, seek the DCS Local Office Director or his or her designee's approval and document in Indiana Child Welfare Information System prior to placing;
3. If it is determined that the child should be placed at a category higher than the CANS recommendation, seek the DCS Local Office Director or his or her designee's approval and document in the Indiana Child Welfare Information System prior to placing;
4. Document all behavioral health recommendations and decisions in the 'Comments' portion of the [Case Plan \(SF 2956/DCS0046\)](#). [Progress Report on Program of Informal Adjustment \(IAProgRptR1073008\)](#) for all IAs.

5. Document the placement recommendation and decisions in the 'Placement' portion of the [Case Plan \(SF 2956/DCS0046\)](#);
6. Print a hard copy of the CANS Assessment and recommendation and place in the child's file;
7. Provide a copy of the CANS Assessment and recommendation to the child's parent(s), guardian or custodian if the case plan goal is reunification and provide a copy to service or placement providers and Child and Family Team members as appropriate.
8. Document the CANS results in the Indiana Child Welfare Information System;
9. **[REVISED]** Complete a CANS Assessment every 180 days when updating the [Case Plan \(SF 2956/DCS0046\)](#), to develop an IA or at critical case junctures, using the Comprehensive CANS tool. This is not applicable when CA/N has been substantiated and the assessment has been closed; and
10. **[REVISED]** Modify [Case Plan \(SF 2956/DCS0046\)](#) or [Program of Informal Adjustment \(IA-R3091109\)](#) based on progress and changing needs of youth and family. This is not applicable when CA/N has been substantiated and the assessment has been closed.

The Supervisor will:

1. Discuss any questions or concerns the FCM may have regarding the CANS Assessment ratings and/or its recommendations;
2. Monitor the quality of the FCM's CANS Assessments on an ongoing basis; and
3. Monitor the FCM's CANS certification and recertification.

The DCS Local Office Director or his or her designee's will:

1. Discuss any questions or concerns the Supervisor and FCM may have regarding placements at a higher category of care than the CANS recommendation or any placements in residential facilities; and
2. Make a final decision regarding requests to place a child in a higher category of care than the CANS recommends or requests to place a child in a residential facility and inform the Supervisor and FCM of his or her decision.

PRACTICE GUIDANCE

The [CANS Friendly Interview Guide](#) can be referenced for suggested questions when conducting the CANS Assessment. CANS users may want to look at the questions for tips and/or ideas about asking sensitive questions in a manner that is respectful to youth and parents. However, good practice is to engage the family and child in telling their story, 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 [DHARMA](#) documents webs page to assist in accurately rating each CANS measure such as the Indiana CANS Manuals, Score sheets, and Glossary.

The FCM and Supervisor should determine if the Short or Comprehensive CANS Assessment is most appropriate in this situation based on the amount of information they have available at the time of the assessment. DCS may complete a Short CANS at this time unless the child scores a 2 or 3 on specific measures. If the child scores a 2 or

3 on the Adjustment to Trauma, Substance Use, Danger to Others, Sexual Aggression, Runaway, Delinquency, Fire Setting, School Functioning and/or Developmental measures, DCS will complete the Comprehensive CANS.

FORMS AND TOOLS

1. [Case Plan \(SF 2956/DCS0046\)](#) - Available in the Indiana Child Welfare Information System
2. [Program of Informal Adjustment \(IA-R3091109\)](#)
3. [Safety Assessment](#) - Available in the Indiana Child Welfare Information System
4. [Strengths and Needs Assessment](#) - Available in the Indiana Child Welfare Information System
5. [Risk Assessment](#) - Available in the Indiana Child Welfare Information System
6. [CANS Friendly Interview Guide](#)
7. [DARHMA](#)
8. [DARMHA Documents Page](#)
9. [Communimetrics](#)
10. [DCS CANS/DARMHA User Guide-Available in hard copy](#)

RELATED INFORMATION


[REVISED] CANS CERTIFICATION

All DCS Field Staff must certify using the web-based training available through the Communimetrics database at www.communimetrics.com/CansCentralIndiana. A 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 SuperUser classroom training in order to become certified as a CANS SuperUser. A SuperUser receives additional training on how to train and mentor CANS users and is required to achieve a reliability rating of .75 or higher in the CANS. FCM Supervisors must attend a SuperUser Booster training annually from previous date attended, to maintain SuperUser status. Recertification must be completed through the Communimetrics database.

Once FCM Supervisors are certified as SuperUsers, they are responsible for assisting FCMs in their DCS local office in becoming and maintaining CANS Certification.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2011
	Section 33: Standby Guardianship	Version: 1

POLICY **[NEW]**

The Indiana Department of Child Services (DCS) will consider the Standby Guardian or Alternate Standby Guardian as defined in IC 29-3-3-7 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 Indiana Code (IC) 31-33;
2. An open Child In Need of Services (CHINIS) case under IC 31-34; or
3. An open delinquency case under IC 31-37.

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 Local Office Attorney.

Code References

1. [IC 31-33. Juvenile Law: Reporting an Investigation of Child Abuse and Neglect](#)
2. [IC 31-434. Juvenile Law: Children in Need of Services](#)
3. [IC 31-37. Juvenile Law: Delinquency](#)
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 Local Office 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 Indiana Child Welfare Information System 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](#) – Available in policy [Chapter 5-General Case Management](#)
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

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 29-3-1-7.50 or having a developmental disability (as defined in IC 12-7-2-61).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: July 1, 2012
	Section 34: Safe Haven and Abandoned Infants	Version: 3

POLICY [REVISED]

Safe Haven

The Indiana Department of Child Services (DCS) will assume the care, control, and custody of a child¹ immediately after receiving notice that the parent:

1. Has knowingly or intentionally left the child with an emergency medical services provider; 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 service 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 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 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 will not be considered as a long-term or adoptive placement for the child.

[NEW] Abandoned Infants

DCS will assume the care, control, and custody of a child² 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 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 hold an Initial Hearing 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](#)

PROCEDURE [REVISED]

For Safe Haven infants, the Family Case Manager (FCM) will:

1. Arrange for emergency placement of the child. (See Related Information for Emergency Placement of Safe Haven babies);
2. Submit an [Intake Officer's Report of Preliminary Inquiry \(PI\) and Investigation \(PI-R1 070108\)](#) 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. Supervisor,
 - e. Special Needs Adoption Program (SNAP) Specialist (if appropriate),
 - f. FCM, and
 - g. Licensing FCM.
5. Contact the Indiana Clearinghouse within 48 hours.

[NEW] 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 within 48 hours.
3. Conduct a diligent search [Affidavit of Diligent Inquiry \(ADI\)\(SEARCH100801ADI\)](#) 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 \(ADI\) \(SEARCH100801ADI\)](#) 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](#).

5. Work with the DCS Local Office 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 assessment Supervisor for review and approval.

The Supervisor will:

1. Assist the FCM, when necessary, with completing the required CHINS documents; and
2. Ensure the FCM or designated staff contacts the Indiana Clearinghouse within 48 hours; and
3. Attend a placement staffing.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Service Request Intake Report \(SF 49548/CW0310SR\)](#) – Available via Management Gateway for Indiana's Kids (MaGIK)
2. [Intake Officer's Report of Preliminary Inquiry \(PI\) and Investigation \(PI-R1 070108\)](#) – Available via Management Gateway for Indiana's Kids (MaGIK)

RELATED INFORMATION [REVISED]

Emergency Medical Services Provider Locations

Can consist of:

1. Hospital emergency room;
2. Fire station; or
3. Police station.

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 substitute care. The recommendation for prospective adoptive placement cannot be the emergency foster care home.

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. Supervisor;
5. SNAP Specialist (if appropriate); and
6. Licensing FCM.

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.

[NEW] 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 MANUAL	
	Chapter 4: Assessment	Effective Date: June 1, 2012
	Section 35: Transferring Intercounty Child Abuse and/or Neglect (CA/N) Intake Reports	Version: 2

POLICY [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 [REVISED]

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 \(Overview\)](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: June 1, 2012
	Section 36: Linking Child Abuse and/or Neglect (CA/N) Reports to Open Assessments	Version: 2

POLICY

When appropriate, the Indiana Department of Child Services (DCS) will electronically link a new [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\)](#) to assessments that have been:

1. Open 30 days or less;
2. Involve the same perpetrator **and** the same victim; and
3. The same or similar allegations.

When a CA/N intake report is linked to an existing assessment, a separate assessment will not be conducted, although appropriate steps will be taken within the current assessment to assure the safety and well-being of the child.

DCS will not link CA/N Intake Reports to existing assessments when it is necessary to conduct a separate, thorough assessment in order to assure the safety and well-being of a child.

Code References

[IC 31-33-7-4: Written Reports](#)

PROCEDURE **[REVISED]**

Upon receiving a report of CA/N that involves a family for which there is an open assessment, the Family Case Manager (FCM) will:

1. Check the Indiana Child Welfare Information System to see if the assessment has been open 30 days or less and the new report involves the same alleged perpetrator, same victim, and same or similar allegations;
2. Carefully review the information on the linked CA/N intake report and give the utmost consideration to the safety and well-being of the alleged child victim. Seek supervisory input as necessary to determine appropriate actions;
3. Make a recommendation as to whether it is in the best interest of the alleged child victim's safety and well-being to link the new report with the open assessment; and
4. Take all appropriate actions, which could include, but are not limited to, contacting the family to discuss the new information and conducting a new [Safety Assessment](#) and/or [Risk Assessment](#).

The Supervisor will:

1. Make a final decision about whether the report will be linked;

2. Follow the appropriate steps to link the intake report to the open assessment if the report **will** be linked, and if a CA/N Intake Report has already been created in the Indiana Child Welfare Information System; and
3. Confirm receipt of the linked report by the FCM assigned to the assessment. Ideally, this will be done by making direct contact with the FCM either in-person or via phone.

PRACTICE GUIDANCE

When it is Appropriate to Link a New CA/N Report

A new CA/N report may be linked when it is not necessary to conduct a separate, thorough assessment (including all required interviews) to assure the safety and well-being of the child. Example: DCS receives a new report of a “dirty house.” The family has been involved for the past 20 days in an assessment for similar allegations. All interviews have been completed by the FCM, as well as a home visit, [Initial Safety Assessment](#), [Initial Family Risk Assessment](#) (if applicable), and [Indiana Caregiver Strength and Needs Assessment](#). Rather than start over with a new assessment and re-do all interviews, etc., the FCM and his or her Supervisor should discuss the specifics of the situation as they relate to the safety of the child. It may be determined that the most appropriate action would be for the FCM to speak with the parents, make face-to-face contact with the child, and visit the home to assess the environment. It may not be necessary to interview anyone else. When used appropriately, linking can avoid duplication of effort. However, linking should never occur at the expense of child safety and well-being. When in doubt, do not link.

[NEW] Linking an assessment to an already open assessment may eliminate the ability to automatically generate each [Report of Assessment or Investigation](#) in the Indiana Child Welfare Information System. If more than one report is received by DCS from the agencies listed in policy [4.21 Report of Assessment or Investigation](#), it is the responsibility of the FCM to generate a Report of Assessment or Investigation for each professional report source and include the statutorily required information outlined in this policy.


FORMS AND TOOLS

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114\)](#) – Available in the Indiana Child Welfare Information System
2. [Report of Assessment or Investigation](#) — Available in the Indiana Child Welfare Information System

RELATED INFORMATION

Collateral Contacts

The above policy does not apply to collateral contacts who call DCS with additional information about an open assessment.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: June 1, 2012
	Section 37: Change in Household Composition	Version: 1

POLICY [NEW]

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.

At any time during an assessment when there is a restriction placed by DCS on any parent regarding contact with their child, a CHINS Petition will be filed.

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 [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) 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 [Family Support/Community Services Plan \(SF 53243/CW3425\)](#));
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 Indiana Child Welfare Information

System.

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, that caregiver must agree to provide a safe environment for the child.

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 5 business days or court action will be initiated. See separate policies [5.9 Informal Adjustment](#) and [6.2 Filing a CHINS Petition](#).

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

[Family Support/Community Services Plan \(SF 53243/CW3425\)](#)

RELATED INFORMATION

General

The [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) 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 [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) 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. For further information on the [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) see Policy section 4.19.


Parental Involvement in Family Support/Community Services Plan Development

Involvement of the family in the development of a [Family Support/Community Services Plan \(SF 53243/CW3425\)](#) 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: April 1, 2011
	Section 1: Transitioning from Assessment	Version: 5

POLICY

When a case is transitioned from the assessment phase to ongoing case management services, the Indiana Department of Child Services (DCS) will ensure continuity of care for children and families by holding a transition meeting, which will include the assessment worker, the ongoing worker, and the family whenever possible.

When transitioning a case from an assessment worker to an ongoing worker, DCS will transition all [Family Support/Community Services Plans \(SF 53243/CW 3425\)](#) into [Safety Plans \(SF 51455/CW 0440\)](#).

In cases where domestic violence has been identified as a risk factor during the assessment phase:

1. Two (2) [Family Support/Community Services Plans \(SF 53243/CW 3425\)](#) will have been developed;
2. Each [Family Support/Community Services Plans \(SF 53243/CW 3425\)](#) will be transitioned into a [Safety Plans \(SF 51455/CW 0440\)](#);
3. The [Safety Plans \(SF 51455/CW 0440\)](#) of the non-offending parent and child(ren) should not be shared with the alleged domestic violence offender;
4. The FCM should engage the alleged domestic violence offender to develop a separate [Safety Plans \(SF 51455/CW 0440\)](#); and
5. Both [Safety Plans \(SF 51455/CW 0440\)](#) should also address any other safety concerns that have been identified for the child(ren).

DCS will ensure that each child has one (1) ongoing service Family Case Manager (FCM) for the life of the case whenever possible.

[NEW] If a case has to transition from one ongoing FCM to another ongoing FCM, DCS will continue to ensure continuity of care for each child by holding a transition meeting or a Child and Family Team Meeting (CFTM). See separate policy [5.7 Child and Family Team Meetings](#).

Code References

N/A

PROCEDURE

The assessment FCM will:

1. Make a request to his or her Supervisor or designee to open/reopen a case;
2. Complete all ICWIS data entry for:
 - a. Hearings,

- b. Placement,
 - c. Services,
 - d. [Visitation Plan](#),
 - e. The [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#),
 - f. Demographic information in the Assessment Module,
 - g. Contacts,
 - h. School information/education,
 - i. Medicaid number,
 - j. Indiana Support Enforcement Tracking System (ISETS) interface,
 - k. Mental Health Screen,
 - l. Immunization records, and
 - m. Income and resources for all household members.
3. Document the following in the case file:
- a. [Affidavit of Diligent Inquiry \(ADI\) \(SEARCH100801ADI\)](#),
 - b. Court Reports (i.e., if the court hearing is within 10 business days of the transfer, the assessment FCM would be responsible for this report, unless negotiated otherwise at the transition meeting),
- Note:** At a Detention/Initial Hearing, initial court order language must include Contrary to the Welfare/Best Interests of the child; Reasonable Efforts to Prevent Removal; and Placement and Care responsibility to DCS.
- c. Notices, and
- Note:** This includes [Notice to Relatives \(NOT060901LTR\)](#) which must be sent within 30 days of removal. See separate policy, 4.0 Diligent Search.
- d. [Family Support/Community Services Plans \(SF 53243/CW 3425\)](#).
- Note:** For families experiencing domestic violence, every non-offending parent and alleged domestic violence offender will have separate [Family Support/Community Services Plans \(SF 53243/CW 3425\)](#). Each plan must transition to become a [Safety Plans \(SF 51455/CW 0440\)](#). The non-offending parent and child(ren)'s plan is **not** to be shared with the alleged domestic violence offender. See Practice Guidance for more information.
- 4. Send a copy of [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) to the FCM;
 - 5. Schedule and invite all identified necessary participants (e.g., parent, guardian, or custodian, child, substitute caregivers, both Supervisors, service providers, and both FCMs) to the required transition meeting within 15 business days of the Detention/Initial Hearing; and
 - 6. Document contacts in ICWIS that all parties were notified for the transition meeting.

The assessment Supervisor will:

- 1. Assure that the assessment FCM continues to be responsible for attending all court hearings and monitoring the child's safety and well-being, until the case is transferred to an ongoing service FCM. See related information for further details;
- 2. Assign the case to an ongoing service FCM or to an ongoing service Supervisor; and

3. Forward a copy of the approved [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) and other pertinent information to the ongoing service Supervisor, at least one (1) business day prior to the transition meeting.

The ongoing Supervisor will:

1. Identify an ongoing service FCM for the case;
2. Forward the [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) and pertinent information to the ongoing service FCM; and
3. Assign the ongoing service FCM the case in ICWIS within 48 hours of the transition meeting.
4. **[NEW]** Ensure that the new ongoing FCM receives the hard copy case file from the current ongoing FCM within 48 hours of the transition meeting.

The ongoing service FCM will review the [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) and pertinent information prior to the transition meeting.

[NEW] When transferring a case from one ongoing FCM to another, the current ongoing FCM will:

1. Schedule a transition meeting; and
2. Transfer the hard copy case file within 48 hours of the transition meeting.

The new ongoing FCM will:

1. Attend the transition meeting;
2. Review the hard copy case file; and
3. Review the case in ICWIS.

PRACTICE GUIDANCE

Safety Plans and Domestic Violence

The primary goal of a [Safety Plans \(SF 51455/CW 0440\)](#) created by DCS is to ensure the safety of the child(ren). The purposes of these plans are to:

1. Achieve immediate and long-term safety for child(ren) and non-offending parent; and
2. Provide safety options for the non-offending parent and the child(ren).

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). [Safety Plans \(SF 51455/CW 0440\)](#) 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, 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 Plans \(SF 51455/CW 0440\)](#) of the non-offending parent and child(ren) should not be shared with the alleged domestic violence offender. The FCM should engage the alleged domestic violence offender to develop a separate [Safety Plans \(SF 51455/CW 0440\)](#) which holds him or her accountable for the abusive behavior and responsible for stopping the violence. Both [Safety Plans \(SF 51455/CW 0440\)](#) should also address any other safety concerns that have been identified for the child(ren).

FORMS AND TOOLS

1. [Visitation Plan](#) – Available in ICWIS
2. [Affidavit of Diligent Inquiry \(ADI\) \(SEARCH100801ADI\)](#) – Available in ICWIS
3. [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) – Available in ICWIS
4. [Safety Plans \(SF 51455/CW 0440\)](#) – Available in ICWIS
5. [Family Support/Community Services Plan \(SF 53243/CW 3425\)](#) – Available in ICWIS
6. [Notice to Relatives \(NOT060901LTR\)](#)

RELATED INFORMATION

Purpose of Transition Meetings

A Child and Family Team (CFT) Meeting can be utilized to accomplish a transition meeting. A transition meeting should be held within 15 business days from the date of the Detention/Initial Hearing. Timing of this meeting is critical to the actual transfer of the case so initiating the transfer as soon as possible can be beneficial. As soon as the filing of a petition for Child in Need of Services (CHINS) is imminent, the assessment Supervisor should initiate the request for transfer with the ongoing Supervisor. Ideally, an ongoing FCM could be identified prior to the Detention/Initial Hearing and the transition meeting could occur at that time.

The purpose of the meeting is to provide all parties with as much information as possible about the status of the case and to engage the family in the planning process to effect a smooth transition of the case.

Examples of information to be shared and discussed with the parties include:

1. The family's strengths and underlying needs;
2. Needs that may arise in the near future;
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 Supervisor;
6. Formal and informal supports for the family; and
7. Information about the membership of the CFT.

Continuous parent, guardian, or custodian involvement throughout the case is a significant factor in family preservation and family reunification efforts. Therefore, the family should attend the transition meeting, if at all possible, and be given ample notice of the meeting. When scheduling the transition meeting, consideration should also be given to the new FCM to prepare for the next court hearing (i.e., allowing enough time to prepare).

Pertinent Family Information

At the transition meeting, all parties, especially the family, should review and discuss with the new FCM all pertinent family information (e.g., family strengths, values, support systems, family composition, behavioral, mental health, developmental and/or medical needs, domestic violence concerns, immediate needs, substance abuse, truancy, etc.). Based on the dynamics of the case, it may be necessary to have more than one transition meeting (i.e., 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.

“Transitioned” Defined

A case is “transitioned” when the following has occurred:


1. A transition meeting;
2. The new FCM is assigned the case in ICWIS, within 48 hours of the transition meeting; and
3. The new FCM has received the hard copy file.

Eligibility for Federal Funding

The following should be documented in the case file and in ICWIS:

1. The most accurate and up to date information concerning household members;
2. The relationships of household members to the removed child;
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 should be documented.

The FCM is responsible for determining which members of the household are included in the Assistance Group and which persons should be designated as the child’s Specified Relative in ICWIS. This information is needed to make an eligibility determination for federal funding (Title IV-E foster care, Title IV-A Emergency Assistance, Title IV-E Waiver) to cover the costs of the child’s substitute care and DCS’s administrative expenditures.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: January 1, 2009
	Section 2: Gathering Case Information	Version: 2

POLICY

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. This information will be used when developing the [Case Plan \(SF 2956/DCS 0046\)](#) and establishing eligibility for federal funding. See separate policy, [5.8 Developing the Case Plan](#) and the [Family Functional Assessment Field Guide](#) for suggested questions in each functional area.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Collect at least the following information:
 - a. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#),
 - b. [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#),
 - c. Safety Assessment,
 - d. Risk Assessment,
 - e. Strengths and Needs Assessment,
 - f. Assessment notes, photographs, and recordings,
 - g. Educational information,
 - h. [Medical Passport \(DCS PAM 036\(R2/3-06\)\)](#),
 - i. Family Network Diagram (See Chapter 12, [Family Network Diagram Instruction Guide](#)),
 - j. Documentation for determining eligibility for federal funding, and
 - k. Provider reports;
2. Record all pertinent contacts pertaining to assessment in the Indiana Child Welfare Information System;
3. Analyze all information as it pertains to safety, permanency, and well-being of the child(ren);
4. Provide a summary of all pertinent information to the Child and Family Team (CFT), for the purpose of developing an appropriate [Case Plan \(SF 2956/DCS 0046\)](#) to meet the needs of the child and family; and
5. Provide relevant information to service providers on the [Service Referral Form](#).

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Family Network Diagram Instruction Guide](#)
2. [Family Functional Assessment Field Guide](#) – Available on the Indiana Practice Model SharePoint
3. [Service Referral Form](#) – Available in the Indiana Child Welfare Information System
4. [Case Plan \(SF 2956/DCS 0046\)](#) – Available in the Indiana Child Welfare Information System
5. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) – Available in the Indiana Child Welfare Information System
6. [Assessment of Alleged Abuse or Neglect Report \(SF 113/CW0311\)](#) – Available in the Indiana Child Welfare Information System
7. [Medical Passport \(DCS PAM 036\(R2/3-06\)\)](#) – Available in Hard Copy

RELATED INFORMATION

Family Network Diagram

This tool 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 [Family Network Diagram Instruction Guide](#) for more information.

Areas of Assessment

Assessment is an ongoing process that happens at every interaction point 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;
3. Domestic violence;
4. Sexual abuse;
5. Living conditions;
6. Financial aspects 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. Any apparent family physical or mental health issues;

15. Substance abuse challenges;
16. Stability and transitions; and
17. 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 ICWIS and the case file, as needed. For example, if an item can be scanned into ICWIS, it does not need to be saved in the hard file. The following details regarding persons living in the household of the removed child are needed:

1. The relationship of household members to the removed child;
2. Sources and amounts 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 physical or mental illnesses of one or both parents that would prevent the parent from providing care and support to the child.

Note: These details can be used in determining a child's eligibility for Title IV-E Foster Care, Title IV-E waiver and/or Title IV-A Emergency Assistance.


Functional Strengths

The depth of an individual and family's capacity that enables them to endure and cope with difficult situations, to bounce back in the face of significant trauma, the ability to use external challenges as a stimulus for growth, to excel despite the barriers they may be presented, and the use of social supports, family rituals and traditions, as a source of resilience.¹

Underlying Needs

These are the underlying needs in the family that prevent the children from being safe. The family's beliefs, values, and knowledge that leads to behaviors that are either protective or not. The family, with help and support from the team, identify the needs, issues, obstacles, barriers, or problems to address in order to achieve safety, permanency, and well-being for the children. The first meeting includes an honest and complete disclosure by the team of all the identified needs with the understanding that, over time, subsequent CFT Meetings will address each of the needs, according to the priority established by the team.

¹ Adapted from McQuaide and Ehreulich, 1997

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: May 1, 2009
	Section 3: Engaging the Family	Version: 2

POLICY

The Indiana Department of Child Services (DCS) will build trust-based relationships with families and other partners by exhibiting empathy, professionalism, genuineness, and respect.

DCS will encourage the parent, guardian, or custodian to utilize the Child and Family Team (CFT) Meeting as the primary means for assessment of the individual strengths and needs of the child and family in determining case and service planning. DCS will explain the benefits of utilizing this process to each family. See Related Information. See separate policies, [5.7 Child and Family Team Meetings](#) and [5.8 Developing the Case Plan](#).

The Family Case Manager (FCM) will communicate to family members that active participation is wanted, needed, and valued in all aspects of the case as members of the CFT. DCS will, to the extent possible, engage both maternal and paternal family members equally in the assessment and case planning process from the first point of intervention.

DCS will demonstrate sensitivity and empathy to the crisis and emotions that family members may be experiencing, especially if they are separated from their child(ren).

DCS staff will strive to identify and value the cultural context in which the family operates. See Related Information for further details.

[NEW] DCS will engage all parents to be involved in the lives of their children, even when there is domestic violence present. DCS believes that all parents have a right and responsibility to be involved in their children's lives always considering the safety of the child(ren) and non-offending parent. See Related Information.

Code References

[IC 5-26.5-1-3: "Domestic violence"](#)

PROCEDURE

The FCM will¹:

1. Utilize CFT Meetings to encourage participation;
2. Clearly communicate DCS expectations to the parent, guardian, or custodian, to:
 - a. Actively participate in (CFT) Meetings;
 - b. Keep appointments;

¹ Illinois Best Practices Manual, 8.5.5, Engagement of the Kinship Network, <http://dcfswebresource.prairienet.org/bp/kinship/placement-04.php>

- c. Make every effort to involve the parent, guardian, or custodian in recommended services; and
 - d. Communicate openly and honestly.
3. Communicate updates regarding all aspects of the case in a timely manner to the court, CFT, parent, guardian, or custodian, and service providers;
 4. Recognize that family members may be new participants in the child welfare and juvenile court system. Take the time to explain how these systems work and answer any questions asked by the family. Ensure the family understands that events can occur at certain timelines during the life of the case, (i.e., filing of termination petition at 15 months of child being in substitute care);
 5. Respect the pace at which the family moves. Intervention is a traumatic time and the family may need time to process what is happening. Don't rush discussion and be sure to convey the importance of each and every contact;
 6. Recognize the value of the family members and value their expertise on the family history; and
 7. Assess family strengths, then engage the CFT or Case Plan Conference to determine how these strengths can be used to provide for the child's safety and well-being;

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Engagement

Engagement between a child, family, and FCM is the first step in creating invested relationships and assessing family strengths 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 children in their care. Engaging is the skill of effectively establishing a relationship with children, parents, and essential individuals for the purpose of sustaining the work that is to be accomplished together.

Benefits of the CFT Process to the Child(ren) and Family

When the FCM finds it necessary to encourage the family to utilize the CFT Meeting process, the following benefits of the CFT process can be shared:

1. Reduces the need for substitute care;
2. Increases the use of relative care;
3. Increases placement options in the child's own community;
4. Reduces the need for of institutional and group home care;
5. Reduces number of placement moves and disruptions;
6. Increases sibling placements;

7. Reduces court involvement;
8. Reduces length in out-of-home care;
9. Increases reunification and permanency rate;
10. Increases child and family visits;
11. Reduces incidence of repeat maltreatment;
12. Better outcomes for children;
13. Empowers parents which results in lasting change;
14. Better follow-through with services because parents make more decisions;
15. Validates the strengths of parents because DCS staff, service providers, and family members identify and discuss the strengths of the family;
16. Builds and improves important relationships and informal supports that continue long after DCS involvement;
17. Shared responsibility: family members and workers come together to make important decisions;
18. Concerns and issues are discussed: workers discover that family members are often concerned about the same issues that workers are concerned about;
19. Family specific service plans: CFT Meetings provide opportunities to develop service plans that are specific to the needs of the child and family; and
20. Establishes hope that families are willing to care for their own.

Cultural Competence & Family-Centered Practice

In family-centered practice, the child welfare agency and its staff strive to be culturally competent and ensure that services provided to children and families are respectful of and compatible with their cultural strengths and needs. Culturally competent agencies and practitioners are able to view a family's strengths and needs within a cultural context and integrate culturally relevant information in helping the family develop a meaningful plan of action. Cultural competence is a skill learned by the individual and the organization, fostered by a commitment to provide services that are culturally appropriate and that make a positive difference for children and families.

The culturally competent worker is guided by the following principles:

1. Respect for the client's home and family is of utmost concern;
2. Local etiquette should prevail in the worker's behavior as he or she enters the family's environment;
3. Careful work in establishing the role of the worker as a partner in helping is essential to establishing trust; and
4. The family remains in charge of their own lives while the worker motivates, facilitates, and creates a climate of respect and caring.²

Becoming culturally competent is considered a lifelong process that requires continual study and effort.

[NEW] Domestic Violence Service Providers and Child Protection Services (CPS)


Differences in mission, mandates, and development of child welfare and domestic violence agencies have contributed to a history of tension, a lack of collaboration, and even mistrust between domestic violence and CPS workers. However, during recent years, these two systems have begun to partner together effectively to support families and children facing domestic violence. Domestic violence agencies typically focus on safety and empowerment for adult victims, while the primary focus of child welfare workers is the protection of children.

² <http://www.childwelfare.gov/supporting/cultural.cfm#one#one>

Although there can be tension between these two systems, there are important similarities in values:

1. Both want to end domestic violence and child maltreatment;
2. Both want children to be safe;
3. Both want adult victim to be protected – for their own safety and so their children are not harmed by the violence;
4. Both believe in supporting a parent's strengths; and
5. Both prefer that children not be involved with DCS, if avoidable.

Building on these existing similarities will enhance the ability of each DCS local office to collaborate with local domestic violence service providers.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: May 1, 2008
	Section 4: Noncustodial Parents	Version: 1

POLICY	OLD POLICY: N/A
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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. A noncustodial parent is a person who does not have legal or primary physical custody of the child.

The Family Case Manager (FCM) will clearly document the efforts made to locate and engage the noncustodial parent, if the noncustodial parent fails to participate at any point in the life of the case.

DCS will provide the [Advisement of Legal Rights Form \(SF 47114/CW 0010\)](#) to the noncustodial parent, and will inform the noncustodial parent of his or her rights to include:

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 place a child outside of his or her home, 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 custody of the noncustodial parent. See Related Information for further details.

DCS will inform noncustodial parents of their obligation to pay child support, if ordered. If not ordered, DCS will assist noncustodial parents in establishing child support responsibilities.

Note: The prosecutor's office is responsible for enforcement of all child support orders.

Code References

NA

PROCEDURE

The FCM will:

1. Ask the parent, guardian, or custodian the name and location of the noncustodial parent, at the time of the initial assessment;
2. Record the information in the Indiana Child Welfare Information System (ICWIS);

3. Complete a diligent search to locate the noncustodial parent if the parent's location is unknown. See separate policy, [5.6 Locating Absent Parents](#);
4. Continue to request names and locations of the noncustodial parent as necessary throughout the life of the case;
5. Notify the noncustodial parent of their rights and responsibilities, and all pending court hearings (i.e., once identified and located);

Note: In the case of an involuntary removal, notify the noncustodial parent according to separate policy, [4.28 Involuntary Removals](#).

6. Make copies of all correspondence sent to the noncustodial parent for the case file; and
7. Document in ICWIS efforts to engage the noncustodial parent.

The 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

N/A

FORMS AND TOOLS

1. [Advisement of Legal Rights Form \(SF 47114/CW 0010\)](#) – Available in ICWIS
2. [Case Plan \(SF 2956/DCS 0046\)](#) – Available in ICWIS

RELATED INFORMATION

Reasons for Engaging Noncustodial Parents

The DCS Vision and Mission supports that the FCM engages families by supporting them and partnering with them. Apart from the noncustodial parent's potential as a caregiver, through engaging noncustodial parents of children under the care and supervision of DCS:

1. There can be the potential benefit of a parent-child relationship (i.e., when such a relationship does not pose a risk to the child's safety or well-being);
2. Placement decisions are more complete and there is benefit to gaining access to resources for the child;
3. DCS may learn important medical information or that the child is the recipient of or is eligible for certain benefits; such as health insurance, survivor benefits, or child support;
4. The resources provided by the noncustodial parent's extended family might assist the CFT and support a reunification goal or a relative guardianship and therefore enhance permanency options for the child;
5. Additional information can be obtained about the child and the family circumstances upon which a stronger [Case Plan \(SF 2956/DCS 0046\)](#) and formal service support network can be built; and
6. DCS can facilitate an expansion of the informal support network that, in almost every case, must be in place in the child's and family's life when DCS intervention ceases,


thereby ensuring more permanency and stability that can continue for the rest of the child's life.

Conducting Background Checks on Noncustodial Parents

Background checks can 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(ren) raises concern regarding the placement;
2. Custodial parent or members of the CFT have concerns regarding the placement;
3. Custodial parent or member of the CFT report past or current criminal history perpetrated by the non-custodial parent; and
4. Non-custodial parent does not have regular visitation with the child(ren).

The FCM must document in ICWIS, if criminal history checks are not conducted on a noncustodial parent.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: July 1, 2011
	Section 5: Alleged Fathers	Version: 2

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will refer a child's case to the local prosecuting attorney's office for the filing of a paternity action, if the following conditions apply:

1. The child is born out of wedlock and is alleged to be a Child in Need of Services (CHINS);
2. The child is under the supervision of DCS;
3. The identity of the alleged father is known;
4. The alleged father has presented at court hearings as the alleged father and named in the CHINS petition; and
5. The DCS local office reasonably believes that establishing the paternity of the child would be beneficial to the child. See Related Information for further details.

DCS will offer services to an alleged father while he is awaiting the results of paternity testing.

DCS may recommend placement of a child with an alleged father or the family member of an alleged father until paternity has been established.

Note: Paternity may be affirmed through a paternity affidavit or DNA testing.

Code References

[IC 31-34-15-6: Filing of paternity action by local prosecuting attorney's office](#)

PROCEDURE

The Family Case Manager (FCM) will conduct a search using the Indiana Child Welfare Information System (ICWIS)/Indiana Support Enforcement Tracking System (ISETS) interface to determine if there is an existing child support order, if the child's parents are divorced, and/or if paternity is established.

Note: The search process requires an overnight run for completion, so it is imperative that the FCM check the following day for results of the search.

If an order exists, the FCM will:

1. Obtain a certified copy of the order from the clerk in the county in which the order is in effect;
2. File the order in the court in which the CHINS petition was filed; and
3. Ensure the child support is temporarily assigned to the DCS local office for the duration of the child's out-of-home placement.

The court will:

1. Properly assume temporary jurisdiction of the order;
2. Notify the court where the child support order exists of the assumption of control over the order; and
3. Clearly state in the order that the order is a “**child support**” order.

Note: This establishes an ongoing commitment to support the child and is not to be confused with a reimbursement order (discussed below). The child support order will establish DCS as the payee unless the child is receiving Temporary Assistance to Needy Families (TANF) benefits (formerly known as AFDC). However, it is important to ensure that all collections be processed through the appropriate foster care account (i.e., if the child is IV-E eligible) as maintained on the ISETS system and not sent directly to the DCS local office. If the child receives TANF benefits, see the exception in Related Information for additional information regarding TANF benefits. Once a child support order is established, all enforcement activities are available through the IV-D office.

If no order exists, the FCM will:

1. Ensure that a [Application for Title IV-D Support Services SF 34882](#) is filed with the local IV-D office, services include state and federal Parent Locator Service, establishment of paternity, and/or enforcing a support obligation (i.e., including health insurance coverage); and
2. Ensure that a support order is established for the pre-CHINS noncustodial parent.

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 at low or no cost through Community Partners, etc., to the alleged father, if he chooses to remain involved in the child’s life as a potential de facto custodian placement. See Related Information for further details; and
3. Allow the individual to participate in case planning if he chooses to be involved and has the consent of the child’s mother.

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.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

[Application for Title IV-D Support Services SF 34882](#)

RELATED INFORMATION

ISETS

SETS is the database used by the IV-D Prosecuting Attorney and County Clerk to enter and monitor child support orders and payments. This search is conducted through the entire state SETS system. This will allow the FCM to gather information regarding child support regardless of the county where the order exists.

SETS is most helpful in providing identifying absent parent information including demographics, employment, the amount of court-ordered child support, the court cause number, and the last payment date. Through the ICWIS/SETS interface, a referral record of IV-E eligible children will be sent to SETS. Referrals will also be sent when the child's placement changes, when the removal episode has ended, and whenever a history correction is completed on the ICWIS FC History screen changing the IV-E FC status.

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 to be assigned differently than described above. 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 indicated above. 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 Father

A person who is 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.

Putative Father

A person who is asserted to be the father of a child, or who claims to be the father of a child, and a paternity action has not been filed in court.

Adjudicated Father

A man who has been finally determined by a court to be the legal father of a child.

Noncustodial Parent


A person who does not have legal or primary physical custody of the child.

De facto Custodian

"De facto custodian" means a person who has been the primary caregiver for, and financial support of, a child who has resided with the person for at least:

1. Six (6) months, if the child is less than three (3) years of age; or
2. One (1) year, if the child is at least three (3) years of age.

Any period after a child custody proceeding has been commenced; may not be included in determining whether the child has resided with the person for the required minimum period. The term does not include a person providing care for a child in a resource family home.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: May 1, 2009
	Section 6: Locating Absent Parents	Version: 4

POLICY

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 \(ADI\) \(SEARCH100801ADI\)](#) 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 the parent, guardian, or custodian 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 the Family Network Diagram and present a copy to the court. A hard copy of the diagram should be kept in the case file. See Chapter 12, [Family Network Diagram](#);
3. At the first court hearing, request the judge to put the custodial parent or other individuals under oath to answer questions regarding the noncustodial 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); Indiana Child Welfare Information System (ICWIS) and the Indiana Client Eligibility System (ICES);
2. Search the white pages website at <http://www.whitepages.com/> ;
3. Search the Bureau of Motor Vehicles (BMV) at <http://www.in.gov/bmv/>. See practice guidance for instructions;
4. Contact the county jail to see if the absent parent is being held;
5. Search the Department of Corrections (DOC) at <http://www.in.gov/idoc/>. Click on [Offender Locator](#) on the right side of the screen; and
6. Use <http://www.ussearch.com/> to locate parent. See practice guidance for instructions.

Note: The FCM must be prepared to submit an [Affidavit of Diligent Inquiry \(ADI\) \(SEARCH100801ADI\)](#) 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.

The FCM will also:

1. Document all efforts and the results of the search in ICWIS 'Contacts';
2. Advise the Child and Family Team (CFT) regarding the identity, or lack thereof, of the noncustodial parent and efforts to locate;
3. Complete/provide an Affidavit of Diligent Inquiry (ADI) (SEARCH100801ADI) during the assessment phase outlining the efforts taken to identify and/or locate the absent parent to the DCS Local Office 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 noncustodial or alleged parent is known, the FCM will provide the address of the parent to the DCS Local Office Attorney so the parent may receive notices of court proceedings.

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>;
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.

US Search

The FCM Supervisor must approve all use of US Search:

1. Go to <http://www.ussearch.com/familyfinders>;
2. Type email address and group password. The password can be obtained from the Supervisor;
3. Provide information on person being searched;
4. Do not submit searches on children;
5. Use SSN when possible for best results;
6. Add information such as SSN, Date of Birth (DOB), previous address, city and/or state of residence, if the absent parent has a common name;
7. Results will be sent via email within 24 hours; and
8. Submit follow-up questions or additional information via **email**, not through the website, or DCS will be charged for a new search.

FORMS AND TOOLS

1. [Family Network Diagram Guide](#)
2. [Affidavit of Diligent Inquiry \(ADI\) \(SEARCH100801ADI\)](#) – Available in ICWIS


RELATED INFORMATION

Importance of Conducting a Diligent Search for Absent Parents

Failure to complete a diligent search for the absent parent may delay appropriate permanency options for the child(ren) under the care and custody of DCS. It is necessary to demonstrate to the court that a diligent search has been made to locate an absent parent before a court can involuntarily terminate that person's parental rights.

Eligibility for Federal Funding

In determining eligibility for federal funding, the absence of a parent indicates that the child is being deprived of parental support and care from two parents. This information should be documented in the case file and should be entered on the 'Deprivation Screen' in the ICWIS 'Eligibility Module'. The documentation used to verify the parent's absence needs to be entered on the 'Verification Screen' in ICWIS.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: April 1, 2012
	Section 7: Child and Family Team Meetings	Version: 4

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will facilitate the Child and Family Team (CFT) Meeting process with every family at critical junctures throughout the life of the case beginning in the assessment phase and continuing through all case type closures. The CFT Meeting is a process and the composition of the team should continue to be expanded based on the needs of the family. The CFT Meeting model is a shared decision-making model and is 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 achieve the goals identified by the family. This process will allow DCS to hear and understand the family's voice and to assist families with building a support system that will remain in place after the DCS assessment or case has closed.

[NEW] To assist families with achieving their goals, the most effective teams will always consist of at least one (1) or more formal or informal supports identified by the family. This strategy of team building will enable informal supports to continue assisting the family well after the exit of DCS and other formal supports. If formal or informal supports are not included on the team, the reason for this lack of team formation must be staffed with the FCM's supervisor. Efforts should always be made to meet the logistical needs of the family, including the time and location of the CFT Meeting. Throughout the life of a case, DCS will continuously work toward the engagement of the family in the CFT Meeting process.

DCS will utilize CFT Meetings to create plans for assessment, safety, service delivery, and permanency. A CFT Meeting may fulfill the requirement to hold a Case Plan Conference if all required parties are present. If a family chooses not to participate in the CFT Meeting process, a Case Plan Conference must be held to develop the Case Plan (SF 2956/DCS 0046). If the 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 to the development of the Case Plan (SF 2956/DCS 0046), a Case Plan Conference must be held in addition to the CFT Meeting. See separate policy [5.8 Developing the Case Plan](#).

The Family Case Manager (FCM) will engage members of the CFT regarding the need for a CFT Meeting when critical junctures occur in the life of the case, including but not limited to:

1. Assessing the need for and/or preventing removals;
2. Development of the Case Plan;
3. Revising permanency goals prior to court;
4. Safety and service planning;
5. Exploring or changing placement options;
6. Request of any team member; and

7. Case closure.

Code References

1. [IC 31-34-15-5 Cooperation in development of plan](#)
2. 45 CFR 1356.21(g) Case plan requirements

PROCEDURE

For cases where domestic violence has been identified, the FCM will:

1. Assess whether holding a CFT meeting with both parents present can be accomplished safely. See Practice Guidance;
2. Seek Supervisory input when determining how to involve the alleged domestic violence offender in the teaming process;
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.

[REVISED] Note: If a CFT Meeting is held with both the parent alleged to be the victim of domestic violence and the alleged domestic violence offender present, a plan should be created during the CFT preparation meeting to address safety before, during, and after the meeting. This may include, but is not limited to: having the parent alleged to be the victim of domestic violence and alleged domestic violence offender arrive and leave the meeting at different times; having scheduled breaks throughout the meeting to evaluate the safety of all team members; etc. See [5.A Tool-Domestic Violence and CFT Meeting Considerations](#).

The FCM will:

1. **[REVISED]** Utilize the preparation meeting to explain the CFT process to the parent(s), guardian, or custodian(s), child (when appropriate), and other team members. Document that this information has been provided to families;
2. Utilize the [SF 54341 Authorization to Contact Child and Family Team Meeting \(CFTM\) Members](#) form to determine the list of members to be included in the CFT;

Note: The family should select all CFT members, with the exception of DCS staff.

3. Encourage the parent, guardian, or custodian to include the relative placement, foster parent, and Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL) as members of the CFT by explaining the benefits to case planning;
4. Send a [SF 54338 Confirmation Notice of a Child and Family Team Meeting \(CFTM\)](#) to all team members to notify them of an upcoming meeting;
5. Coordinate and implement the CFT Meetings following the [Family Team Meeting Agenda](#);
6. Ensure that all CFT members sign a [SF 54339 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](#) and the family understands the limits of the confidentiality of team members;

[REVISED] Note: Individuals who have not signed the form may not participate in a CFT Meeting or receive a copy of the CFT Meeting notes. Individuals are required to sign the form each time they attend a CFT Meeting.

7. Gather essential family and community connections to document in the GenoPro software;
8. Ensure that individualized plans based on the family's personal goals are developed during the CFT Meeting to connect the family with the appropriate services and resources;
9. Complete CFT Meeting notes. The Family Story is not included in the notes. If a safety concern is raised during the Family Story, a 'Contact' titled, "family story" must be entered in the Indiana Child Welfare Information System and the information about the safety concern must be entered;

[REVISED] Note: All CFT Meeting notes must include a current [Safety Plan \(SF 51455/CW 0440\)](#) which includes the child's current level of safety in placement, visitation, school, etc.

10. Ensure the CFT Meeting notes are distributed to all appropriate parties and entered in the Indiana Child Welfare Information System within seven (7) calendar days of the CFT Meeting;

[REVISED] 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.

11. Submit all CFT Meeting notes with each [Progress Report \(PermRptR1070108\)](#) to the court;
12. **[REVISED]** Contact the parent alleged to be a victim of domestic violence within 24 hours after the CFT Meeting, if domestic violence has been identified as a risk factor for the family and both parents were present at the CFT Meeting; and

[REVISED] Note: This contact will allow the FCM to assess any impact the CFT Meeting may have had on the parent alleged to be the victim of domestic violence and the child's safety. See for more information.

13. **[NEW]** Contact a 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 not included on the team, the reason for this lack of team formation must be staffed with the FCM's supervisor.

[REVISED] The 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 parent alleged to be the victim of domestic violence and alleged domestic violence offender present.

Note: For additional information regarding the role of the Supervisor, see Case Practice Reform Goals and Expectations for Supervisors at the [Indiana Practice Model SharePoint](#).

PRACTICE GUIDANCE

[NEW] Preparation Meeting

This is the critical first step in the CFT Meeting process to engage the family and other team members 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 goals identified by the family for a safe/sustainable permanency plan. After team members have been identified and have agreed to participate in the CFT meeting, the facilitator must also schedule a preparation meeting with these team members to describe for the CFT meeting process. Preparation of team members is not a onetime event, but should happen consistently throughout the life of a case or the family's involvement with DCS.

The preparation interview enables team members to participate and contribute fully by helping the family:

1. Focus on strengths as well as needs;
2. Identify the goals the team member would like to see accomplished at the CFT meeting;
3. Explore any potential conflicts and discover ways to manage emotions positively; and
4. Determine what the team members need to participate in a positive way.

[REVISED] Domestic Violence and CFT Meetings

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 parent alleged to be the victim of domestic violence 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 parent alleged to be the victim of domestic violence does not want a meeting because he or she feels that they or the child would be in danger;
2. The parent alleged to be the victim of domestic violence does not want a meeting because he or she feels intimidated and therefore unable to represent what they feel is in the child's best interest;
3. The parent alleged to be the victim of domestic violence 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, DCS may request the court to lift the "no contact order" during the time of the meeting.

4. **[REVISED]** The alleged domestic violence offender denies that DV is an issue or that DV has not occurred when evidence states otherwise (i.e. police reports, visible bruises, etc.);
5. **[REVISED]** 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. **[REVISED]** The family of the parent alleged to be the victim of domestic violence or the alleged domestic violence offender either denies or enables the abuse.

[REVISED] Note: It may initially be inappropriate to have the parent alleged to be 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 a

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. See [Tool 5.A: Domestic Violence and CFT Meeting Considerations](#) for more information.

[NEW] 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 these informal supports to participate via conference call or speakerphone. Efforts should always 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 there is a strained relationship. DCS should encourage families to invite these informal supports regardless of what their schedule might be or what has occurred in the past.

[NEW] 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. Whom would you trust to make decisions for you if you could not do this for yourself?
4. Who would you want to care for your child if you could not care for them?
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(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 assure safety, 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.

[NEW] For additional practice support, see [Indiana Practice Model SharePoint](#).


FORMS AND TOOLS

¹ The Child Welfare Policy & Practice Group, *Engagement and Facilitating the Child and Family Team Meetings*

1. [SF 54338 Confirmation Notice of a Child and Family Team Meeting \(CFTM\)](#) – Spanish Version Available at [http://intranet.dcs.in.gov/Pages/ChildandFamilyTeamMeeting\(CFTM\).aspx](http://intranet.dcs.in.gov/Pages/ChildandFamilyTeamMeeting(CFTM).aspx)
2. [SF 54341 Authorization to Contact Child and Family Team Meeting \(CFTM\) Members](#) – Spanish Version Available at [http://intranet.dcs.in.gov/Pages/ChildandFamilyTeamMeeting\(CFTM\).aspx](http://intranet.dcs.in.gov/Pages/ChildandFamilyTeamMeeting(CFTM).aspx)
3. [SF 54339 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](#) – Spanish Version Available at [http://intranet.dcs.in.gov/Pages/ChildandFamilyTeamMeeting\(CFTM\).aspx](http://intranet.dcs.in.gov/Pages/ChildandFamilyTeamMeeting(CFTM).aspx)
4. [Family Team Meeting Agenda](#)
5. [SF 54600 Child and Family Team Meeting Facilitator Debrief/Feedback](#)
6. [SF 54601 Child and Family Team Meeting Notes](#)
7. [5.A Tool-Domestic Violence and CFT Meeting Considerations](#)
8. Case Plan (SF 2956/DCS 0046) – Available in Management Gateway for Indiana’s Kids (MaGIK)
9. [Safety Plan \(SF 51455/CW 0440\)](#)
10. GenoPro Software
11. [Family Network Diagram Guide](#)
12. [Progress Report \(PermRptR1070108\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: February 1, 2010
	Section 8: Developing the Case Plan	Version: 4

POLICY

The Indiana Department of Child Services (DCS) will have an Indiana Child Welfare Information Services (ICWIS) approved [Case Plan \(SF 2956/DCS 0046\)](#) 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 [Program of Informal Adjustment \(IA-R1070108\)](#) serves as the [Case Plan \(SF 2956/DCS 0046\)](#).

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 \(SF 2956/DCS 0046\)](#). See separate policy, [5.7 Child and Family Team Meetings](#).

DCS will work with the parent, guardian, or custodian, extended family, child (if age and developmentally appropriate), and the CFT, if applicable, in developing the [Case Plan \(SF 2956/DCS 0046\)](#).

Exception: DCS will not involve the parent in the case planning process if parental rights have been terminated or they cannot be located after diligent effort. See separate policies, [5.3 Engaging the Family](#) and [5.4 Noncustodial Parents](#).

DCS must include the resource parent(s) and Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL) in developing the [Case Plan \(SF 2956/DCS 0046\)](#), if they are not already members of the CFT.

DCS will ensure that the [Case Plan \(SF 2956/DCS 0046\)](#) is updated at least every 180 days from the effective date of the previous plan and anytime there is a significant change (e.g., change in placement, identified needs, change in permanency plan, parents failure to participate in services, parents cannot be located, changes with parent's income and employment, child's income and resources, etc.).

Code References

1. [IC 31-34-15: Case Plan](#)
2. [42 USC 675\(1\) and \(5\)](#)
3. [45 CFR 1356.21\(g\) Case plan requirements](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. For cases with identified domestic violence, staff with the Supervisor to determine how to protect the safety of the non-offending parent and child(ren) when writing the [Case Plan \(SF 2956/DCS 0046\)](#);
2. Convene a CFT Meeting, if applicable for the development of the [Case Plan \(SF 2956/DCS 0046\)](#) with the required parties:
 - a. Parent, guardian, or custodian (including noncustodial parent),
 - b. Child (if age appropriate and developmental level),
 - c. Resource parent(s) (if applicable),
 - d. CASA/GAL,
 - e. Licensed Child Placing Agencies (LCPA) - if applicable, and
 - f. DCS FCM and his or her Supervisor.
3. Schedule and convene a Case Plan Conference, if all required parties (resource parent(s), CASA/GAL) are not part of the CFT;
4. Develop the [Case Plan \(SF 2956/DCS 0046\)](#):
 - a. Determine the Permanency and Concurrent Plans that are in the best interest of the child. Ensure that the goals, objectives, and activities outlined in the [Case Plan \(SF 2956/DCS 0046\)](#) support the Permanency Plan. See separate policy, [6.10 Permanency Plan](#),
 - b. Specify the activities or tasks to be undertaken, the person(s) responsible for each task, and the time frames for achieving the goals, objectives, and tasks,
 - c. Ensure that services are in place that addresses all identified risk factors. See separate policy, [5.10 Family Services](#) and Practice Guidance for more information;
 - d. Develop or update the [Safety Plan \(SF 51455/CW 0440\)](#) while helping the parents gain the confidence and capacity needed to care appropriately for the child,
 - e. Ensure that the [Case Plan \(SF 2956/DCS 0046\)](#) is realistically related to the underlying needs of the family,
 - f. Prioritize the goals and service delivery based on the immediate safety needs of the child and the risk of future Child Abuse and/or Neglect (CA/N), and
 - g. Recognize the importance of both formal and informal community supports to the family.
5. Complete the [Safety Plan \(SF 51455/CW 0440\)](#) in ICWIS and update information regarding changes in the child's or parents status including:
 - a. Change in the child's or a parent's income on the Employment/Income tab;
 - b. Parent's employment status on the Employment/Income tab; and
 - c. Parent's place of residence in Profile;

Note: These types of changes in the parent's status may also require updating on the Deprivation Screen in the Eligibility Module as the parent may be unable to provide support and care to the child.

6. Obtain required signatures on the approved [Case Plan \(SF 2956/DCS 0046\)](#) from the required parties:
 - a. Parent, guardian, or custodian (including noncustodial parent),
 - b. Child (if age appropriate and developmental level),
 - c. Resource parent(s) (if applicable),
 - d. CASA/GAL,
 - e. LCPA, if applicable,
 - f. Residential treatment provider, if applicable, and
 - g. DCS FCM and his or her Supervisor.
7. Mail or hand deliver a copy of the signed [Case Plan \(SF 2956/DCS 0046\)](#) within 10 days of completion to the above 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 \(SF 2956/DCS 0046\)](#), and
 - b. Service providers outlined in the [Case Plan \(SF 2956/DCS 0046\)](#).
8. File a copy of the signed [Case Plan \(SF 2956/DCS 0046\)](#) with the court at the next Periodic Case Review.

The Supervisor will:

1. Provide input into [Case Plan \(SF 2956/DCS 0046\)](#) development as needed;
2. For cases with identified domestic violence, staff with the FCM to determine how to protect the safety of the non-offending parent and child(ren) when writing the [Case Plan \(SF 2956/DCS 0046\)](#);
3. Ensure the [Case Plan \(SF 2956/DCS 0046\)](#) development process is completed in a timely fashion; and
4. Review and approve the [Case Plan \(SF 2956/DCS 0046\)](#) prior to its distribution.

PRACTICE GUIDANCE

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); or
5. Placement with a Fit and Willing Relative.

Reunification

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(s), guardian, or custodian(s) are able to provide a safe, nurturing and stable home. Most children want to return to or remain in their home with their parent(s) and support this permanency goal.

Adoption

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 to a child who cannot be reunified with their parent(s).

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 towards 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

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 can 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 placed with a relative for at least six (6) months and are at least 13 years of age. The CFT should decide if guardianship is a more appropriate permanency goal than reunification or adoption.

Another Planned Permanent Living Arrangement (APPLA)

Refers to a situation in which DCS maintains care and custody responsibilities for the child, but places the child in a setting in which the child is expected to remain until adulthood, such as:

1. With resource parents who have made a commitment to care for the child permanently, but are not moving toward adoption;
2. In a residential facility (i.e. for children with emotional or developmental disabilities who require long-term residential care); or
3. Receiving services (IL) that will lead the youth to successful adult living after emancipation from the child welfare system.

[REVISED] APPLA may only be identified as a child's permanency goal if there is a compelling, documented reason that it would not be in the best interest of the child to be working towards a more favorable permanency goal (i.e. reunification, adoption, guardianship). This goal must be approved and supported by the CFT and presented to the Regional Permanency Team for final approval.

Fit and Willing Relative

The permanent placement of a child with a fit and willing relative who is able to provide adequately 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(ren) 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 \(SF 2956/DCS 0046\)](#) 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 \(SF 2956/DCS 0046\)](#) 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(ren) can safely participate in other services with them.

Note: Items listed below are examples of goals and objectives that may be included in a [Case Plan \(SF 2956/DCS 0046\)](#).

[Case Plan \(SF 2956/DCS 0046\)](#) goals or objectives for non-offending parents may include:

1. Parent will participate in safety planning for self and children;
2. Parent will participate in an evaluation and counseling to address personal safety issues in order to protect self and child(ren) from alleged domestic violence offender;
3. Parent will not use excessive discipline with the child(ren);
4. Parent will develop capacity and willingness to protect child(ren);
5. Parent will participate in supportive counseling for self and child(ren) to reduce the negative effects of domestic abuse;
6. Parent will participate in domestic violence education;
7. Parent will participate in educating him or herself regarding the effects of domestic violence on children and will help child(ren) cope with and recover from the effects of domestic violence;
8. Parent will comply with recommendations for child(ren)'s therapy; and/or
9. Parent will assist in the development of, and compliance with the [Safety Plan \(SF 51455/CW 0440\)](#).

[Case Plan \(SF 2956/DCS 0046\)](#) goals or objectives for child(ren) may include:

1. Child(ren) will develop skills for self-protection that match their age and ability;
2. Child(ren) will develop skills to cope with and recover from the after-effects of witnessing domestic violence;
3. Child(ren) will participate in therapy;
4. Child(ren) will not be violent;
5. Child(ren) will participate in individual or group sessions learning alternatives to violence; and/or
6. Child(ren) will have a safety plan that is consistent with their willingness, age, and development.

[Case Plan \(SF 2956/DCS 0046\)](#) 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 child(ren) 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 therapy for child(ren) nor question the child(ren) regarding their sessions;
4. Will not involve the child(ren) in attempts to control the non-offending parent or force them 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 \(SF 51455/CW 0440\)](#) with the FCM.

FORMS AND TOOLS

1. [Case Plan \(SF 2956/DCS 0046\)](#) – Available in ICWIS
2. [Program of Informal Adjustment \(IA-R1070108\)](#) – Available in ICWIS
3. [Safety Plan \(SF 51455/CW 0440\)](#) – Available in ICWIS

RELATED INFORMATION

Parent, Guardian, or Custodian Not Available/Refuses to Participate in Case Planning

The FCM must document in ICWIS 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 \(SF 2956/DCS 0046\)](#), 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.

Elements of the Case Plan

1. **Objectives**
Objectives are statements of direction and are sometimes referred to as goals. The objectives in a [Case Plan \(SF 2956/DCS 0046\)](#) 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 available 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 can be applied in building the action steps of a plan (functional);
3. **Needs**
A need may be a requirement that is 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; and
4. **Activities**
Activities represent the agreement we have with self and others. Activities are the pathways to meeting the needs and achieving our 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 that 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(s) responsible and the target completion date for each activity.¹

Change in Child or Parent’s Status

The [Case Plan \(SF 2956/DCS 0046\)](#) 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 also can affect the child’s eligibility for federal funding. Hard copy documentation of these changes should be in the case file and ICWIS must be updated as well.

Deprivation Screen

The Deprivation Screen should be updated when certain changes to the parent’s employment and/or income occur. Some examples of when to update the screen include:

1. Change in parent’s employment status;
2. Change in parent’s part-time employment (number of hours employed); or
3. If parents have separated or reunited (parents have stopped living together or resumed living together).

Domestic Violence and Cultural Considerations²

When developing a [Case Plan \(SF 2956/DCS 0046\)](#) with families experiencing domestic violence, the FCM may want to consider the following questions to ensure that 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 gays, lesbians, transgendered, or bisexual individuals who are victimized by their 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 \(SF 2956/DCS 0046\)](#)?
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 can 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?

¹ Paragraphs on Goals, Strengths, Needs and Activities are adapted from the Planning Curriculum, The Child Welfare Policy and Practice Group.


² Adapted from Bragg, H.L. (2003). *Child Protection in Families Experiencing Domestic Violence*. (pp.52-53). Washington DC: US Department of Health and Human Services. Available online at <http://www.childwelfare.gov/pubs/usermanuals/domesticviolence/domesticviolence.pdf>

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?

[NEW] Regional Permanency Teams

Regional Permanency Teams are designed to ensure that all children live in a permanent, safe, and supportive environment after case closure. Permanency Teams are in place in each region to assist FCMs in achieving permanency for all children on their caseload. These teams are designed to supplement current existing practices. FCMs are expected to utilize all available permanency resources including Special Needs Adoption Program (SNAP).

Regional Permanency Team members can include: FCM, FCM Supervisor, Local Office Director, Regional Licensing Specialist, probation officer, CASA/GAL representative, and IL specialist. Cases reviewed by the team are specifically selected based on length of stay in care, time of involvement, and severity of needs identified. The team reviews the case and develops plans to help move the child towards permanency. The team must also review and approve changing a child's permanency plan to APPLA.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: July 1, 2010
	Section 9: Informal Adjustment (IA)	Version: 4

POLICY

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.

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.

If the court does not approve or deny the IA or set a hearing within 10 business days of filing, the IA is deemed approved. If the hearing is set within 10 business days but not held and action is not taken to approve or deny the IA within 30 business days of submission to the court, the IA is deemed approved. See Related Information for further details.

[REVISED] DCS will utilize the [Progress Report on Program of Informal Adjustment \(IAProgRptR1073008\)](#) to:

1. Notify the court that DCS will be filing a subsequent report (DCS will file a CHINS petition or is still determining the best courses of action);
2. Extend the IA past the initial 6 months (an IA can have one 3 month extension);
3. Dismiss the IA (DCS has already filed a CHINS petition or the family has not complied with the terms of the IA and DCS is not requesting an extension); or
4. Discharge the IA (if the family has complied with the terms of the IA).

Note: The [Progress Report on Program of Informal Adjustment \(IAProgRptR1073008\)](#) must be submitted to the court no later than five (5) months after the implementation of 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 Child in Need of Services (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.

When requesting an extension of the original six (6) months IA agreement or by the filing of a CHINS petition, DCS will redetermine if 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 Placement](#).

If the parent, guardian, or custodian has initiated an Administrative Review or Appeal of the substantiated determination, consideration of the review or appeal will be delayed until after completion of the IA. See separate policies, [2.1 Requests for Administrative Review](#), [2.2 Administrative Review Process](#), and [2.5 Administrative Appeal Hearings](#).

Code References

[IC 31-34-8 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 determining the goals to be met by the IA agreement;
 2. Complete the [Program of Informal Adjustment \(IA-R3091109\)](#), 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;
 3. Review the final document with the family to assure that each person understands and agrees to his or her responsibilities;
 4. Assure that the parent, guardian, or custodian and other participants understand the consequences of failure to comply with the terms of the IA before asking for signatures;
 5. **[REVISED]** Provide each person who is named in the IA with a copy of the signed agreement within 10 days;
 6. Submit the [Program of Informal Adjustment \(IA-R3091109\)](#) and [Intake Officer's Report of Preliminary Inquiry and Assessment \(PI\) \(PI-R1\(070108\)\)](#) to the DCS Local Office Attorney;
 7. Track the filing of the IA to determine whether it was approved. See Related Information;
 8. Utilize the CFT to support the family in completing the terms of the IA agreement;
 9. Review and discuss the [Safety Assessment](#), [Risk Assessment](#), [Strengths and Needs Assessment](#), and [Family Functional Assessment](#) with the family;
 10. Discuss with the family any potential barriers to obtaining and/or participating in services (e.g., transportation, childcare, work schedules, etc.);
 11. Monitor the family's progress, and complete and submit to the court the [Progress Report on Program of Informal Adjustment \(IAProgRptR1073008\)](#);
 12. If the family is not making progress toward the terms of the IA, request an extension from the court or request approval to file a CHINS petition using the [Progress Report on Program of Informal Adjustment \(IAProgRptR1073008\)](#); and
- [NEW] 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 interests of the child requires additional services for which court intervention is needed.
13. **[NEW]** Use the [Progress Report on Program of Informal Adjustment \(IAProgRptR1073008\)](#) 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 Local Office Attorney will:

1. Prepare and file a Request for Approval of [Program of Informal Adjustment \(IA-R3091109\)](#), utilizing the [PI](#) and IA as attachments/exhibits or discuss the legal insufficiency with the DCS Local Office Director or designee;
2. Notify the FCM of the filing date of the PI and IA; and
3. Prepare and file appropriate pleadings to request time extension or discharge in accordance with the [Progress Report on Program of Informal Adjustment \(IAProgRptR1073008\)](#) presented or discuss the issues with the DCS Local Office Director or designee.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Program of Informal Adjustment \(IA-R3091109\)](#) – Available in ICWIS
2. [Progress Report on Program of Informal Adjustment \(IAProgRptR1073008\)](#) – Available in ICWIS
3. [Intake Officer's Report of Preliminary Inquiry and Assessment \(PI\) \(PI-R1\(070108\)\)](#) – Available in ICWIS
4. [Safety Assessment](#)- Available in ICWIS
5. [Risk Assessment](#)- Available in ICWIS
6. [Strength and Needs Assessment](#)- Available in ICWIS
7. [Family Functional Assessment](#)- Available on Indiana Practice Model SharePoint


RELATED INFORMATION

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 \(IA-R3091109\)](#), the DCS local office may file a petition for compliance with the court. Upon the filing of a petition for compliance and after notice and a hearing on the petition for compliance, the juvenile court may order the parent, guardian, or custodian of a child to participate in a program of IA approved by the court. A parent, guardian, or custodian who fails to participate in a Program of Informal Adjustment ordered by the court may be found in contempt of court.

Denial of Informal Adjustments (IAs)

If the court denies an IA, it must state its reasons for the denial, which can include lack of probable cause to believe there is a CHINS or that there is no need for coercive intervention of the court.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: July 1, 2010
	Section 10: Family Services	Version: 4

POLICY

The Indiana Department of Child Services (DCS) will provide family services to all children and families with an open case type to address needs as identified. See Related Information for further details.

Exception: When the child is in out-of-home care, services will not be offered to the child's family if the court rules that reasonable efforts to reunify the family are not required.

DCS will engage the Child and Family Team (CFT) to develop a Family Service Plan. The team will review the family's [Safety Assessment](#), [Strengths and Needs Assessment](#), and [Risk Assessment](#) to assist in identifying the family's needs and corresponding services. DCS will make referrals on behalf of the child and/or family to appropriate services 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 progress the family is making as well as any concerns the service provider may have about the family.

[NEW] 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 \(IA-R1070108\)](#) case or dismisses the Child in Need of Service (CHINS) case.

[NEW] DCS will provide services to children and families regardless of their immigration status.

[REVISED] All services for parent(s), including visitation, should cease when Termination of Parental Rights (TPR) is filed unless otherwise ordered by the court. The Family Case Manager (FCM) should continue to maintain regular contact with the child's parent(s) until TPR has been finalized. See separate policy, [8.10 Minimum Contact](#).

DCS will provide information about available community resources to all families where domestic violence has been identified as a risk factor.

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](#)

PROCEDURE

The FCM will:

1. Work with the family, and CFT, if applicable to identify needed services based on the family's strengths and underlying needs. The [Family Functional Assessment Field Guide](#) may be helpful as a tool to assist the FCM and family to mutually determine family strengths and needs;
2. Identify any challenges to the family's basic survival (e.g., lack of food, adequate housing, employment, transportation, childcare, etc.), if their basic needs would require assistance then:
 - a. Refer the family to the [Division of Family Resources](#) and other community service providers,
 - b. Request emergency funds ([Emergency Fund Requests](#)), when other resources are not immediately available, and
 - c. **[NEW]** Complete a Provider Referral in ICWIS to refer the family to available and appropriate services within 10 business days of identifying the service need. See Related Information for further details.
3. Monitor and document the family's progress and update the court; and
4. **[NEW]** Reassess the child and family's needs utilizing the Risk Reassessment at least every 180 days;

Note: Risk Reassessments are completed when the [Case Plan \(SF 2956/DCS 0046\)](#) 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.

5. **[NEW]** Discuss the results of the Risk Reassessment with the CFT and adjust services and/or service levels, if necessary; and
6. Document in the Indiana Child Welfare Information System (ICWIS) any reasons why services were not offered or were stopped prematurely.

The 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. **[REVISED]** Review and approve services in ICWIS for the child and/or family and ongoing service adjustments as needed.

Terminating Services

The FCM will:

1. Notify the child's parents, resource parents (if applicable), and service providers of the decision to terminate one or more services;
2. Work with the CFT to develop a plan for the gradual removal of the service(s), as appropriate;
3. Follow up with service provider(s) to evaluate the family's response to the removal of services;
4. Modify service withdrawal plan if necessary;
5. Notify service provider of last allowable service date; and
6. Continue regular contact until case closure is complete.

PRACTICE GUIDANCE

Safety

Communication between DCS and all service providers should occur on a regular basis throughout the life of the case. The FCM is expected to 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 (e.g. safety, general case direction) they have with the FCM. All communication between the FCM and any service provider must be documented in ICWIS.

Domestic Violence Services

FCMs are encouraged to recommend (but not mandate or force) services to any families in which domestic violence may be present. Mandating or forcing a non-offending parent to participate in domestic violence services may be contrary to the concept of empowerment and may actually be perceived by the non-offending parent as mirroring the same coercive and threatening behaviors of the alleged domestic violence offender.

FORMS AND TOOLS

1. [Family Functional Assessment Field Guide](#) – Available on the Indiana Practice Model SharePoint
2. [Strengths and Needs Assessment](#) – Available in ICWIS
3. [Risk Assessment](#) – Available in ICWIS
4. [Risk Reassessment](#) – Available in ICWIS
5. [Program of Informal Adjustment \(IA-R1070108\)](#) – Available in ICWIS
6. [Case Plan \(SF 2956/DCS 0046\)](#) – Available in ICWIS
7. [Provider Referral](#) – Available in ICWIS

RELATED INFORMATION

Family Services

Services provided to prevent a child from being removed from his or her parent, guardian, or custodian or reunite the child with his or her parent, guardian, or custodian when removal has occurred. See DCS service standards at: <http://www.in.gov/dcs/2464.htm>.

Preservation Services – Three Levels

1. Prevention:
These are services designed to prevent unnecessary placements of children into foster care or other out-of-home care. DCS utilizes Community Partners for prevention services, which is available in every region in the state. Families can refer themselves or be referred by community agencies to connect families to resources needed to strengthen the family and prevent Child Abuse and/or Neglect (CA/N).
2. Family Preservation:
Provision of home based casework services for multi-problem and/or dysfunctional families provided in the family's home. Home based casework is also available for preadoption and postadoption services for adoptive families at risk or in crisis. Home Based Caseworker Services provides any combination of the following kinds of services to the families once approved by DCS:

- a. Home visits,
 - b. Case planning,
 - c. In-home supervised visitation,
 - d. Coordination of services,
 - e. Conflict management,
 - f. Crisis intervention.
 - g. Education – child development, domestic violence, parenting, communication,
 - h. Assistance with transportation,
 - i. Advocacy,
 - j. Family assessment,
 - k. Community referrals and follow-up,
 - l. Develop structure – time management,
 - m. Behavior modification,
 - n. Budgeting – money management,
 - o. Meal planning/preparation,
 - p. Parent training with children present,
 - q. Monitor progress of parenting skills,
 - r. Community services information, and
 - s. Develop long/short term goals.
3. Intensive Family Preservation:
- These are time-limited intensive services that address immediate needs of families to keep their children safe while preserving the family unit. This service is appropriate for families when placement is being considered due to imminent risk of placement, if the family can address safety needs adequately with timely intensive support.

Reunification Services – Two Levels

1. Reunification:
- These are services and activities that are provided to a child in out-of-home placement, and/or the child's parents or primary caregiver, in order to facilitate reunification of the child safely and appropriately in a timely manner. Services and activities that can be provided under this category include the following:
- a. Home-based therapy,
 - b. Case management,
 - c. Individual and/or family counseling,
 - d. Inpatient or outpatient substance abuse treatment services,
 - e. Homemaker and/or parent aid services,
 - f. Transportation to and from any of the services, and
 - g. Supervised visitation.
2. Intensive Family Reunification:
- These are intensive services to assist families when children are returning home from institutional or therapeutic placement, consisting of three phases:
- a. Preparatory phase,
 - b. Intensive phase upon reunification, and
 - c. Follow-up services to stabilize the family.

Rehabilitative Services

Services provided to the child and/or family to address issues identified as leading to involvement with DCS (e.g., parenting classes, drug and alcohol treatment, psychological assessment, etc.).

Domestic Violence Services

For families where domestic violence has been identified, services should be provided that address all identified risk factors, including domestic violence. Some services that may be beneficial for families dealing with domestic violence include, but are not limited to:

1. For the non-offending parent:
 - a. Individual and/or group counseling through community service providers,
 - b. Criminal and/or civil remedies,
 - c. Police intervention,
 - d. Legal services,
 - e. Housing, welfare advocacy, economic, and/or medical services,
 - f. Emergency shelter (consider friends, family, etc.),
 - g. Transitional living services,
 - h. Specialized assessment services focusing on issues of domestic violence,
 - i. Day care,
 - j. Visitation center services,
 - k. Parent support groups, and/or
 - l. Mental health and/or substance abuse services.
2. For the child(ren):
 - a. Individual and/or group counseling for children exposed to domestic violence,
 - b. Mentoring and after-school program referrals,
 - c. Support groups for children who have been exposed to domestic violence,
 - d. Head start programming, and/or
 - e. Community-based enrichment programs.
3. For the alleged domestic violence offender:
 - a. Batterer intervention programs,
 - b. Substance abuse services,
 - c. Visitation center services,
 - d. Specialized assessment services focusing on issues of family violence,
 - e. Cooperation with police, probation, and parole when involved,
 - f. Fatherhood programs,
 - g. Parenting programs that include a focus on domestic violence issues, and/or
 - h. Mental health and/or substance abuse services.

The following services are **not** appropriate for cases where domestic violence has been identified and will not be included in an initial DCS [Case Plan \(SF 2956/DCS 0046\)](#) or [Program of Informal Adjustment \(IA-R1070108\)](#):

1. Options for protection for the non-offending parent that they believe increase the level of danger;
2. Court and/or divorce mediation;
3. Anger management groups;
4. Couples and/or family counseling (This includes being in the same group therapy sessions, and marital therapy, unless and until all service providers and the non-offending parent agree);
5. Alleged domestic violence offender and non-offending parent receiving treatment from the same therapist;
6. Visitation arrangements which endanger the children or non-offending parent (non-offending parent should not risk having contact with alleged domestic violence offender arriving for visits or departing after visits); and/or
7. Any service which increases the level of danger to the children or non-offending parent.

Participation in the services listed above can create an increased safety risk for the children and non-offending parent. [Case Plan \(SF 2956/DCS 0046\)](#) goals and family services can be adapted to include these types of services only when the non-offending parent and **all** service providers believe the service is a reasonably safe option.


[NEW] Risk Reassessment

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.

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.

[NEW] Substance Abuse

CFT members will assist DCS in determining what services are needed to address substance abuse issues. DCS will submit a referral to a professional to determine the level of need.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: July 1, 2010
	Section 12: Closing a CHINS Case	Version: 4

POLICY

The Indiana Department of Child Services (DCS) will close a Child in Need of Services (CHINS) case at such time as the safety, permanency, and well-being can be assured over time for all children in the home. See Related Information for further details.

DCS will facilitate a Child and Family Team (CFT) Meeting, unless the family chooses not to participate in the CFT, to determine the appropriateness of case closure and family supports needed beyond case closure.

DCS, prior to case closure, will work with the CFT to assure continuation of informal support services needed for successful reunification, adoption, or any other permanent placement. These supports may remain in place following case closure.

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.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. **[REVISED]** Thoroughly review the [Case Plan \(SF 2956/DCS 0046\)](#), family progress, child safety, and all assessment information;
2. **[REVISED]** Complete and review the results of a current [Risk Reassessment](#) less than 30 days prior to anticipated case closure;

[NEW] 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 family supports;
4. Staff the case with his or her Supervisor regarding the appropriateness of case closure;

5. Facilitate a CFT Meeting for the purpose of determining appropriateness for case closure and the development of an aftercare plan;
6. Consider any aftercare needs of the family and develop a plan to make appropriate referrals;
7. Seek supervisory approval prior to discontinuing any services to the child or family;
8. Conduct a final visit with the family to provide closure to the FCM's relationship to the family, reinforce their ability to keep the child(ren) safe, remind them of available resources, and discuss their plans and resources to handle new situations;
9. Interview the child separately, if developmentally and age appropriate. If the child is 16 years of age or older, see separate policy, [11.12 Discharge Summary](#);
10. Continue monitoring the case and meeting minimum contact requirements, until the CHINS case is dismissed by the court; and
11. Review and, if necessary, update the child's placement, [Case Plan \(SF 2956/DCS 0046\)](#), hearings, school status, income, and resources in the Indiana Child Welfare Information System (ICWIS) prior to closure.

Note: The court may specify in the order who is to be notified of case closure and may send a copy of the order to those persons specified.

The Supervisor will:

1. Consult with the FCM when needed on case closure;
2. Support the FCM in providing closure between the family and DCS;
3. Review the aftercare plan and confirm DCS ability to close the ongoing case;
4. Review and confirm the court has returned legal custody of the child to the parent when DCS had been granted legal custody of the child;
5. Review and confirm case documentation is completed; and
6. Review and approve prior to closing the case in ICWIS.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Case Plan \(SF 2956/DCS 0046\)](#) – Available in ICWIS
2. [Indiana Family Risk Assessment](#) – Available in ICWIS
3. [Safety Plan \(SF 51455/CW 0440\)](#) – Available in ICWIS
4. [Risk Reassessment](#) – Available in ICWIS

RELATED INFORMATION

Factors That Indicate Appropriate Case Closure

The FCM in concert with the CFT needs to make a determination as to appropriate case closure. The following are some factors that may be relevant in making this decision:

1. The parents have an understanding of child safety measures and their ability to sustain safety over time;
2. The parents have developed a plan and identified resources to manage child safety over time;
3. The FCM is able to observe firsthand the changed behaviors, conditions or circumstances in the family that led to DCS intervention, and the changes in protective capacity;
4. The FCM has received progress reports from service providers, stating that the service providers are in agreement with the decision to close the case and express confidence that the family will live safely and successfully without further DCS involvement;
5. Identified safety concerns are no longer occurring or are consistently managed by the parents;
6. The [Safety Assessment](#) indicates the child is “safe” and the [Risk Assessment](#) indicates a low or moderate level of risk for abuse or neglect;
7. The family has achieved case goals. The family and individual members' behaviors indicate the desired outcomes have been obtained; and
8. Family functioning has improved to a minimally acceptable level. This is evidenced by the ability of the person(s) 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.

Additional Factors that Indicate Sustainable Safe Case Closure when Domestic Violence is Present

The following factors should be considered in addition to those listed above when domestic violence has been identified as a risk factor during a case:

1. Parent(s), guardian, or custodian(s) are willing to provide a safe home and demonstrate their ability to do so;
2. Domestic violence incidents have reduced in frequency and/or severity;
3. The child(ren) and non-offending parent feel safe in their home;
4. The alleged domestic violence offender has successfully completed treatment;
5. Both parents or caregivers understand the effects of domestic violence on their child(ren);
6. No new reports of CA/N related to domestic violence have been filed within the past six (6) months;
7. The child(ren) are exhibiting fewer behavioral effects of violence than before intervention, are enrolled in counseling, or connected with other resources;
8. The non-offending parent and alleged domestic violence offender each have a [Safety Plan \(SF 51455/CW 0440\)](#) in place that is being followed;
9. The non-offending parent has and exhibits the ability to protect child(ren); and
10. 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.

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 with response capacities that must be put in place and will work reliably;
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."

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.

Aftercare Plan

Case closure is viewed not as the end of work with a child and family, but as the beginning of a new phase of collaborations and ongoing problem solving. Services may be needed in order to further stabilize the family. These services will be provided to facilitate the integration of the child and family and to resolve problems they may encounter. 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. Parents and legal custodians will be made aware of all available services and supports so that they can select what the family needs. If they indicate no desire for services, they will be informed that community services are available to them should they desire them at a later time.


Closing the Case in ICWIS

Final updating of information in ICWIS, including assuring that all verifications on the Verification Screen have been completed and submitted, will be needed prior to closing the case in ICWIS. The FCM should then End Date the placement (Data Field) and close the removal episode.

[NEW] Risk Reassessment

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.

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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: February 1, 2009
	Section 13: Transferring a Case Between DCS Local Offices	Version: 1

POLICY (NEW)

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. 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](#)

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](#);

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 Local Office 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 \(SF 2956/DCS 0046\)](#), 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 (if applicable) to determine the appropriateness of a case transfer and develop a plan for a smooth transition;
6. Work with the DCS Local Office 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 Supervisor will:

1. Staff with FCM to determine if case transfer is appropriate for the family;
2. If case transfer is appropriate, work with the DCS Local Office Director to contact the DCS Local Office Director or designee in receiving county to determine if case transfer is in the best interest of the family;

Note: Local Office Directors will determine whether or not to request that the court with jurisdiction consider the transfer.

3. If case transfer is not appropriate, seek approval from the DCS Local Office Director prior to recommending to others that the case not be transferred;
4. Assist DCS Local Office 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 Indiana Child Welfare Information System (ICWIS) is current. See Related Information;
2. Complete and fax a [Case Transfer Summary Form \(CTSF020901FRM\)](#) 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 ICWIS; 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 [Visitation Checklist \(SF 53557/CW 3112\)](#) when meeting with the parent, guardian, custodian, or child. See separate policy, [7.3 Minimum Contact](#);
2. Inform the DCS Local Office 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 their 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](#);

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 Local Office Attorney and child's CASA/ GAL (if applicable) of the request to transfer;
3. Thoroughly review the [Case Plan \(SF 2956/DCS 0046\)](#), 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 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 Local Office 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 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. If case transfer is appropriate, work with the DCS Local Office Director to contact the DCS Local Office Director in receiving county to determine if case transfer is in the best interest of the family;

Note: DCS Local Office Directors will determine whether or not to request that the court with jurisdiction consider the transfer.

3. If case transfer is not appropriate, seek approval from the DCS Local Office Director prior to recommending to the court that the case not be transferred; and
4. Assist the DCS Local Office 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 ICWIS is current. See Related Information;
2. Complete and fax a [Case Transfer Summary Form \(CTSF020901FRM\)](#) to the DCS Local Office Director 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 file in ICWIS; 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 [Visitation Checklist \(SF 53557/CW 3112\)](#) when meeting with parent, guardian, custodian or child. See separate policy, [8.10 Minimum Contact](#);
2. Inform the DCS Local Office 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 their 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 Supervisor should consider:

1. Level of service need of the family. See separate policy, [4.26 Determining Service Levels and Transitioning to Ongoing Services](#);
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. If the case is an IA, how much time is remaining in the IA (if there are 1-2 months remaining, would transfer 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 their 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 and concurrent plan, 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](#).

FORMS AND TOOLS

1. [Case Transfer Summary Form \(CTSF020901FRM\)](#) – Available in ICWIS
2. [Visitation Checklist \(SF 53557/CW 3112\)](#)
3. [Risk Assessment](#) – Available in ICWIS
4. [Safety Assessment](#) – Available in ICWIS
5. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#) – Available in ICWIS
6. [Case Plan \(SF 2956/DCS 0046\)](#) – Available in ICWIS
7. [Assessment of Alleged Child Abuse and Neglect \(SF 113/CW0311\)](#) – Available in ICWIS
8. [Affidavit of Diligent Inquiry \(ADI\) \(SEARCH100801ADI\)](#) – Available in ICWIS

RELATED INFORMATION

Transfer Meetings

A CFT Meeting should be used to accomplish a transfer meeting, and both the original and new FCMs must be present¹. 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 If still employed by DCS.

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 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.


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 \(SF 114/CW0310\)](#) 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 cases should not be open in two different counties at the same time.

Case File

Prior to transferring the hard case file or the ICWIS file, 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 \(SF 113/CW0311\)](#);
6. [Case Plan \(SF 2956/DCS 0046\)](#);
7. Demographic information;

8. Contacts;
9. School information and other related education information (Individualized Education Plan);
10. Medicaid number;
11. Health Information (medical and dental health issues, current treatment);
12. Indiana Support Enforcement Tracking System (ISETS) interface;
13. [Affidavit of Diligent Inquiry \(ADI\) \(SEARCH100801ADI\)](#);
14. Court Reports;
15. Notices;
16. Mental Health Screen; and
17. Immunization records.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: May 1, 2009
	Section 14: End of Life Care	Version: 1

POLICY **[NEW]**

The Indiana Department of Child Services (DCS) will involve the court when a physician or hospital contacts any DCS staff member regarding the removal of life support or the issuance of a Do Not Resuscitate (DNR) Order for a child under the care and placement of DCS.

DCS staff, resource parents, and Guardian ad Litem (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 decision must be made by the juvenile court.

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, 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.

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. If there is any question concerning the appropriateness of involving the child's legal parents in the decision making process, the chief legal counsel for DCS must be consulted.

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.

Code References

1. [IC 29-2-16.1-8 Priority of persons authorized to make an anatomical gift of a decedent's body or part](#)
2. [IC 29-2-16.1-1\(12\) Definition of Guardian](#)
3. [IC 1-1-4-3 Uniform Determination of a Death Act](#)

PROCEDURE

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 Supervisor and DCS Local Office Director 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 Local Office 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 parent(s) of the child cannot be located, document efforts made to locate the parent in ICWIS. 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 Local Office 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 should include the parent(s) opinions and recommendations when preparing the report to submit to the court.

6. Make available to the court any information about the child including but not limited to: child's medical history, 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 their wishes known;
7. Consult with DCS Local Office 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 DCS Local Office 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 Supervisor will:**

1. Immediately notify Regional Manager and DCS Director or his or her designee of the physician's recommendation;
2. Ensure that timely notification of all required persons occurs; and
3. Attend all relevant court hearing and meetings with FCM.

When a recommendation 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, is made, 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 authorize the removal of life support or issuance of a DNR Order.**

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 Local Office Director, Regional Manager, Central Office attorney(s) and DCS Local Office Attorney 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, if the parent(s), guardian(s), or CASA/GAL

object, if the hospital seeks DCS consent or input, or if the physician or hospital is unwilling or unable to make a declaration of death, then a court order **must** be obtained.

FORMS AND TOOLS

N/A

RELATED INFORMATION

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\(12\)](#).

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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: April 1, 2010
	Section 15: Concurrent Planning – An Overview	Version: 2

POLICY

The Indiana Department of Child Services (DCS) is committed to ensuring that all children in DCS care achieve permanency in a timely manner. The Family Case Manager (FCM) and Child and Family Team (CFT) will address “What could go wrong” with the identified permanency plan (Plan A) at each CFT Meeting. The CFT should discuss an alternative or ‘Plan B’ for permanency if ‘Plan A’ is not successful. See separate policy, [5.7 Child and Family Team Meetings](#).

In a small number of cases, the use of Concurrent Planning is the most effective way to ensure that children in out-of-home and in-home care achieve permanency. DCS will evaluate each case to determine the appropriateness of Concurrent Planning.

Concurrent Planning requires the FCM and CFT to plan and work towards both reunification and another permanency plan. The intent of Concurrent Planning is that both plans will be pursued simultaneously and aggressively.

DCS **will develop** a Concurrent Plan for children in out-of-home or in-home care that meet at least one of the following mandatory Concurrent Planning Indicators:

1. The parent(s) have a history of voluntary Termination of Parental Rights (TPR);
2. The minor parent is under the age of 16 with no support systems and placement of the child and parent together has previously failed due to the minor parent’s behavior;
3. The parent, guardian, or custodian has asked to relinquish the child on more than one occasion following initial intervention; or
4. The parent, guardian, or custodian has a diagnosed mental illness or substance abuse problem that renders him or her unable to provide for or protect the child which, 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.

DCS **may develop** a Concurrent Plan for children in out-of-home or in-home care that meet at least one of the following potential Concurrent Planning Indicators. The FCM should staff these situations with their Supervisor to determine the appropriateness of developing a Concurrent Plan.

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 conditions which resulted in child maltreatment;

3. Child or siblings have been in out-of-home care on at least one other occasion for a period of six (6) months or more, or have had two or more prior placements with DCS involvement;
4. There has been an ongoing pattern of documented domestic violence lasting at least one 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, protect or nurture the child, and the parent, guardian, or custodian has no other relatives or social supports able or willing to assist in parenting.

DCS may consider developing a Concurrent Plan for other children in DCS care when appropriate. DCS will ensure that all parent(s), guardian, custodian(s), and members of the CFT are informed about Concurrent Planning.

DCS will collaborate with the parent(s), guardian, or custodian(s) and the CFT to create a Primary Plan and a Concurrent Plan. The Primary Plan should be changed to the Concurrent Plan if little or no progress is made at six (6) months following removal or at the discretion of the CFT.

Code References

[IC 31-34-21-5.6 Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)

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(ren);
2. Within five (5) business days of removal or opening a case, determine whether any of the mandatory or potential Concurrent Planning Indicators are present;
3. If there are no indicators present continue with regular case procedures. If one or more mandatory indicators are present, follow Concurrent Planning procedures outlined below. If one or more potential indicators are present, staff the case with his or her Supervisor to determine the appropriateness of a Concurrent Plan for the child and family;
4. Staff the case with the Supervisor to discuss Concurrent Planning options;
5. Utilize the [Family Functional Assessment \(FFA\) Field Guide](#) to assist in identification of the family's underlying needs;
6. Ensure full disclosure to the parent(s), guardian, or custodian(s), relatives, service providers, attorneys, and Court Appointed Special Advocate and/or Guardian Ad Litem (CASA/GAL). See Practice Guidance for more information;
7. Explain the process of Concurrent Planning to all CFT members and address the following:
 - a. The detrimental effects of 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,

- c. The services and supports that the agency can provide, including the role of the CFT, and
 - d. Permanency plan options and the time limits to achieving permanency.
8. Hold a CFT Meeting or Case Plan Conference no later than 30 calendar days of removal or the decision to create a Concurrent Plan. At this meeting the team will:
- a. Identify a Primary Plan and a Concurrent Plan for the Case Plan(s). See separate policies, [6.10 Permanency Plan](#) and [5.7 Child and Family Team Meetings](#):
 - i. The Primary Plan must be for reunification through services with measurable outcomes and time frames, and
 - ii. The Concurrent Plan must be an alternative permanency plan, including a permanency goal other than reunification (e.g., fit and willing relative, legal guardianship, adoption, Another Planned Permanent Living Arrangement (APPLA), reunification with non-custodial parent.)
 - b. Identify services, outcomes, and measures, and
 - c. Develop the Visitation Plan, with parent and child visitation occurring a minimum of two (2) times per week. See separate policy [8.12 Developing the Visitation Plan](#),

Note: If a CFT Meeting is not convened, a Case Conference must be held. See separate policy, [5.8 Developing the Case Plan](#).

- 9. Utilize the 'Concurrent Planning' dropdown menu in the Indiana Child Welfare Information System (ICWIS) to identify the Concurrent Plan and to code the case as Concurrent Planning;
- 10. Make referrals for services to work towards the outcomes for both the Primary Plan and the Concurrent Plan within 10 business days of identifying a need for services. See separate policy, [5.10 Family Services](#);
- 11. Complete the [Case Plan \(SF2956/DCS 0046\)](#) in the Indiana Child Welfare Information System (ICWIS), obtain supervisory approval, and secure all signatures within 45 calendar days of removal;
- 12. Complete a comprehensive search for absent parents. See separate policy [5.6 Locating Absent Parents](#);
- 13. Create a Family Network Diagram by utilizing GenoPro to identify extended family members and support the search for potential relative resources. See [Family Network Diagram Guide](#);
- 14. **[REVISED]** Utilize the CFT to determine when the permanency plan should be changed from the Primary Plan to the Concurrent Plan. If there is no significant progress towards the Primary Plan within six (6) months of disposition the Concurrent Plan will become the Primary Plan and DCS will evaluate the appropriateness of filing TPR; and
- 15. If the Concurrent Plan becomes the Primary Plan, the case should be unmarked as a 'Concurrent Planning' case in ICWIS and return to regular case planning procedures.

The Supervisor will:

- 1. Staff the case with the assigned FCM and make recommendations as needed;
- 2. Approve the 'Concurrent Planning' label in ICWIS;
- 3. Review and approve, if necessary, the child's placement needs as recommended by the FCM and CFT;
- 4. Approve [Case Plan \(SF2956/DCS 0046\)](#) in ICWIS once completed; and

5. If the Concurrent Plan becomes the Primary Plan, assist the FCM in transitioning back to regular case planning procedures and ensure that the FCM unmarks the case as a Concurrent Planning' case in ICWIS.

The DCS Local Office Attorney will:

1. Consult with FCM and Supervisor; and
2. Review Concurrent Plans prior to submitting to the court.

PRACTICE GUIDANCE

Care must be taken that parent(s) do not perceive Concurrent Planning as a threat. Although the Concurrent Plan is implemented when the Primary Plan cannot be achieved, it should not be presented as a punishment. Rather, Concurrent Planning offers parent(s) the opportunity to make critical decisions on behalf of the child and in the child's best interests. In many cases, Concurrent Planning allows the parent(s) to avoid the termination of parental rights and remain actively involved in their child(ren)'s lives.

Full Disclosure

Full disclosure is a process that facilitates open and honest communication between the FCM, parent(s), guardian, or custodian(s), extended family members, resource parents, attorneys, the court, and service providers. This process of sharing information, establishing expectations, clarifying roles, and addressing obstacles is an essential component of ethical social work practice.

Key items to discuss during a full disclosure interview:

1. Rights of the parent(s), guardian, or custodian(s);
2. Responsibilities of:
 - a. DCS,
 - b. Parent(s), guardian, or custodian(s),
 - c. Resource parent(s), and
 - 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. Services will be provided to the family for a specific time to minimize the child's length of stay in foster care; and
4. The paths that a parent, guardian, or custodian may take include:
 - a. Actively working with DCS,
 - b. Withdrawing, disappearing, or only sporadically appearing making it difficult to effectively implement a service plan,
 - c. Acting in a resistant manner towards 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(s), guardian(s), or custodian and the child will:

1. Decrease anxiety for the child during out-of-home care;
2. Secure relationships and maintain bonds between parent/child;

3. Motivate parent(s), guardian, or custodian(s) to work towards [Case Plan \(SF2956/DCS 0046\)](#) outcomes;
4. Decrease the amount of time that children remain out-of-home;
5. Offer opportunities for the parent(s), guardian, or custodian(s) and the resource parent(s) to engage in learning and growing; and
6. Give the opportunity to evaluate the parent and child relationship.

Recommended Concurrent Planning Visitation and Contact Standards

Participants	Frequency	Type
Parent/Child	2 times per week	Face-to-face
Parent/FCM	1 time per week	Face-to-face
Child/FCM	1 time per week	Face-to-face
Resource Parent/FCM	1 time per week	Phone
	1 time every month	Face-to-face
Service Provider/FCM	1 time per week	Face-to-face, phone, email

Changing from the Primary Plan to the Concurrent Plan

[REVISED] The CFT should determine when the permanency plan will transition from the Primary Plan to the Concurrent Plan. If significant progress has not been made towards the Primary Plan within six (6) months of **disposition**, the Concurrent Plan will become the Primary Plan.

If the decision is made to change the Concurrent Plan to the Primary Plan, the case will return to regular case procedures and will no longer be considered a 'Concurrent Planning' case.

FORMS AND TOOLS


1. [Family Functional Assessment \(FFA\) Field Guide](#) - Available on the Indiana Practice Model SharePoint
2. [Family Network Diagram Guide](#)
3. [Visitation Plan](#) – Available in ICWIS
4. [Case Plan \(SF 2956/DCS 0046\)](#) – Available in ICWIS

RELATED INFORMATION

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. This is the primary goal of Concurrent Planning. Other benefits include:

1. Achieves early permanency for children within or outside the birth family;
2. Decreases a child's length of stay in foster care;
3. Develops a pool of resource families that can be of assistance to both child and family;
4. Maintains family relationships;
5. Reducing the number of placements;
6. Reducing the length of time in care;

7. Increase in voluntary TPR; and
8. Improving the long-term adjustments of the child by an increase in the degree of openness.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: June 1, 2011
	Section 16: Caregiver Strength and Needs	Version: 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) will utilize the Child and Adolescent Needs and Strengths (CANS) Caregiver and Family Module questions to determine the strengths and needs of each parent, guardian or custodian which will assist in the identification of appropriate services.

The Family Case Manager (FCM) will identify the strength and needs of the parent, guardian or custodian throughout the life of the case and at least every 180 days by using the CANS Caregiver and Family Module questions, and address each need rated 2 or 3 in the [Case Plan \(SF 2956/DCS0046\)](#). Additionally, any need rated a 3 requires immediate attention.

Code References

N/A

PROCEDURE

DCS will engage the Child and Family Team (CFT) to assist in determining the services for the parent, guardian or custodian, using the [Indiana Caregiver Strength and Needs Assessment](#) for guidance.

The FCM will:

1. Determine the strengths and needs of the parent, guardian or custodian;
2. Document and address any needs rated 2 or 3 in the [Case Plan \(SF 2956/DCS0046\)](#);
3. Determine an immediate action for any need rated 3; and
4. Discuss with their supervisor the recommended immediate action, if necessary.

The Supervisor will:

1. Discuss any questions or regarding the strength and needs of the parent, guardian or custodian and any recommendations resulting from the identified needs;
2. Approve an immediate course of action for any need rated a 3, and;
3. Monitor the documentation of any items rated 2 or 3 on the [Case Plan \(SF 2956/DCS0046\)](#).

PRACTICE GUIDANCE


The [Indiana Caregiver Strength and Needs Assessment](#) is an optional tool which allows the FCM to rate a Primary and Secondary Caregiver separately. Depending on the situation, a

caregiver who is rated a 2 in one area may have that item mitigated by the strength of other caregiver. Critical thinking skills along with regular case staffing in combination with the CFT Meetings will allow the FCM to recommend the best plan for the parent, guardian or custodian.

FORMS AND TOOLS

1. [Indiana Caregiver Strength and Needs Assessment](#) – Available in Hard Copy
2. [5.B Tool Indiana Strength and Needs Definitions](#)–Available in Hard Copy
3. [Case Plan \(SF 2956/DCS0046\)](#) - Available in the Indiana Child Welfare Information System

RELATED INFORMATION

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: April 1, 2012
	Section 17: Assistance for a Family's Basic Needs	Version: 1

POLICY **[NEW]**

The Indiana Department of Child Services (DCS) believes that families should be financially responsible for ensuring their children's basic needs are met. In situations where the parents need assistance providing for the basic needs of their children, DCS has determined that the following assistance is available for applicable children:¹

1. One (1) month of rent and a one (1) security deposit of up to \$750 each. These each have a lifetime cap of \$750 each per family;
2. Collective one-time payment for gas, electric, water & sewage utilities assistance of up to \$1000 per family;

Note: For families in need of mortgage assistance, an additional \$750 can be made available for utility assistance in certain circumstances (see Practice Guidance).

3. Up to \$200 per lifetime for Pest Control services per family;
4. Up to \$400 per lifetime, per child for children's bed and bedding; and
5. Up to \$50 per month per family to cover the cost of parent, guardian and custodian travel (gas card, bus tickets, etc. See Practice Guidance).

Note: Questions regarding a family's use of payments should be directed to the local Regional Finance Manager (RFM).

DCS will not pay any of the following:

1. Mortgage payment assistance (See Practice Guidance);
2. Repairs and purchases of home appliances, (including stoves, refrigerators, dishwashers), heating, ventilating, and air conditioning (HVAC), repairs and purchases;
3. Furniture (not including children's beds 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. Clothing;
7. Recreation (including, but not limited to fees, supplies, uniforms, etc.);
8. Education (including, but not limited to tuition, uniforms, book fees, etc.);
9. Day Care; and
10. Telephone & cell phone.

¹ Applicable children/families include families who have a child who: (a) is in an out-of-home Child in Need of Services (CHINS) or Juvenile Delinquent (JD) placement, (b) is in an in-home CHINS, (c) is the subject of an Informal Adjustment (IA) (d) is the subject of an assessment and receiving services.

Code References

N/A

PROCEDURE

For Families with an applicable child, The Family Case Manager (FCM) should:

1. Engage the Child and Family Team (CFT) to identify community supports and services which may be able to assist the family in meeting their 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 made to locate alternative funding prior to completing a referral in the Indiana Child Welfare Information System contacts (see Practice Guidance for additional information on alternative funding); and
3. Complete a referral to request approved funding for the family if community resources are not able to meet the identified needs.

Appeals for Additional Funding:

1. The FCM will complete the [Appeal for Additional Funding SF 54870](#) detailing the unusual circumstances and situations prior to the expenditure of any funds and submit to the Supervisor for approval or denial.
2. The Supervisor will review and approve or deny the appeal for additional funding. The Supervisor will immediately notify the FCM if the request is denied. If the Supervisor approves the appeal for additional funding, it will be submitted to the DCS Local Office Director for approval or denial.
3. The DCS Local Office Director will approve or deny the appeal of additional funding. If the DCS Local Office Director approves the appeal for additional funding, the written request will be sent to the Regional Manager (RM) and if approved the RM will submit a copy to the RFM.
4. The RM will notify the Local Office Director of the final determination via written correspondence.

PRACTICE GUIDANCE

Prior to requesting any funding from the DCS local office to assist a family in meeting their basic needs, the FCM should ensure financial support of extended family members is explored for potential funding assistance as well as the following:

Utilities:

1. Contact Trustee's Office;
2. Contact utility company directly (gas, electric, water, etc.) to see about enrolling in a payment plan;
3. Contact local winter assistance, summer cooling programs if available in the area;
4. Contact Energy Assistance Program (EAP);
5. Contact Salvation Army; and
6. Contact Local churches.

Transportation:

1. Salvation Army;

2. School system;
3. Medicaid Transportation; and
4. Churches, community groups that may provide transportation to and from certain types of appointments.

Permitted travel expenses are those related to the benefit of the parent (i.e. parental visitation, counseling/therapy sessions, and substance abuse appointments/meetings).

In the event a family needs assistance to pay their mortgage, DCS should provide assistance for other household expenses to be paid so that 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 time for each family and is available through an approved appeal by the RM.

DCS local offices 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.


Applicable children/families include families who have a child who: (a) is in an out-of-home Child in Need of Services (CHINS) or Juvenile Delinquent (JD) placement, (b) is in an in-home CHINS, (c) is the subject of an Informal Adjustment (IA) (d) is the subject of an assessment and receiving services.

FORMS AND TOOLS

1. [Appeal for Additional Funding SF 54870](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date September 1, 2012
	Section 18: Death and Burial of a Child In Out-of-Home Care	Version: 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) will ensure the death of a child is handled within acceptable standards (See Related Information) 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 immediately provide the court with written notification of the child's death.

DCS will immediately notify the biological parents and siblings (if appropriate) and if possible coordinate this notification with LEA and the Coroner. 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 can 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 burial arrangements and expenses. If the biological family is willing and able to assume responsibility for the burial, they should be encouraged to do so. The Family Case Manager (FCM) will explore resources such as insurance policies and Medicaid to assist with fees associated with burial or cremation.

Note: All DCS financial assistance must be approved by the Regional Manager. See Procedure for additional information.

If the biological family is unable to assume responsibility, the FCM will contact a local funeral home and cemetery 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, 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 (visitation & funeral) 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

The FCM will:

1. Make a report of CA/N to the Child Abuse Hotline and LEA if CA/N is suspected;
2. Notify the court immediately of the child's death;
3. Notify the biological parents and siblings of the child's death in person;

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 can 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. Assist the family in making funeral, burial or cremation arrangements for the child;
5. Explore community resources available to assist the family with funeral and burial expenses;
6. Consult with the Regional Finance Manager regarding financial assistance;
7. Ensure surviving siblings including children under the care and supervision of DCS are able to participate in funeral services as appropriate; and
8. Assist the family in locating community resources to deal with grief or other issues identified by the family.

If the biological parents are deceased, the FCM 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.

The Supervisor will:

1. Assist the FCM in communicating with family members;
2. Assist the FCM and family in locating a funeral home and place for burial or cremation; and
3. Ensure that the FCM is offered supportive services to cope with the child's death.

To request DCS financial assistance:

1. The FCM will complete the [Appeal for Additional Funding SF 54870](#) 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 DCS Local Office Director for approval or denial.

3. The DCS Local Office Director will approve or deny the appeal of additional funding. If the DCS Local Office Director approves the appeal for additional funding, the written request will be sent to the Regional Manager (RM) and if approved the RM will send a copy to the RFM.
4. The RM will notify the Local Office Director of the final determination via written correspondence.

PRACTICE GUIDANCE

Medicaid Coverage

Medicaid benefits will cover \$600.00 towards funeral director expenses and \$400.00 towards burial and/or cremation expenses. Medicaid will not cover the cost of a headstone.

Funeral Director Expenses can include:

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:

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 are, but not limited to:

1. Trustee's Office;
2. Community foundations;
3. Community clubs;
4. Churches;
5. Salvation Army; and
6. Goodwill.

DCS Assistance

DCS may provide financial assistance for approved items if the child is not receiving Medicaid, or if the costs exceed the allowable Medicaid benefits when extenuating circumstances exist. All costs including a headstone require approval from the Regional Manager prior to discussing this with the family. DCS will not provide financial assistance for flowers or burial clothing. All approved vendors will need to complete [Vendor Information SF 53788](#) in order to receive payment. See Procedure for additional information.

FORMS AND TOOLS

[Appeal for Additional Funding SF 54870](#)


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.

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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 6: Court	Effective Date: July 1, 2012
	Section 1: Detention/Initial Hearing	Version: 4

POLICY [REVISED]

[REVISED] 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.

[REVISED] 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](#).

[NEW] An Initial Hearing must be held within 10 business days after filing a Child In Need of Services (CHINS) petition when an In-Home CHINS is being pursued.

[REVISED] 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. **[REVISED]** 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](#);

[REVISED] Note: The Family Case Manager (FCM) must be prepared to submit an [Affidavit of Diligent Inquiry \(ADI\) \(SEARCH100801ADI\)](#) 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.

[REVISED] 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 (i.e. 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.

[REVISED] 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. That 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/forms/chins.html>

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](#)
2. [IC 31-34-5: Time for hearing; notice](#)
3. [IC 31-34-6: Detention of Alleged Child in Need of Services](#)
4. [IC 31-34-7-1: Preliminary Inquiry](#)
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](#)
6. [IC 31-34-10-2: Initial hearing; service of copy of petition and summons](#)
7. [IC 31-34-10-6: Admission or Denial of Allegations of a Petition](#)

8. [IC 31-34-10-9: Dispositional Hearing, Factfinding Hearing: consent](#)
9. [IC 31-34-2: 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 Verbal Consent or Written Court Order: Description of Circumstances \(SF 49584/CW0018\)](#), if the child was removed without a court order,
 - b. [Assessment of Alleged Child Abuse or Neglect \(SF 113/CW311\)](#), if the assessment was completed,
 - c. [Intake Officer's Report of Preliminary Inquiry and Assessment \(Investigation\) \(PIR1070108\)](#), and
 - d. Any other required forms or notices.
3. Obtain the date, time, and location of the Detention/Initial Hearing from the DCS Local Office 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 Local Office 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. **[REVISED]** 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 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 Local Office 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 \(SF 114/CW310\)](#) – Available in MaGIK
2. [Assessment of Alleged Child Abuse or Neglect \(SF 113/CW311\)](#) – Available in MaGIK
3. [Taking Custody of a Child without Verbal Consent or Written Court Order: Description of Circumstances \(SF 49584/CW0018\)](#)
4. [Intake Officer's Report of Preliminary Inquiry and Assessment \(Investigation\) \(PIR1070108\)](#)
5. [Affidavit of Diligent Inquiry \(ADI\) \(SEARCH100801ADI\)](#)
6. [Tool 6.B: Statutory Definition of CHINS](#)
7. [Tool 6.A: 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.

[REVISED] 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.

[NEW] 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.

[REVISED] 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.

[REVISED] 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 alternate permanency plans 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

[REVISED] 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/forms/chins.html>

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 6: Court	Effective Date: August 1, 2011
	Section 2: Filing a Child in Need of Services (CHINS) Petition	Version: 3

POLICY

[REVISED] 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 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.

When the court has not received and accepted a parent/guardian/custodian's admission that there is a factual basis to establish that the child(ren) has a CHINS condition, and the parent/guardian/custodian desires to contest the facts alleged in the DCS CHINS petition, the parent/guardian/custodian(s) is entitled to a CHINS fact-finding hearing on whether the child has a CHINS condition.

[REVISED] 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 31-34-1-11: 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 Indiana Child Welfare Information System Assessment Matrix supports the filing of a CHINS. See separate policy, [4.18 Safety Assessment](#);

2. Conduct a diligent search (see Forms and Tools, [Affidavit of Diligent Inquiry \(ADI\)\(SEARCH100801ADI\)](#) 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 substitute care;

[REVISED] Note: The FCM must be prepared to submit an [Affidavit of Diligent Inquiry \(ADI\) \(SEARCH100801ADI\)](#) 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:
 - a. [Taking Custody of a Child without Verbal Consent or Written Court Order: Description of Circumstances \(SF 49584/CW0018\)](#), if the child was removed without a court order,
 - b. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW310\)](#),
 - c. [Assessment of Alleged Child Abuse or Neglect \(SF 113/CW311\)](#), if the assessment is completed,
 - d. [Intake Officer's Report of Preliminary Inquiry and Assessment \(Investigation\) \(PIR1070108\)](#), and
 - e. Any other forms or notices in the Indiana Child Welfare Information System 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 Local Office Attorney.

5. Work with the DCS Local Office 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 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 \(SF 49584/CW0018\)](#) – Available in the Indiana Child Welfare Information System
2. [Intake Officer's Report of Preliminary Inquiry and Assessment \(Investigation\) \(PIR1070108\)](#) – Available in the Indiana Child Welfare Information System
3. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW310\)](#) – Available in the Indiana Child Welfare Information System
4. [Assessment of Alleged Child Abuse or Neglect \(SF 113/CW311\)](#) – Available in the Indiana Child Welfare Information System
5. [Tool 6.B – Statutory Definition of CHINS](#)
6. [Affidavit of Diligent Inquiry \(ADI\) \(SEARCH100801ADI\)](#) – Available in the Indiana Child Welfare Information System

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.

[REVISED] 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).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 6: Court	Effective Date: August 1, 2011
	Section 3: Fact-Finding Hearing	Version: 4

POLICY

[REVISED] 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 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.

[REVISED] 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 31-34-5-1: Time for hearing; notice](#)
2. [IC 31-34-10-6: Admission or Denial of Allegations of a Petition](#)
3. [IC 31-34-10-9: Dispositional Hearing, Factfinding Hearing: consent](#)
4. [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 Local Office 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 Indiana Child Welfare Information System. 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 the Indiana Child Welfare Information System.

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 Local Office 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. [Intake Officer's Report of Preliminary Inquiry and Assessment \(Investigation\)\(PIR1070108\)](#) - Available in the Indiana Child Welfare Information System
2. [Assessment of Alleged Child Abuse or Neglect \(SF 113/CW311\)](#) – Available in the Indiana Child Welfare Information System
3. [Tool 6.B: Statutory Definition of CHINS](#)
4. [Affidavit of Diligent Inquiry \(ADI\) \(SEARCH100801ADI\)](#) – Available in the Indiana Child Welfare Information System

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 Factfinding 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 6: Court	Effective Date: August 1, 2011
	Section 4: Providing Notice	Version: 2

POLICY

[REVISED] 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, of all CHINS Hearings, 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 foster 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),

[REVISED] Providing proper notice that permits CHINS and TPR cases to proceed is the responsibility of the DCS local office 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: 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 notice¹ (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.

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: Notice of Fact Finding Hearings](#)
6. [IC 31-34-19-1.3: Notice of Dispositional Hearings](#)
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 \(Termination Cases\)](#)

PROCEDURE

The FCM will ensure notices are given to all appropriate parties in a timely manner via the DCS approved methods.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

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; or
2. 15 months of the most recent 22 months.

¹ The notice cannot be left on voice mail or with other persons not a party to the proceeding.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 6: Court	Effective Date: August 1, 2011
	Section 5: Petition for Parental Participation (PPP)	Version: 2

POLICY

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 Local Office Attorney with writing the PPP, which must allege the following:
 - a. The respondent is the child's parent¹, 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 \(PDR\) \(PDRR1070108\)](#) 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.

[REVISED] 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 Local Office Attorney by affidavit. See Related Information for further details.

[REVISED] The 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(ren).
2. In the event the parent, guardian, or custodian fails to comply with the PPD, the Local Office Attorney shall file a Motion for Rule to Show Cause with the court unless the Local Office Director gives specific instruction to the Local Office Attorney not to do so.

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

[Predispositional Report \(PDR\) \(PDRR1070108\)](#) - Available in the Indiana Child Welfare Information System

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 Local Office Attorney can file a motion for Rule to Show Cause. The court will review the motion and supporting affidavit. 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 MANUAL	
	Chapter 6: Court	Effective Date: August 1, 2011
	Section 6: Predispositional Report (PDR)	Version: 3

POLICY

The Indiana Department of Child Services (DCS) will prepare a [Predispositional Report \(PDR\) \(PDRR1070108\)](#) 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 ensure the [PDR](#) contains the following:

1. Statement of the needs of the child for care, treatment, rehabilitation, or placement;
2. Recommendation for the care, treatment, rehabilitation, or placement of the child;
3. Financial Report on the parent(s) and child. See Forms and Tools, [Child Support Worksheet](#);
4. Nature and extent of appropriate participation by parent, guardian, or custodian;
5. Legal Settlement Information (i.e., city and state of current residence of custodial parent or other caretaker when applicable);
6. **[REVISED]** Information about Child and Family Team (CFT) Meetings or Case Plan Conferences held and their outcomes, including any information about a Concurrent Plan for the child. See separate policy, [5.15 Concurrent Planning](#).

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, and
 - b. Court Appointed Special Advocate (CASA)/ Guardian ad Litem (GAL).

DCS will confer with appropriate individuals who have expertise in professional areas related to the child's needs. This may include representatives from the following:

1. DCS;
2. The child's school;
3. Probation Department;
4. A community mental health center (located in the child's county of residence);
5. A community mental retardation and other developmental disabilities center (located in the child's county of residence);
6. CFT; and/or
7. Other persons as the court may direct.

Note: If the child is eligible for special education services or placement, consultation with the school is mandatory.

Code References

1. [IC 31-34-18: Predispositional Report](#)
2. [IC 31-34-20-5: Legal Settlement](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. **[REVISED]** Prepare and submit the [PDR](#) using the form provided in the legal forms database (QUEST). The form is also available in the Indiana Child Welfare Information System;
2. Coordinate with the DCS Local Office Attorney to file the [PDR](#) in a timely manner, according to the county's court procedure;
3. Seek Supervisor review and approval of the [PDR](#);
4. Sign the [PDR](#);
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, income sources and amounts, and financial resources is needed. Gathering and reporting information in the Indiana Child Welfare Information System 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 substitute care.
7. Attach a [Case Plan \(SF 2956/CW0046\)](#) to the [PDR](#) if it has been completed and was not previously submitted to the court.

The Supervisor will approve and sign the [PDR](#).

PRACTICE GUIDANCE

The court can incorporate the DCS predispositional report into its dispositional order.

FORMS AND TOOLS

1. [Predispositional Report \(PDR\) \(PDRR1070108\)](#) – Available in the Indiana Child Welfare Information System
2. [Child Support Worksheet](#)
3. [Case Plan \(SF 2956/CW0046\)](#) – Available in the Indiana Child Welfare Information System


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 parents place of residence;
3. Sources and amounts of income 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 can be used in determining a child's eligibility for Title IV-E Foster Care, Title IV-E waiver and/or Title IV-A Emergency Assistance

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 6: Court	Effective Date: August 1, 2011
	Section 7: Dispositional Hearing	Version: 3

POLICY

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.

[REVISED] 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(ren):

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](#).

[REVISED] 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 Indiana Child Welfare

Information System 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 substitute 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 the Indiana Child Welfare Information System.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

[Predispositional Report \(PDR\) \(PDRR1070108\)](#) – Available in the Indiana Child Welfare Information System

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 the Indiana Child Welfare Information System 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 \(PDR\) \(PDRR1070108\)](#) 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 MANUAL	
	Chapter 6: Court Involvement	Effective Date: August 1, 2011
	Section 8: Three Month Progress Report	Version: 3

POLICY

The Indiana Department of Child Services (DCS) will prepare and submit to the court a [Progress Report \(PermRptR1070108\)](#) for every child 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 \(ModRptR1070108\)](#) containing the information required and submit it to the DCS Local Office Attorney so a formal court hearing can be requested.

At a minimum, the [Progress Report \(PermRptR1070108\)](#) will include information regarding progress made in implementing the Dispositional Decree. See Related Information for further details.

DCS will submit a [Progress Report \(PermRptR1070108\)](#) to the court at least 10 days prior to a Periodic Case Review Hearing.

Within a reasonable time after the report's presentation to the court or before the Periodic Case Review Hearing, DCS will make a copy of the [Progress Report \(PermRptR1070108\)](#) available to the following:

1. The child, based upon age and developmental level;
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. 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 care taking relationship with the child;
7. Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL); and
8. Long-term Resource Parent, if applicable. See Related Information for further details.

Note: Proof of service of the notice will be presented at the case review.

Note: The court may also provide a factual summary of the [Progress Report \(PermRptR1070108\)](#) to the child's parent, guardian, custodian, or resource parent.

Exception: If the court determines on the record that the [Progress Report \(PermRptR1070108\)](#) contains information that should not be released to any person who is otherwise entitled to receive a [Progress Report \(PermRptR1070108\)](#), the court is not required to make the [Progress Report \(PermRptR1070108\)](#) available to that person, but may provide them with a redacted copy of the report. However, the court will provide a copy of the [Progress Report \(PermRptR1070108\)](#) 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 31-34-21-1: Progress reports; procedure for modification of decree](#)
2. [IC 31-34-21-4: Notice of case review; testimony in periodic case review](#)
3. [IC 31-34-21-4.6: Long-term Foster Parent](#)
4. [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, or any other professionals who have expertise related to the child and family's needs;
2. Prepare the [Progress Report \(PermRptR1070108\)](#);
3. Attach any additional reports to the [Progress Report \(PermRptR1070108\)](#);
4. Obtain supervisory approval and signature;
5. Sign the [Progress Report \(PermRptR1070108\)](#);
6. Coordinate the filing of the [Progress Report \(PermRptR1070108\)](#) with the court;
7. Make a properly redacted copy of the [Progress Report \(PermRptR1070108\)](#) available to all appropriate parties and persons; and
8. Update the child's and/or family's information in the Indiana Child Welfare Information System as needed when changes occur regarding income and resources, parent's place of residence, and household membership.

The Supervisor will:

1. Review and make any recommendations regarding the [Progress Report \(PermRptR1070108\)](#); and
2. Approve and sign the [Progress Report \(PermRptR1070108\)](#).

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Progress Report \(PermRptR1070108\)](#) - Available in the Indiana Child Welfare Information System
2. [Modification Report \(ModRptR1070108\)](#) - Available in the Indiana Child Welfare Information System
3. [Case Plan \(SF 2956/DCS0046\)](#) – Available in the Indiana Child Welfare Information System

RELATED INFORMATION

Report Content

The [Progress Report \(PermRptR1070108\)](#) 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 the family services offered and/or provided to the child or the parent, guardian, or custodian, the dates of the services, and the outcome,
 - 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 has visited the child, including the reasons for infrequent visitation, if applicable, and
 - b. If siblings are separated, the extent to which sibling visits are occurring, including reasons for infrequent visitation, if applicable.
3. **[REVISED] Compliance and Cooperation** -
 - a. The extent to which the parent, guardian, or custodian has cooperated, participated and benefited in DCS Court Ordered services with DCS or the Probation Department, and
 - b. Whether DCS, the child, and the parent, guardian, or custodian have complied with court ordered services outlined in the [Case Plan \(SF 2956/DCS0046\)](#) (to be attached when necessary).
4. **[REVISED] 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.
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, and
 - d. The extent to which a child's education and health is improved.
6. Consultations –
- a. Identify all professionals consulted and their relationship to the child, and
 - b. Identify all persons who are part of the Child and Family Team (CFT), their relationship to the child and each meeting coordinated with them.
7. Recommended Plan of Care -
- a. Treatment,
 - b. Rehabilitation, and
 - c. Placement for the child.


Redaction

A process where a document is reviewed thoroughly to cover and make illegible portions of the text prior to release.

Long-term Resource Parent

A resource parent who has provided care and supervision for a child for at least:

- 1. The twelve (12) most recent months; or
- 2. Fifteen (15) months of the most recent twenty-two (22) months.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 6: Court	Effective Date: September 1, 2012
	Section 9: Periodic Case Review Hearing	Version: 4

POLICY

[REVISED] The Indiana Department of Child Services (DCS) will attend and participate in a Periodic Case Review Hearing:

1. At least once every three (3) months, after the date of the child's removal from the child's parent, guardian, or custodian; or
2. At least three (3) months after the date of the Dispositional Decree, whichever comes first.

DCS will provide notice at least 10 calendar days before the Periodic Case Review 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 or long-term resource parent. See Related Information for further details; and
6. Witnesses for hearings.

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](#)

PROCEDURE

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

1. Provide the Three Month Progress Report during the Periodic Case Review. See separate policy, [6.8 Three Month Progress Report](#);
2. Provide notice to all required parties. See separate policy, [6.4 Providing Notice](#);
3. Ensure that the [Notice of Periodic Case Review \(SF 48997/CW0002\)](#) or [Progress Report \(PermRptR1070108\)](#) from the Indiana Child Welfare Information System is printed and sent to the required parties at least 10 calendar days in advance, if the Notice Section of the [Progress Report \(PermRptR1070108\)](#) was not completed and previously sent for the scheduled hearing;
4. Coordinate witnesses for hearing with the DCS Local Office Attorney; and
5. Attend the hearing prepared to testify.

Following the hearing, the FCM will enter the following into the Indiana Child Welfare Information System:

1. Placement and care responsibility;
2. Reasonable efforts to finalize the Permanency Plan; and
3. All other required data.

The Supervisor will:

1. Assist the FCM in preparation for the Periodic Case Review Hearing; and
2. Ensure all required data and court findings were entered into the Indiana Child Welfare Information System.

PRACTICE GUIDANCE

NA

FORMS AND TOOLS


1. [Notice of Periodic Case Review \(SF 48997/CW0002\)](#) – Available in the Indiana Child Welfare Information System
2. [Progress Report \(PermRptR1070108\)](#) - Available in the Indiana Child Welfare Information System
3. [Case Plan \(SF 2956/DCS0046\)](#) – Available in the Indiana Child Welfare Information System

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; or
2. 15 months of the most recent 22 months.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 6: Court	Effective Date: September 1, 2012
	Section 10: Permanency Plan	Version: 4

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will identify and recommend to the court a Permanency Plan and a Concurrent or Alternative Plan for every child adjudicated as a Child in Need of Services (CHINS). See separate policy, [5.15 Concurrent Planning](#).

The Permanency Plan will be identified in the [Case Plan \(SF 2956/DCS0046\)](#) no later than 45 days after the date the child is removed from the home or date of disposition, whichever comes first.

DCS will make reasonable efforts to reunify the child 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 an alternate Permanency Plan in a timely manner. DCS will seek court approval of all Permanency Plans and subsequent changes.

DCS will inform the child and document the child's views in the Permanency portion of the [Progress Report](#).

Note: If the child is at least 16 years of age and the proposed Permanency Plan provides for the transition of the child from out-of-home placement to independent living, the court will:

- a. Require DCS to send notice of the Permanency Hearing to the child, and
- b. Provide the child an opportunity to be heard and to make recommendations to the court. See separate policies, [5.8 Developing a Case Plan](#), and [6.11 Permanency Hearing](#).

Code References

1. [IC 31-34-21-5.6: Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)
2. [IC 31-34-21-5.7: Permanency plan; requirement; approval; reports and orders not required](#)
3. [IC 31-34-21-7: Permanency hearing](#)
4. [IC 31-34-21-7.5: Permanency plans prohibited if household contains certain individuals; exceptions](#)
5. [IC 31-34-21-7.7: Permanency plan; guardianship](#)
6. [45 CFR 1356.21: Application of the permanency hearing requirements](#)
7. [31-34-21-5.8 Out-of-home or permanent placement; progress reports and case](#)

PROCEDURE

As part of the case planning process, the Family Case Manager (FCM) will:

1. Discuss the potential Permanency and Concurrent Plans or any changes to existing plans which are no longer in the child's best interest during a Child and Family Team (CFT) Meeting;

Note: If a CFT is not convened, a Case Conference must be held. See separate policy, [5.8 Developing the Case Plan](#).

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 Another Planned Permanent Living Arrangement (APPLA). A Permanency Plan of APPLA must be approved by the Regional Manager and be referred for a Permanency Round table.
5. Document for the court the reasonable efforts that have been made to implement the plan;
6. **[REVISED]** Ensure that within nine (9) months from the child'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. Update the court findings of Reasonable Efforts to finalize the Permanency Plan in the Indiana Child Welfare Information System.

The Supervisor will ensure that the Permanency Plan is documented in the [Case Plan \(SF 2956/DCS0046\)](#).

PRACTICE GUIDANCE

[NEW] The CFT should participate in shared decision-making and strength-based approach to assisting with the development of the child's Permanency Plan. Formal and informal supports should be engaged to achieve the development of the Permanency Plan. DCS will hear and understand the family's voice and provide assistance to the family as the Permanency Plan is developed.

FORMS AND TOOLS

1. [Case Plan \(SF 2956/DCS0046\)](#) - Available in the Indiana Child Welfare Information System
2. [Progress Report \(PermRptR1070108\)](#) - Available in the Indiana Child Welfare Information System

RELATED INFORMATION

Concurrent Planning

Concurrent Planning requires the FCM and CFT to plan and work towards both reunification and another permanency plan. 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. 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:

1. Reunification;
2. Adoption;
3. Guardianship;
4. Another Planned Permanent Living Arrangement (APPLA); or
5. Placement with a Fit and Willing Relative.


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. If a child has not been removed from the child's home, efforts to prevent or eliminate the need for removing the child from the child's home;
2. If a child has been removed from the child's home, efforts to make it possible for the child to return safely to the child's home as soon as possible; or
3. **[REVISED]** 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 continues to be eligible for federal funding to reimburse the costs of substitute 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 6: Court	Effective Date: September 1, 2012
	Section 11: Permanency Hearing	Version: 4

POLICY

The Indiana Department of Child Services (DCS) will attend and participate in a Permanency Hearing for a child:

1. Within 30 days after the court finds that reasonable efforts to reunify or preserve a child's family are not required;
2. **[REVISED]** Every nine (9) months after the date of the original Dispositional Decree or the date the Child in Need of Services (CHINS) was removed from the child's parent/guardian/custodian, whichever comes first; and
3. More often if ordered by the court.

DCS may request that the court hold a Permanency Hearing at any time.

DCS will present the child's views in the [Permanency Hearing Report](#), prepared for the Permanency Hearing. See Related Information for further details.

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](#)

PROCEDURE

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

1. Provide notice to all required parties. See separate policies, [6.4 Providing Notice](#);
2. Attend and participate in the Permanency Hearing for a child:
 - a. Within 30 days after the court finds that reasonable efforts to reunify or preserve a child's family are not required,
 - b. **[REVISED]** Every nine (9) months after the date of the original Dispositional Decree or the date the Child in Need of Services (CHINS) was removed from the child's parent, guardian, or custodian, whichever comes first, and
 - c. More often if ordered by the court.
3. Enter court hearing data in Indiana Child Welfare Information System including the courts findings related to Reasonable Efforts toward the Permanency Plan.

The FCM and Supervisor will ensure the child attends the hearing, unless the court has ordered otherwise.

The Supervisor will review and approve the [Case Plan](#) and the [Permanency Hearing Report](#) prepared for the Permanency Hearing.

PRACTICE GUIDANCE

Factors to Discuss During the Child and Family Team Meeting (CFT) for the Permanency Hearing

1. Identify objectives of the Dispositional Decree that have not been met,
2. Evaluate whether continuation of the decree with or without modification has a reasonable chance of success;
3. Determine whether it is in the child's best interest for the juvenile court to retain jurisdiction;
4. Determine whether responsibility for Placement and Care of the child should remain with DCS;
5. Identify procedural safeguards used by DCS to protect parental rights;
6. Determine whether an existing Permanency Plan will be modified, taking into account the recommendations of parties or other persons having a significant relationship with the child. See separate policies, [6.10 Permanency Plan](#), and [5.8 Developing a Case Plan](#);
7. Determine whether DCS has made Reasonable Efforts to finalize the Permanency Plan that is in effect; and
8. Determine the child's future status (e.g., whether the child is to return to the/their parent/guardian/custodian, continue in substitute care, be placed for adoption, be placed under another planned permanent living arrangement, with an appointed legal guardian, or placed with a fit and willing relative).

Note: The same factors considered during the Periodic Case Reviews are also considered during the Permanency Hearing.

[REVISED] Child's voice in the Permanency Plan


Speak with the child regarding their views on leaving their current home and how they feel about reunification, adoption, guardianship, another planned permanent living arrangement, or placement with a fit and willing relative. Present the child's views in the Permanency Plan to the court. Although the child's views may be contrary to the court's recommendation for permanency, it is necessary to present those views. The child's views may also be expressed by an attorney for the child, the FCM or the GAL/CASA at the Permanency Hearing. There must be an indication that the child's view on the permanent placement has been sought and reported to the Court at each Permanency Hearing.

FORMS AND TOOLS

1. [Progress Report](#)- available in the Indiana Child Welfare Information System
2. [Case Plan](#)- available in the Indiana Child Welfare Information System
3. [Permanency Hearing Report](#)- available in Indiana Child Welfare Information System

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 6: Court	Effective Date: December 1, 2012
	Section 12: Involuntary Termination of Parental Rights (TPR)	Version: 6

POLICY [REVISED]

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.

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 is IV-E eligible and 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. [42 U.S.C. 675\(5\)\(E\): Title IV-E Case Review System](#)
2. [45 CFR 1356.21 \(h\) \(4\)\(i\): Application of the Requirements for Filing a Petition](#)
3. [IC 31-34-21-5.6: No reasonable efforts](#)
4. [IC 31-35-2: Termination of Parent-Child Relationship Involving a Delinquent Child or a CHINS](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Seek counsel from the Supervisor and the DCS Local Office 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. Assure 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. Assure the parent/guardian/custodian is provided with the [Advisement of Rights](#) prior to the hearing. See separate policy, [6.4 Providing Notice](#);
8. Coordinate witnesses for the TPR Hearing with the DCS Local Office Attorney; and
9. Attend the TPR Hearing.

[REVISED] 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 Supervisor will:

2. Assist the FCM in filing the TPR; and
3. Ensure that MaGIK is updated in a timely manner.

[REVISED] The DCS Local Office Attorney will file a petition for a TPR Hearing and provide proper notice regarding the TPR Hearing.

[REVISED] The Division Manager or DCS LOD will sign the [Consents to Adoption \(SF12582\)](#) form for cases where a prospective adoptive parent has been identified and the TPR process has concluded.

PRACTICE GUIDANCE

[REVISED] Adoption Consents

The [Consents to Adoption \(SF12582\)](#) form will be used for every prospective adoptive family approved to adopt a child in DCS care.

FORMS AND TOOLS

Advisement of Rights

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 Local Office 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 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; or
4. DCS has not provided the services as stated in the Case Plan 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 6: Court	Effective Date: December 1, 2012
	Section 13: Voluntary Termination of Parental Rights (TPR)	Version: 4

POLICY **[REVISED]**

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.

[REVISED] 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

[IC 31-35-1: Voluntary Termination of Parent-Child Relationship by Parents](#)

PROCEDURE

[REVISED] 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 Local Office 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.

[REVISED] The Supervisor, Local Office 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.

[REVISED] The Division Manager or DCS LOD will sign the [Consents to Adoption \(SF12582\)](#) form after the TPR process has concluded.

[REVISED] The DCS Local Office Attorney will complete the appropriate paperwork for Voluntary TPR, including the [Voluntary Relinquishment of Parental Rights \(SF 12587/CW 1331A\)](#) and court petition.

PRACTICE GUIDANCE

[NEW] 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.

[NEW] Adoption Consents

The [Consents to Adoption \(SF12582\)](#) 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 local office 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 \(SF 12587/CW 1331A\)](#)

RELATED INFORMATION

[REVISED] 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	Effective Date: June 1, 2011
	Section 1: Child at Imminent Risk of Removal	Version: 3

POLICY [REVISED]

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 foster care. DCS will redetermine imminent risk every 180 days.

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.

Code References

N/A

PROCEDURE

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

1. Make an initial determination that a child is at imminent risk for removal with a substantiation of abuse or neglect by the DCS as documented by an approved substantiated Assessment of Alleged Child Abuse or Neglect SF113/CW0311.

Child In Need of Services (CHINS):

- a. Complete a Risk reassessment in the Indiana Child Welfare Information System;
- b. Document via the Case Plan on the case identification screen that:
 - 1.) The child is at imminent risk of removal from the home environment and absent effective preservation services, the Department will petition the court to place the child in foster care; or
 - 2.) The child is not at imminent risk of removal from the home environment; or
 - 3.) The child is no longer at imminent risk of removal from the home environment due to the success of preservation services.

Informal Adjustment (IA) Cases:

- a. Initial determination of imminent risk for removal should be documented on the IA form in QUEST and again, on the IA history screen in the Indiana

Child Welfare Information System. The Family Case Manager (FCM) will document that:

- 1.) The child is at imminent risk of removal from the home environment and absent effective preservation services, the Department will petition the court to place the child in foster care; or
 - 2.) The child is not at imminent risk of removal from the home environment; or
 - 3.) The child is no longer at imminent risk of removal from the home environment due to the success of preservation services.
2. Make a redetermination of imminent risk of removal. The redetermination will be completed on every child with an open case type of IA or In home CHINS within six (6) months of the initial determination. Redeterminations will be conducted as follows:

CHINS:

- a. Complete a Risk reassessment in the Indiana Child Welfare Information System;
- b. Document via the Case Plan on the case identification screen that:
 - 1.) The child is at imminent risk of removal from the home environment and absent effective preservation services, the Department will petition the court to place the child in foster care; or
 - 2.) The child is not at imminent risk of removal from the home environment; or
 - 3.) The child is no longer at imminent risk of removal from the home environment due to the success of preservation services.

For IA Cases:

- a. Redeterminations of imminent risk of removal should be documented on the Progress on IA (formally the 5-month report) via the IA history screen. The Family Case Manager (FCM) will document that:
 - 1.) The child is at imminent risk of removal from the home environment and absent effective preservation services, the Department will petition the court to place the child in foster care; or
 - 2.) The child is not at imminent risk of removal from the home environment; or
 - 3.) The child is no longer at imminent risk of removal from the home environment due to the success of preservation services.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Assessment of Alleged Child Abuse or Neglect (SF 113/CW0311) – Available in the Indiana Child Welfare Information System
2. Family Risk Assessment – Available in the Indiana Child Welfare Information System

3. Family Risk Reassessment – Available in the Indiana Child Welfare Information System
4. **[REVISED]** Program of Informal Adjustment – (IA-R3(091109)) – Available in QUEST
5. **[REVISED]** Progress Report on Program of Informal Adjustment - (SF 54336) – Available in the Indiana Child Welfare Information System
6. Intake Officers Report of Preliminary Inquiry and Investigation – Available in the Indiana Child Welfare Information System
7. **[REVISED]** Case Plan (SF2956/CW0046) – Available in the Indiana Child Welfare Information System

RELATED INFORMATION


[REVISED] Outlining the population

Candidates for out-of-home placements/children at imminent risk for removal include:

1. Child residing in his/her own home;
2. Children on the run from their home or privately-paid facility; and
3. Children placed with the non-custodial parents who have NOT been placed with the non custodial parent via court order.
4. Child who is Homeless

Children at imminent risk for removal do not include:

1. Children in out-of-home placement care;
2. Children placed in licensed foster homes, unlicensed relative homes; and
3. Children on a trial home visit.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	Effective Date: October 1, 2008
	Section 2: Services for the Child's Family	Version: 1

POLICY

The Indiana Department of Child Services (DCS) will offer in-home services to children who are identified as candidates at imminent risk of placement and to their families. These services will include children and their families with an open case type of Informal Adjustment (IA) or In-Home Child in Need of Services (CHINS) to facilitate the child's safety and the safe closure of the case. See separate policy, [5.10 Family Services](#) for a description of services available.

DCS will engage the Child and Family Team (CFT) to review the family's [Safety Assessment](#), [Strength and Needs Assessment](#), [Risk Assessment](#), and the [Family Functional Assessment \(FFA\) Field Guide](#) to assist in identifying the family's underlying needs and corresponding services. See separate policy, [5.7 Child and Family Team Meetings](#).

Code References

NA

PROCEDURE

The Family Case Manager (FCM) will:

1. Utilize the CFT, the family's [Safety Assessment](#), [Strength and Needs Assessment](#), [Risk Assessment](#), and the [FFA Field Guide](#) to identify the type and intensity of services that are necessary to build on the family strengths, address the family needs, and address child safety and risk of future child abuse or neglect (CA/N). See separate policies, [4.18 Safety Assessment](#), [4.23 Risk Assessment](#), [4.24 Strengths and Needs Assessment](#), [5.7 Child and Family Team Meetings](#), and [5.10 Family Services](#);
2. Develop a [Case Plan \(SF 2956/DCS0046\)](#) or an IA, including the type, level, frequency, time frames, activities or actions, and provider of services to be provided as well as the goals to be achieved. See separate policy, [5.8 Developing A Case Plan](#);
3. Make timely referrals to appropriate support services, and facilitate family's access to and utilization of the support services outlined in the [Case Plan \(SF 2956/DCS0046\)](#) or IA. See separate policy, [5.10 Family Services](#);
4. Monitor and document the family's progress toward meeting the [Case Plan \(SF 2956/DCS0046\)](#) goals or identified activities or actions in the IA and update the court. See separate policies, [7.1 Child at Imminent Risk of Placement](#), [5.7 Child and Family Team Meetings](#), [5.9 Informal Adjustment \(IA\)](#), [6.8 Three Month Progress Report](#) and [7.3 Minimum Contact](#):
 - a. Review the family's progress at each face-to-face contact and during CFT Meetings,
 - b. Maintain contact with service providers to confirm the family's attendance and assess their level of participation in services, and

- c. Make revisions to the [Case Plan \(SF 2956/DCS0046\)](#) as needed.
5. Document in the Indiana Child Welfare Information System (ICWIS) and case notes:
 - a. Goals and services included in the [Case Plan \(SF 2956/DCS0046\)](#),
 - b. Activities or actions to be completed by each person and the deadlines for completion in the IA,
 - c. Any additional service referrals made for the family and/or child(ren),
 - d. Reasons why services were not offered or were halted prematurely, and/or
 - e. Milestones that the family achieves from services provided.
6. Upon completion of identified services for the family addressing all safety concerns, recommend case closure. See separate policies, [5.9 Informal Adjustment \(IA\)](#) and [5.12 Closing a CHINS Case](#).

The Supervisor will:

1. Provide input into [Case Plan \(SF 2956/DCS0046\)](#) or IA development as needed;
2. Ensure the [Case Plan \(SF 2956/DCS0046\)](#) or IA development process is completed in a timely fashion; and
3. Review and approve the [Case Plan \(SF 2956/DCS0046\)](#) prior to its distribution.

PRACTICE GUIDANCE

N/A

FORMS

1. [Safety Assessment](#) – Available in ICWIS
2. [Risk Assessment](#) – Available in ICWIS
3. [Strengths and Needs Assessment](#) – Available in ICWIS
4. [Family Functional Assessment Field Guide](#) – Available in ICWIS
5. [Case Plan \(SF 2956/DCS0046\)](#) – Available in ICWIS
6. [Assessment of Alleged Child Abuse or Neglect \(SF 113/CW0311\)](#) – Available in ICWIS


RELATED INFORMATION

Imminent Risk of Placement

DCS defines a child at imminent risk of placement as a child less than 18 years of age who reasonably may be expected to be placed in an 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 Disturbance; or
3. Family conflict so extensive that reasonable control of the child is not exercised.

In Indiana, imminent risk is documented by an approved substantiated [Assessment of Alleged Child Abuse or Neglect \(SF 113/CW0311\)](#) or the opening of a case.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	Effective Date: July 1, 2010
	Section 3: Minimum Contact	Version: 3

POLICY

Contact with Children at Imminent Risk of Placement

The Indiana Department of Child Services (DCS) will have **monthly** face-to-face contact with all children under DCS care and supervision who are at imminent risk of placement. This includes children and their families participating in an Informal Adjustment (IA). Visitation will occur in the home.

[REVISED] Contact During Critical Case Junctures

During critical episodes involving the child and/or family (e.g., potential risk of removal, new child abuse and/or neglect (CA/N) allegations, potential runaway situations, pregnancy of the child, lack of parental contact, etc.), contact must be made **within 24 hours** of receiving knowledge that a crisis has occurred. The Family Case Manager (FCM) will monitor and evaluate the situation, as well as convene the Child and Family Team (CFT), to assess whether the situation warrants additional services or supports to the family. See separate policies, [5.7 Child and Family Team Meetings](#) and [4.18 Safety Assessment](#).

DCS will initiate an emergency removal if the child is in immediate danger. See separate policy, [4.28 Involuntary Removals](#).

Contact with Child's Parent, Guardian, or Custodian

DCS will have **monthly** face-to-face contact with the parent/guardian/custodian who is receiving in-home services and has a child that is under the care and supervision of DCS. Visitation will occur in the home.

DCS will maintain contact with the non-custodial parent (mother or father) and will ensure that this parent 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.

Note: During every visit with the parent, guardian, or custodian, the FCM will assess for the presence of domestic violence through questioning and observation skills.

Code References

[IC 34-6-2-34.5: Domestic or family violence](#)

PROCEDURE

Contacts with the Child

The FCM will have monthly face-to-face contact with the child and:

1. Assess the child's safety, health, and well-being. Does the child:
 - a. Have any visible injuries,
 - b. Appear to be ill, or
 - c. Appear to be emotionally unhealthy (withdrawn, angry, scared, etc.)
2. Choose a setting that affords the child an opportunity to speak freely, and to discuss any concerns that the child may have about any incidents that have occurred (does the child feel safe with family members, other people who visit the home, etc.).

Contacts with the Parent, Guardian, or Custodian

The FCM will have monthly face-to-face contact with the parent, guardian, or custodian and:

1. Utilize the [Visitation Checklist \(SF 53557/CW3112\)](#) to gather information and discuss any updates with the family;
2. Assess family progress, discuss services the family needs or is receiving, and provide assistance and support to the family as needed;
3. Observe the overall condition of the home and discuss any areas of concern with the family;
4. Discuss the child's overall progress including behavioral management, school adjustment, etc.;
5. Assist the family with problem-solving and accessing community resources as needed; and
6. Review progress on the concerns that brought the family to the attention of DCS.

Contacts with Siblings, if Applicable

The FCM will develop a visitation plan to ensure that sibling contact is maintained and strengthened. See separate policy, [8.12 Developing the Visitation Plan](#).

Documenting Visits

The FCM will document the visit and any new information gained (e.g., health, educational services) in the Indiana Child Welfare Information System (ICWIS) within one (1) business day following each visit with the child, and parent, guardian, or custodian.

PRACTICE GUIDANCE

Visiting and Monitoring of Plans

While monthly visits conform to DCS policies, best practice would indicate a need to see the child on a more frequent basis early on to ensure monitoring and adherence of a [Safety Plan \(SF 51455/CW0440\)](#), for example, as determined by the CFT Meeting process.

FORMS

1. [Visitation Checklist \(SF 53557/CW3112\)](#) – Available in ICWIS
2. [Safety Plan \(SF 51455/CW0440\)](#) – Available in ICWIS

RELATED INFORMATION

Regular Contact is Paramount

Regular contact with the parent, guardian, or custodian and the child who has been identified as a candidate 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. Track and adjust service plans as needed.


Regular contact with the child allows the FCM to:

1. Assess the child's health, safety, and well-being;
2. Develop and maintain a trusting and supportive relationship with the child; and
3. Assess the child's progress.

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).

Choose an Appropriate Setting

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	Effective Date: October 1, 2008
	Section 4: Parental Interaction and Involvement	Version: 1

POLICY

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(ren) who have been identified as candidates at imminent risk of placement, to determine whether they are accomplishing the goals and objectives outlined in the current [Case Plan \(SF 2956/CW0046\)](#) 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(ren), and service providers to track and make any necessary adjustments to the current [Case Plan \(SF 2956/CW0046\)](#) such as:

1. Incorporating new information and circumstances into the [Case Plan \(SF 2956/CW0046\)](#);
2. Documenting progress made; and
3. Identifying barriers encountered by the family.

Note: DCS will update the [Case Plan \(SF 2956/CW0046\)](#) 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 A Case Plan](#).

DCS will utilize regular monthly contact with the parent, guardian, or custodian, the child(ren), and service providers to monitor the family's progress and compliance with the IA or Child in Need of Services (CHINS). See separate policies, [5.9 Informal Adjustment \(IA\)](#) and [7.3 Minimum Contact](#).

DCS will assess if the parent, guardian, or 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 \(SF 2956/CW0046\)](#) 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 \(SF 2956/CW0046\)](#) 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.

2. Complete on-going Safety, Risk, Strength and Needs Assessments throughout the life of the case. See separate policies, [4.18 Safety Assessment](#), [4.23 Risk Assessment](#), and [4.24 Strength and Needs Assessment](#);
3. Engage and establish a partnership with the parent, guardian, or custodian, and 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; and
4. Encourage and empower the parent, guardian, or custodian, and 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(ren).

PRACTICE GUIDANCE


N/A

FORMS

1. [Case Plan \(SF 2956/CW0046\)](#) – Available in ICWIS
2. [Family Functional Assessment Field Guide](#) – Available in ICWIS

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	Effective Date: December 1, 2011
	Section 5: Meaningful Visits	Version: 5

POLICY

The Indiana Department of Child Services (DCS) will address safety, stability, well-being, and permanency with the parent, guardian, or custodian and the child(ren) who are identified as candidates at imminent risk of placement during all visits. See Practice Guidance for suggested questions that address each area.

[REVISED] DCS will ensure that 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 Indiana Child Welfare Information System (ICWIS) within 'Contacts.' Any and all safety concerns that are identified must be discussed with the parent, guardian, or custodian. The development of a plan to address the safety concern(s) must occur and be reported to the Supervisor immediately.

DCS will provide on-going assessment of safety and risk when visiting the parent, guardian, or custodian and the child(ren) who are identified as candidates 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 assure that 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 is strongly encouraged to 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 support systems that may decrease the possibility of future risk of child abuse and/or neglect (CA/N). Over time, ideally, the parent, guardian, or custodian's functional strengths should increase with the inclusion of identified services and their underlying needs should decrease. Each individual case should be evaluated independently based upon its own unique conditions.

Code References

N/A

PROCEDURE

The FCM will:

1. Address and assess safety and risk, stability, well-being, and permanency during all visits with the parent, guardian, or custodian and the child(ren) identified as candidates at imminent risk of placement;

2. During every visit with the parent, guardian, custodian, and child(ren), the Family Case Manager (FCM) should be assessing for the presence of domestic violence through questioning and observation skills;
3. Ensure that sufficient time and opportunity is given to observe and evaluate the parent-child relationship during all visits;

Note: Visitation appointments 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 and discuss 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. If a safety concern is identified, collaborate with the parent, guardian, or custodian and the child(ren), if age appropriate, to develop a plan to address the safety concern;
7. Report any and all safety concerns to the Supervisor immediately; and
8. Accurately document in ICWIS within 'Contacts', the observation, evaluation and outcomes of visits with the parent, guardian, or custodian and the child(ren). It is important to reflect in the 'Contact' that the parent, guardian, or custodian was actively involved during the visitation and if any barriers were identified by the parent, guardian, or custodian or FCM to prohibit the completion of activities or objectives agreed upon by the Child and Family Team (CFT).

PRACTICE GUIDANCE

[NEW] Protective Factors

Research has shown that the following protective factors are linked to a lower incidence of child abuse and neglect:

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 strong, warm feelings for 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.
3. Parental resilience — Parents who can cope with the stresses of everyday life, as well as 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 neglect.

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.

See <http://www.childwelfare.gov/can/factors/protective.cfm> for additional information.

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

1. **Safety** – Is the child free of abuse, neglect, and exploitation by others in his/her place of residence and other daily settings? Is the child's care or supervision currently compromised by the parent's pattern of domestic violence? Are there shared protective strategies with the team? Is the family utilizing informal supports and resources to keep the child(ren) free from harm?
2. **Stability** – Does the child have consistent routines, relationships, etc.? Has the child experienced changes in their school setting?
3. **Well-being** – If there are identified special needs for the child, does the parent have the capacity and supports necessary to address these needs? Is the child achieving his/her optimal or best attainable health status? Is the child achieving key developmental milestones? Does the child express a sense of belonging and demonstrate an attachment to family and friends? Is the child achieving at a grade level appropriate for their age?
4. **Permanency** – Safety, stability and sufficient caregiver functioning are simultaneous conditions of permanency for a child or youth. Is the child's daily living and learning stable and free from risk of disruption? Was there a change in adults residing in the home? Has the child experienced a change resulting from behavioral difficulties or emotional disorders in the past year?

FORMS


1. [Family Functional Assessment \(FFA\) Field Guide](#) - Available on the Indiana Practice Model SharePoint
2. [Quality Service Review \(QSR\) Protocol \(Version 4.0\)](#)

RELATED INFORMATION

Functional Strengths and Underlying Needs of Parent, Guardian, or Custodian

Over time, ideally, the parent, guardian, or custodian's functional strengths should increase with the inclusion of identified services and their underlying needs should decrease. Each individual case should be evaluated independently based upon its own unique conditions.

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	Effective Date: July 1, 2010
	Section 6: Educational Services	Version: 2

POLICY

The Indiana Department of Child Services (DCS) will utilize the Child and Family Team (CFT) to review and discuss the educational needs of children receiving in-home services and to ensure that the child's educational needs are met. See separate policy, [5.7 Child and Family Team Meetings](#).

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

DCS will work with the Department of Education and the parent, guardian, or custodian to ensure that all children receiving in-home services receive educational services to meet their individual needs.

1. DCS will ensure that all children that have identified special education needs and have a developed Individualized Education Plan (IEP) on file are receiving the services outlined in the IEP;
2. DCS will ensure that all children who have not been identified as requiring special education services and do not receive special education services through an IEP are referred for appropriate services if a problem or a disability is suspected; and
3. **[NEW]** DCS will confer with the school in preparing the Case Plan for all children who have an IEP and reference the contact in the Predispositional Report.

DCS will assure that every school aged child receiving in-home services is enrolled in school, unless one of the following circumstances exists:

1. The youth is eligible for and actively pursuing a General Education Development (GED) certificate;
2. **[REVISED]** An alternate education plan has been recommended by the child's pre-placement school and approved by the court;
3. The youth has graduated from high school or obtained a GED certificate;
4. **[REVISED]** The youth 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; or
5. **[NEW]** The youth has 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.

[REVISED] DCS will ensure that DCS wards in the 6th through 12th grade are enrolled in the Twenty-First (21st) Century Scholars program.

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

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

Code References

1. [IC 20-33-2: Compulsory School Attendance](#)
2. [IC 4-4-28: Individual Development Accounts](#)
3. [IC 20-51-2: Exchange of Information; Rules](#)
4. [511 IAC 7-38-1](#)
5. [20 USC 1232g \(b\)\(1\)\(E\)](#)
6. [IC 21-12-6: Twenty-first Century Scholars Program; Tuition Grants](#)

PROCEDURE

Education Services for Children Receiving In-Home Services

The Family Case Manager (FCM) will:

1. Partner with the CFT to assess the child's school attendance and academic performance. See Related Information below and see separate policy, [5.7 Child and Family Team Meetings](#);
2. Recommend and encourage the child's parent, guardian, or custodian to include the child's school social worker, counselor or another school representative to participate as a member of the CFT;
3. Assure that educational goals and issues are included in the child's Case Plan;
4. If the child displays signs that a disability may be present, 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;
5. Encourage the parent, guardian, or custodian to complete the forms for free or reduced lunch, and textbooks;
6. **[NEW]** Provide youth in 6th through 12th grades with information about the 21st Century Scholar programs;
7. **[REVISED]** Ensure that a completed application for the 21st Century Scholar program is submitted for all 6th through 8th graders by June 30th. Applications for the 21st Century program may be obtained by calling toll free 1-888-528-4719, by visiting www.scholars.in.gov, or through the youth's school. The application process requires the FCM to:
 - a. Assist the youth in completing the application,
 - b. Sign the application to verify the youth is in foster care, and

- c. Have the youth and caregiver sign an [Acknowledgement of Receipt of Information about Various Educational Programs \(ACRCPT070901FRM\)](#). Give the youth and caregiver a copy and place the original in the youth's case file.
 8. **[NEW]** Ensure that youth in 9th through 12th grade who have not already enrolled in the 21st Century Scholars program submit an application. Applications for students in grades 9 through 12 must also be accompanied by [21st Century Scholars Program Enrollment Letter](#);
 9. **[NEW]** Provide youth with information regarding Pell grants, Chafee grants, federal supplemental grants, the Free Application for Federal Student Aid (FAFSA), and the State Student Assistance Commission at a Child and Family Team (CFT) Meeting held at age 17. See separate policies, [11.6 Independent Living/Transition Plan](#) and [11.15 Post-Secondary Education](#); and
- Note:** This information may be provided earlier if the youth will be applying to colleges prior to age 17.
10. **[NEW]** Provide youth who have obtained over \$400 in earned income with information about opening an IDA. See separate policy, [11.15 Post-Secondary Education](#).

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.
2. Encourage and empower the child's parent, guardian, or custodian to attend all IEP conferences, educational meetings and reviews. Encourage the child's parent, guardian, or custodian to work with the school to coordinate the development of a transition plan for the child when deemed necessary at appropriate times in their education development.

PRACTICE GUIDANCE

N/A

FORMS

[21st Century Scholars Program Enrollment Letter](#)

RELATED INFORMATION

GED Information and Eligibility


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

Individuals with Disabilities Education Act (IDEA)

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

Evaluation Process

In order for a child to be eligible for special education and related services, the child must first be determined to have a disability. Parents, teachers, or other school officials who suspect that the child may have a disability would request that the child be evaluated by a multi-disciplinary team to determine if the child has a disability and needs special education or related services as a result of the disability. Generally speaking, IDEA requires that a child be evaluated within 60 days once the parent has given consent for the evaluation. Exceptions to the timeline exist if the child moves from one district or state to another district or state after the evaluation was requested or if the parent refuses to make the child available for the evaluation. Under those circumstances, districts are required to make sufficient progress to ensure that a timely evaluation is conducted.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	Effective Date: September 1, 2010
	Section 7: Health Care Services	Version: 2

POLICY

The Indiana Department of Child Services (DCS) will partner with the child's parent, guardian, and 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](#).

[REVISED] DCS will ensure that every child receiving in-home services receives a Child and Adolescent Needs and Strengths (CANS) Assessment. See separate policy, [4.32 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#).

DCS will assure 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/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.

Code References

NA

PROCEDURE

The Family Case Manager (FCM) will:

1. Assure that the child's parent/guardian/custodian is responsible for the child's ongoing medical care and treatment.

Note: The FCM will provide the child's parent/guardian/custodian with a Medical Passport 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 for further details. See separate policy, [5.7 Child and Family Team Meetings](#).

3. Assure that the child's physical, mental health (including substance abuse, if applicable), dental, visual and developmental history is documented and shared with the CFT. See separate policy, [5.7 Child and Family Team Meetings](#).
4. Inform the child's parent/guardian/custodian of the responsibility to:
 - a. Schedule and assist with transportation to the child's health care appointments.
 - b. Document all care and treatment received in the child's medical passport.
 - 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:
 - 1) Serious injury or illness;
 - 2) Serious dental issues (e.g., broken teeth, bleeding gums, etc.);

Note: For a comprehensive list of identified Medicaid eligible dentists in the child or families region see,

<http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx>

- 3) Mental health issues that place the child at risk for harming himself/herself or others; and
- 4) Serious vision issues (i.e., the child's glasses/contacts are broken or lost).

Note: For a comprehensive list for child behavioral health providers see, <http://www.in.gov/fssa/dmha/4450.htm>. For a comprehensive list of Medicaid eligible behavioral health and health providers go to, <http://www.in.gov/fssa/dfr/2881.htm>. The "Doctors" link will lead to a search for physicians by region.

6. **[REVISED]** 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, [4.32 Child and Adolescent Needs and Strengths \(CANS\) Assessment](#); and
7. Encourage the child's parent/guardian/custodian to ensure that 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 children 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 children 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/custodian does not have the financial resources to address the identified need of the child, DCS will encourage the parent/guardian/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/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 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:

- a. Therapy/counseling services and medication.
- b. Drug and/or alcohol testing and substance abuse treatment.
- c. Testing and any necessary treatment for HIV, sexually transmitted diseases (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.
- e. Pregnancy options counseling and prenatal care.
- f. 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/ddrs/2633.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

N/A

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/custodian prior to disclosure of information regarding the physical, mental health and addiction history of the parent/guardian/custodian. This is distinguished from self-disclosures, i.e., during a CFT meeting in which the parent/guardian/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/ddrs/2633.htm> or calling (317) 232-1144.


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

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

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

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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	Effective Date: October 1, 2008
	Section 8: Respite Care	Version: 1

POLICY

The Indiana Department of Child Services (DCS) will encourage families who are receiving in-home services to use informal supports identified either by the family or through the Child and Family Team (CFT). If informal supports cannot be identified by the family, the Family Case Manager (FCM) will assist the parent, guardian, or custodian in finding respite care if it is a part of the Case Plan or recommended by the CFT. However, DCS will not pay for the cost of respite care.

Note: Informal supports may include, but are not limited to aunt, uncle, grandparent, cousin, brothers, sisters, neighbors, friends, co-workers.

DCS will encourage families to use respite care services if identified as a necessary support service. DCS defines respite care as a transfer of caregiving responsibilities with the specific intent of providing relief to the family in stressful or emergency situations. For children receiving in-home services respite care may be anywhere from 24 hours to five (5) days.

Note: DCS does not consider field trips and sleepovers to be respite care.

All respite care must be preapproved by the FCM assigned to the child, unless emergency circumstances exist. If respite care is secured by the parent, guardian, or custodian, the FCM must complete a Child Protection Services (CPS) check and a limited criminal history check on the identified respite care provider.

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

For all children under the care and supervision of DCS, DCS will require that the respite care provider be a licensed foster family home or licensed child caring institution unless the recommendation was made by the CFT or waived by the DCS Local Office Director. The DCS Local Office Director or a designee may grant exceptions to this in writing.

DCS will not count children in respite care towards the licensed capacity of the care provider.

DCS will collaborate with the family to develop a respite care plan, if identified as a necessary support service through the CFT Meeting or Case Conference, to be utilized during DCS involvement and after the family has reached sustainable safe case closure.

DCS will require that the parent, guardian, or custodian provide the respite care provider with the following information about each child to be cared for:

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

Code References

NA

PROCEDURE

The FCM will:

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

The parent, guardian, or custodian will:

1. Request the use of respite care at least three (3) business days in advance, unless emergency conditions exist. Requests may be in writing or oral;
2. Make 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, etc.); and
3. Prepare the child for respite care (e.g., pre-care visits, explaining respite care to the child, etc.).

PRACTICE GUIDANCE

N/A

FORMS


N/A

RELATED INFORMATION

Why is Approval Necessary?

DCS must review all respite care requests because:

1. DCS is responsible for the care and supervision 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 concerns. Frequent respite care use could signal that in-home services may not be appropriate.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	Effective Date: July 1, 2010
	Section 9: Travel and Overnight Stays	Version: 2

POLICY

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

[REVISED] In-State Travel, Activities or Events

1. IA's - The child's FCM will engage the parent, guardian, or custodian during their monthly visits to identify any upcoming in-state travel that the child may be involved in that would require an overnight stay.
2. In-Home 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 visits, via phone (i.e., voice mail messages are acceptable) or e-mail, unless this is a reoccurring visit with the non-custodial parent.

[REVISED] Out-of State Travel

1. IA's – The child's FCM will engage the parent, guardian, or custodian during their 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 through a court order. 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 reoccurring visit with the non-custodial parent.

Note: In the event of an emergency requiring a parent, guardian, or custodian to travel out-of-state and 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 DCS [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-The Country Travel

1. IA's - The child's FCM will engage the parent, guardian, or custodian during their monthly visits to identify any upcoming out-of-the 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, and a court order. Authorization must be requested at least one (1) month in advance.

Code References

N/A

PROCEDURE

[REVISED] In-State Travel

IA's

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. 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;
3. Collect during scheduled monthly visits and document in ICWIS 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.

The parent, guardian, or custodian will:

1. Collaborate with the FCM during their scheduled monthly visit to identify upcoming in-state travel that the child may be involved in that would require an overnight stay; and
2. Communicate with the FCM during their scheduled monthly visit or at least seven (7) days in advance, any overnight stays over forty-eight (48) hours, unless this is a reoccurring visit with the non-custodial parent.

[REVISED] Out-of State Travel

IA's

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. Partner with the parent, guardian, or custodian to identify any upcoming out of state travel;

3. Collect during scheduled monthly visits and document in ICWIS 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;
 - e. Vehicle color, make/model and license plate number in which the child will be traveling; and
4. Submit a court report to the Supervisor for approval, if the travel will require an overnight stay exceeding 48 hours.

The Supervisor will:

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

The parent, guardian, or custodian will:

1. Collaborate with the FCM during their scheduled monthly visit to identify any upcoming out-of-state travel at least seven (7) days in advance whenever possible; and
2. 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.

[REVISED] Out-of- The Country Travel

IA's

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-the country travel.

In-Home CHINS

The FCM will:

1. Engage the parent, guardian, or custodian during scheduled monthly visits;
2. Partner with the parent, guardian, or custodian to identify upcoming travel that the child may be involved in that would require out-of-the country travel;
3. Collect during scheduled monthly visits and document in ICWIS 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;
 - e. Vehicle color, make/model and license plate number in which the child will be traveling.
4. Submit the parent, guardian, or custodian's request for out-of-the country travel to the Regional Manager, who will then forward their decision to the DCS Local Office Director. The request may be made by e-mail; and

5. Submit a court report to the supervisor for approval after receiving approval from the Regional Manager.

The Supervisor will:

1. Partner with the FCM to assure that the family's needs are being met; and
2. Review and approve the court report.

The parent, guardian, or custodian will:

1. 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
2. Communicate with the FCM as early as possible in order to allow sufficient time to obtain permission from the court for out-of-the-country travel.

PRACTICE GUIDANCE

The Indiana Department of Child Services (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 Informal Adjustment (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 Informal Adjustment (IA) include travel restrictions.

FORMS


N/A

RELATED INFORMATION

[REVISED] "Blanket" Travel Requests

The DCS local office Director 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 each instance. Such requests should be clearly detailed in writing and include the following:

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In-Home Services	Effective Date: January 1, 2009
	Section 10: Transition to Out-of-Home Care	Version: 2

POLICY

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; or
2. The parent, guardian or custodian does not comply with the terms of the Informal Adjustment (IA) or the best interests of the child requires additional services for which court intervention is needed and 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 and reasonable efforts have been made or could not be made due to the emergency nature of the situation to secure the safety of the child or the community.

DCS will remove the child immediately if the safety of that child cannot be reasonably assured in the current placement. See separate policy, [4.28 Involuntary Removals](#).

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 \(CFT\) Meetings](#) and [8.1 Selecting a Placement Option](#).

DCS will not place a child into a residential care facility prior to receiving court approval of the DCS recommendation. See separate policy [8.1 Selecting a Placement Option](#).

Exception: DCS will allow a child to be placed in a residential facility on an emergency basis prior to a court approval, if a Qualified Mental Health Professional (QMHP) determines that:

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 will not mitigate the danger.

Code References

[IC 31-38-2: Review of Proposed Restrictive Placements of Children by Local Coordinating Committees](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Engage the CFT and:
 - a. Assess all available alternatives for supporting the parent/guardian/custodian in keeping the child in the home. See separate policy, [5.10 Family Services](#).
 - b. If out-of-home placement is required, identify the placement type and/or resource. See separate policy, [8.1 Selecting a Placement Option](#).
 - c. If the child requires residential placement, refer to separate policy, [8.4 Residential Care Review and Approval](#).
 - d. Develop a transition plan with assistance from the CFT, to the fullest extent possible given time constraints.
 - e. Notify the child in advance and discuss the new placement with the child to the extent that he/she is able to understand given age and developmental level. See separate policy, [8.8 Preparing the Child for Placement](#).
2. Note the reason for the out-of-home placement in the case notes.
3. **[REVISED]** Recommend the court approve the out-of-home placement of the child and that 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.
4. Notify all relevant parties of the planned change in placement, as soon as possible or within legal time constraints.
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 the Child in Out-of-Home Care](#).
6. Request the assistance of law enforcement authority (LEA) if the parent/guardian/custodian acts to prevent removal. See separate policy, [4.28 Involuntary Removals](#).

PRACTICE GUIDANCE

Resolving Potential Differences (Addressing Potential Conflicts)¹

When potential differences arise while facilitating a CFT meeting, 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. Does the issue or difference need the whole team to solve it?
3. How might this issue or difference influence the development and implementation of the family's plan?
4. Does this issue or difference impact the ability of the team or family to assure safety, well being and permanence for the child?
5. Do you need assistance or support from someone who is not a participant in this conference to resolve this issue or difference?

¹ The Child Welfare Policy & Practice Group, *Engagement and Facilitating the Child and Family Team Meetings*

The facilitator(s) should utilize strategies to build consensus among the team members.
Possible strategies include:

1. Clarifying the areas of agreement and disagreement
2. Helping team members lay out options and then see their choices
3. Identifying higher principles members can agree on

Use skills and techniques for conflict resolution such as:

1. Utilize engaging skills to clarify what the real disagreement is about
2. Finding the common goal
3. Generating as many alternatives as possible
4. Focusing on points of agreement

Note: The CFT meeting facilitator(s) will ensure that members of the team be reminded that any differences that cannot be resolved may need to be presented to a Judge for a final decision. If this occurs, ensure that the differences be effectively communicated to the Judge for consideration.

DCS may have to take a more directive role if during the course of a CFT meeting, safety concerns arise or due to the responsibility placed upon DCS by State laws and the court.

FORMS

N/A

RELATED INFORMATION

[REVISED] Out of Home 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.

When the court issues an order concerning Best Interests, Reasonable Efforts to prevent removal and also gives placement and care responsibility to DCS, but allows the child to remain at home, there must be a new order issued if the child is later removed and placed in foster care. The new 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. On the Removal Screen in ICWIS Case Management, the FCM must document the start date of the removal episode with the date the child is first placed in foster care and enter the placement on the Placement screen. The date and title of the hearing is 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 is reviewed and updated if necessary.

Disruptions of In-Home Services

Disruptions can occur at any time requiring that the child be moved to out-of-home placement. Examples include but are not limited to moving from the parent/guardian/custodian's home to an emergency shelter or to a resource home.

Removal of One, But Not All Siblings


In some cases, DCS may request removal of one, but not all siblings, depending on the outcome of the assessment of safety and risks. In such cases, the FCM and the CFT should carefully determine what placement would be in the best interest of one or more of the children. If the removal is not in the best interest of one or more of the children, the FCM may review the current services the parent/guardian/custodian is receiving and make changes that increase the parent/guardian/custodian's ability to care for the child in question. However, after reviewing the situation, the CFT may decide that it is in the best interest for the child in question be moved to an out-of-home placement.

Qualified Mental Health Professional

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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 7: In Home	Effective Date: June 1, 2011
	Section 11: Safety and Risk Reassessments (In Home)	Version: 1

POLICY **[NEW]**

The Indiana Department of Child Services (DCS) will conduct [Safety and Risk Reassessments \(In Home\)](#) 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.

[Safety and Risk Reassessments \(In Home\)](#) will be conducted at least every 180 days on all open on-going cases where family preservation services are provided. The [Safety and Risk Reassessments \(In Home\)](#) should be completed sooner if there are new circumstances or new information that would affect safety and risk or during critical case junctures.

During a Child and Family Team (CFT) Meeting, DCS will discuss the results of the [Safety and Risk Reassessments \(In Home\)](#) 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 families strengths, needs, and informal supports. [See separate policy 5.16 Strength and Needs.](#)

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Answer all questions on the [Safety and Risk Reassessments \(In Home\)](#);
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 [Safety and Risk Reassessments \(In Home\)](#) with the CFT to develop a plan to assist in the identification and utilization of the family's strengths, informal supports and services to address needs.

If no safety threats exists, consider recommending case closure with supervisory approval.

PRACTICE GUIDANCE

Best practice suggest each ongoing 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. A reassessment may be done earlier if there have been significant changes that affect safety and/or risk.

Safety

A safety reassessment should be used for open cases which a child is in the home and new information or circumstances require that the safety of the child be assessed, the safety assessment should be used to determine whether the child may remain in the home with or without protective interventions, or be protectively placed. 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

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. [Safety and Risk Reassessment \(In Home\)](#) – Available in the Indiana Child Welfare Information System

RELATED INFORMATION

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 should be initiated or maintained to provide appropriate protection.

Safety vs. Risk Assessment: It is important to keep in mind the difference between safety and risk when completing these forms. 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.

Determining Overall Risk Level

Research has demonstrated that for the reassessment, a single index best categorizes risk for future maltreatment. Unlike the initial risk assessment that contains separate indices for risk of neglect and risk of abuse, the risk reassessment is comprised of a single index.

Risk-Based Case Open/Close Guide	
Risk Level	Recommendation
Low	Close, if there are no unresolved safety threats
Moderate	Close, if there are no unresolved safety threats
High	Case remains open
Very High	Case remains open

Risk Levels


Risk assessment identifies families with low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their child in the next 18 to 24 months¹. The difference

between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and they are more often involved in serious abuse or neglect incidents.

When risk is clearly defined and objectively quantified, the choice between serving one family or another is simplified: agency resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

The risk assessment is based on research on cases with substantiated abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent substantiated abuse and neglect. The tool does not predict recurrence but simply assesses whether a family is more or less likely to have another incident without intervention by the agency.

ⁱ See The Children's Research Center website for more information at http://www.nccd-crc.org/crc/crc/pdf/2008_sdm_book.pdf

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

POLICY

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

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

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

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

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

Code References

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

PROCEDURE

When pursuing a placement, the Family Case Manager (FCM) will:

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

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

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

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

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

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

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

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

[REVISED] Out of State Placements

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

The Supervisor will:

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

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

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

FORMS AND TOOLS

1. [Tool 8.B : Separation and Loss](#)
2. [Family Network Diagram](#)

RELATED INFORMATION

Placement with Family Member

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

Out-of-Home Placement Philosophy

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


Eligible Placements

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

Child Placed with Non-Custodial Parent

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

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

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

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

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

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

Code Reference

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

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 Supervisor about any identified compelling circumstances related to race and ethnicity that require consideration as soon as the child comes into out-of-home care;
3. Document the circumstances in the Indiana Child Welfare Information System (ICWIS) 'Case Log' and if necessary seek the advice of a medical or mental health professional;
4. Seek input from his or her Supervisor, if the Child and Family Team (CFT) believe there are compelling circumstances;
5. Ensure the case is staffed with the DCS Local Office Director and the Regional Manager, if the Supervisor believes there are compelling circumstances; and

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

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


Compelling Circumstances

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

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

Addressing Language Barriers

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

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

POLICY: [REVISED]

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

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

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

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

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

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

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

Code Reference

N/A

PROCEDURE

For Non-Emergency Residential Placements

The FCM will:

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

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

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

The Supervisor will:

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

[REVISED] For Emergency Shelter Care Placements

The FCM will:

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

The Supervisor will:

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

PRACTICE GUIDANCE

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

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

FORMS AND TOOLS

N/A

RELATED INFORMATION

[NEW] Residential Placement Committee:

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


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

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

[NEW] Emergency Shelter Care:

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

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

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

POLICY [REVISED]

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

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

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

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

Code Reference

N/A

PROCEDURE [REVISED]

The Family Case Manager (FCM) will:

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

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

The Supervisor in the placing county will:

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

The RCFS will:

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

PRACTICE GUIDANCE [NEW]

Licensing Out of County Homes

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


FORMS AND TOOLS

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

RELATED INFORMATION [REVISED]

Out of State Placements

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

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

POLICY [REVISED]

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

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

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

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

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

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

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

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

Emergency Unlicensed Placement

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

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

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

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

Note: See **Exceptions to Fingerprinting** section below.
 - b. Fingerprint-Based Check must be completed within 72 hours of conducting an Emergency Name-Based Check, if the child(ren) are placed,
 1. If the subject of the check refuses to get fingerprinted within 72 hours remove the children; and
 2. Complete a [Follow-Up Action for Name-Based Check \(SF53424/CW3619\)](#) indicating the subject of the check refused to be printed.
 - c. [Follow Up Action for Name-Based Check \(SF53424/CW3619\)](#) must be completed within 72 hours of conducting the Emergency Name-Based Check even if the child is not placed or the subject of the check cares for the child for any period of time,
 - d. CPS History Check must be completed in Indiana and initiated in every state the subject of the check has lived in the last five (5) years either prior to placement or within 72 hours of placement,
 - e. Sex Offender Registry Check must be completed either prior to placement or within 72 hours of placement in every state the subject of the check has lived in the last five (5) years, and
 - f. LEA Records Check must be completed in every local police/sheriff jurisdiction the subject of the check has lived in the last five (5) years within 30 days of placing the child(ren).
2. For all persons age 14 – 17 years, a:
 - a. CPS History Check must be completed or initiated in every state the subject of the check has lived in the last five (5) years either prior to placement or within 72 hours of placement, and

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

Non-Emergency Unlicensed Placements

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

1. For all persons age 18 and older:
 - a. Fingerprint-Based Check¹,
 - b. CPS History Check in every state the subject of the check has lived in the last five (5) years,
 - c. Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years, and a
 - d. LEA Records Check in every local police/sheriff jurisdiction the subject of the check has lived in the last five (5) years.

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

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

Exceptions to Fingerprinting

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

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 an Emergency Name-Based Check is completed. If this occurs, a new fingerprint based check is necessary if children are placed.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Extracurricular Activities

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

Child Care

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

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

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

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

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

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

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

Code References

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

PROCEDURE [REVISED]

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

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

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

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

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

2. For all other results see separate policy, [8.7 Evaluation of Background Checks for Unlicensed Placements](#).
8. Conduct of a Sex Offender Registry Check for all persons age 14 years and older and print the results via the Dru Sjodin National Sex Offender Public website at <http://www.nsopw.gov/Core/Portal.aspx>;

Note: If you are searching a common name and results show multiple matches, narrow the search by state. If this occurs, search every state the subject has lived in for the past five (5) years.

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

PRACTICE GUIDANCE

Undocumented Immigrants

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

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

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

Registering for Fingerprints

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

Searching CPS History

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

FORMS AND TOOLS

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

RELATED INFORMATION

Court Ordered Exception and/or Completion of Fingerprint Based Checks

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

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

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

Special Fingerprinting Issues

Homebound

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

Unreadable Fingerprints and Reprint Notice

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

Checking the Status of a Fingerprint-Based Check Report

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

Limited Criminal History (LCH)

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

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


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

Emergency Name-Based Check

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

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

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

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

POLICY [REVISED]

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

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

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

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

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

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

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

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

Child Protection Services History Check (CPS History Check)

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

Sex Offender Registry Checks

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

Law Enforcement Agency (LEA) Records Checks

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

Waivers

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

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

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

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

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

[NEW] REUNIFICATION BACKGROUND CHECKS

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

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

Code References

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

PROCEDURE

The FCM will complete the following steps:

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

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

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

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

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

3. Review the results of the CPS History Check

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

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

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

The DCS COBCU will:

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

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

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

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

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

RELATED INFORMATION

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

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

1. The current home environment;

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

Disclosing Fingerprint-Based Check Information

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

Disqualified Fingerprint Status

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

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

Conditionally Disqualified Fingerprint Status

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


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

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

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

Qualified Fingerprint Status

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

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

POLICY

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

Code References

N/A

PROCEDURE

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

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

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

RELATED INFORMATION

Importance of Preparing for Placement

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

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

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


Preplacement Visits

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

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

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

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

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

POLICY

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

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

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

Code References

N/A

PROCEDURE

Prior to placing the child, the FCM will:

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

Upon arriving at the placement location, the FCM will:

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

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

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

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

RELATED INFORMATION

N/A

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

POLICY

[REVISED] Contact with Children in Out-of-Home Placement

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

Contact During Critical Junctures

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

Contact with Resource Families

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

Contact with Children in Out of State Placement

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

Contact with Child's Parent, Guardian, or Custodian

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

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

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

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

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

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

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

Code References

N/A

PROCEDURE

Contact with the Child

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

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

Contact with the Resource Family

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

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

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

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

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

The FCM will:

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

PRACTICE GUIDANCE

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

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

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

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

FORMS AND TOOLS

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

RELATED INFORMATION

Regular Contact is Paramount

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

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

Regular contact with the child allows the FCM to:

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


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

Choose an Appropriate Setting

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

Changes in a Parent's Personal Circumstances

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

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

POLICY:

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

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

Code References

N/A

PROCEDURE

In conjunction with the development of the [Visitation Plan](#) the Family Case Manager (FCM) will:

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

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

RELATED INFORMATION

What is Interaction?

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

What is Involvement?

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

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


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

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

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

Table continued on the next page

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

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

POLICY

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

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

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

DCS will:

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

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

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

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

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

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

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

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

Code References

N/A

PROCEDURE

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

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

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

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

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

Noncustodial Parent Visitation

The FCM will:

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

Visitation For Families Where Domestic Violence Has Been Identified

The FCM will:

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

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

PRACTICE GUIDANCE

[NEW] Documenting Visits in the Visitation Log

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

FORMS AND TOOLS

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

RELATED INFORMATION

Importance of Maintaining Parent, Guardian, or Custodian Contact

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

Importance of Maintaining Sibling Contact


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

Visitation Goal

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

Visitation Rights

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

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

POLICY

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

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

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

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

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

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

5. **[REVISED]** Document whether each visit is 'acceptable' or 'unacceptable', include missed visits, in the Indiana Child Welfare Information System (ICWIS) Visitation Log, and provide this information to the court. (See Practice Guidance);
6. Assess the effectiveness of the [Visitation Plan](#) in meeting the identified goal(s);
7. Reconvene the Child and Family Team (CFT) Meeting as needed to determine if any changes are required or to assist the family in overcoming any barriers to visitation such as:
 - a. Transportation issues,
 - b. Safety concerns,
 - c. Intermittent visitation, and
 - d. Failure to visit. See separate policy, [5.7 Child and Family Team Meetings](#).
8. Update the written [Visitation Plan](#) to reflect any significant changes (e.g., location changes, changes in level of interaction, court ordered changes, etc.);
9. If a parent, guardian, custodian, or other adult with whom the child has a significant relationship disagrees with the [Visitation Plan](#) and those disagreements cannot be resolved, notify in writing the person disputing the [Visitation Plan](#) of legal rights and options which include the ability to:
 - a. Seek representation, and
 - b. File a petition requesting judicial review and modification of the [Visitation Plan](#).

Note: Disagreements should be documented during the resolution period. Visitation will continue in some form, unless ordered by the court to discontinue or an interim [Visitation Plan](#) is provided to all parties.

10. Notify all parties of any changes to the [Visitation Plan](#);
11. Facilitate the convening of the CFT Meeting, within 30 calendar days of removal or decision to create a Concurrent Plan, to develop an alternative permanency plan in the event that reunification efforts are not successful. See separate policy, [5.15 Concurrent Planning](#); and
12. Do not continue to offer services (including visitation) to the parent after TPR is filed unless otherwise ordered by the court. See separate policy, [5.10 Family Services](#).

During Supervised Visitation For Families Experiencing Domestic Violence

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

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

PRACTICE GUIDANCE

[NEW] Documenting Visits in the Visitation Log

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

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

FORMS AND TOOLS

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

RELATED INFORMATION

Transportation

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


Noncompliance

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

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

Visitation When Child and Family Do Not Communicate in Spoken English

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

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

POLICY [NEW]

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

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

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

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

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

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

Code References:

N/A

PROCEDURE

The Family Case Manager (FCM) will ensure:

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

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

PRACTICE GUIDANCE

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

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

FORMS AND TOOLS

N/A

RELATED INFORMATION

Social Networking


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

Public Mass Media

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

Cyber Bullying

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

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

POLICY

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

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

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

Code References

NA

PROCEDURE

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

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

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

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

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

RELATED INFORMATION

N/A

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

POLICY

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

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

Code References

N/A

PROCEDURE

Regarding the resource family role, the Family Case Manager (FCM) will:

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

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

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

RELATED INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

Code References

NA

PROCEDURE

The FCM will:

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

The FCM will ensure that the resource family:

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS


N/A

RELATED INFORMATION

Why is Approval Necessary?

DCS must review all respite care requests because:

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

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

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

1. Corporal punishment¹;
2. Physical exercise (e.g., push-ups, running);
3. Requiring or using force to make the child take an uncomfortable position;
4. Verbal remarks that ridicule the child and/or his or her family;
5. Denial of an emotional response;
6. Denial of essential services (e.g., health care, food, clothing, bedding, sleep, mail, or family visitation, etc.);
7. Threats of removal or denying reunification;
8. Shaking;
9. Placement in a locked room; and/or
10. Holding with physical, mechanical, or chemical restraints.

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

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

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

2. Behavior management through incentives and rewards; and

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

3. Corrective action for undesirable behaviors.

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

DCS **allows** the use of physical restraint² by a resource family **only** when the family has received specific training in the use of physical restraint and only when the force is reasonable and necessary to:

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

² Example: A protective hold. This does not include mechanical restraint.

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

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

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

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

Code References

N/A

PROCEDURE

The FCM will:

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

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

RELATED INFORMATION

General

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

Discipline Guidelines for Resource Parents

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

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

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


Providing Assistance and Support to Resource Families

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

Child Threatening Others With A Weapon

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

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

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

POLICY [REVISED]

When removing a child from his or her home the Indiana Department of Child Services (DCS) will make every effort to allow a child to take clothing and/or personal items, (e.g., photographs, a blanket, a favorite toy or book, video games, game systems, CD player, etc.). Any and all clothing and/or personal items removed and/or purchased or acquired for the child is the property of the child and/or DCS and will follow the child throughout the life of the case. DCS will not allow a child to take weapons of any kind. All items (i.e. clothing, personal items, etc.) brought with the child must be documented and maintained in the [Clothing/Personal Items Inventory List](#).

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

[REVISED] DCS will ensure that a child is provided with adequate clothing if he or she does not have clothing at the time of initial removal. DCS will only provide the licensed foster family with a one time Initial Clothing and Personal Items Allotment of up to \$200.00 based on an immediate assessment of child's current clothing need by the Family Case Manager (FCM) at the time of removal.¹ After the initial clothing allotment is expended, the foster family will use a portion of the monthly per diem to pay for clothing and/or personal items for the child on an ongoing basis. Personal items at the time of initial placement may include, but are not limited to toiletries, personal hygiene items, undergarments, and hair products.

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

1. Travel between the foster family home and the school in which the child was enrolled before placement and continues to be enrolled while residing with the foster family if the school is not required to provide transportation under applicable state law.
2. Travel to and from parent and/or sibling visits (including visits to other relatives that are authorized by DCS and are a part the child's case plan) and visits to facilitate the transition to another placement;
3. Travel to and from the following types of health related appointments:
 - b. Doctor (primary care physician and any specialists)
 - c. Dentist (including orthodontist)
 - d. Health clinic

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.

- e. Hospital/Emergency Room (including foster visits during child inpatient episodes)
- f. Occupational and Physical Therapy
- g. Behavioral Health Counselor and Therapist
- 4. Travel to and from the following types of case activities:
 - a. Administrative case reviews
 - b. Judicial reviews (court appearances)
 - c. Case conferences
 - d. Child and family team meetings
 - e. Foster parent training sessions
 - f. Behavioral Health Counselor and Therapist
- 5. Other travel approved in writing in advance by the DCS. The above travel must be consistent with the child's case plan or a court order to be claimable.

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

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

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

[REVISED] Each child in a licensed foster care placement will be eligible to receive an annual Personal Allowance of up to \$300 starting on the 8th consecutive day of placement³. These funds may be expended annually for items for the child such as but not limited to musical instruments, sporting equipment, electronic devices (e-readers, laptops, etc.), high chairs, car seats, other baby equipment, prom dress or other special occasion clothing, school pictures, summer school, other school related events /fees, equipment and fees associated with extracurricular activities (including activities for young children), toll fees, bus passes, and parking fees related to miscellaneous travel for the child. The Personal Allowance should be exclusively used for purchasing items directly for the child.

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

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

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

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

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

Code References

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

PROCEDURE

The Family Case Manager will:

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

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

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

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

[REVISED] Appeals for Additional Funding:

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

PRACTICE GUIDANCE

Condition of Clothing

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

Packing Clothing and Personal Items

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

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

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

FORMS AND TOOLS

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

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

RELATED INFORMATION

Foster Care Per Diem

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

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

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

Initial Clothing and Personal Items Allotment

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

[NEW] Special Occasion Allowance


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

[REVISED] Personal Allowance

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

[REVISED] Foster Care Liability Insurance

Protection and coverage provided to foster parents upon request; the insurance covers certain risks associated with caring for children under the DCS care and supervision. The coverage includes damages to the home or property of the foster parents, harm done by the child to another party, and claims made against foster parents as agents of the State of Indiana.

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

POLICY [REVISED]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Code References

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

PROCEDURE

The Family Case Manager (FCM) will:

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

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

Note: This information may be provided earlier if the youth will be applying to colleges prior to age 17.

14. Provide youth who have obtained over \$400 in earned income with information about opening an IDA. See separate policy, [11.15 Post-Secondary Education](#);

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

PRACTICE GUIDANCE

Transportation for Students in Care

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

Documenting Educational Stability in ICWIS

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

FORMS AND TOOLS

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

RELATED INFORMATION

Minimizing School Disruptions

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

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

School Corporation

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

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

Private Schools

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

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

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

GED Information and Eligibility

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

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

Education Records


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

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

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

Legal Settlement and Termination of Parental Rights

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

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

POLICY

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

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

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

[REVISED] Code References

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

PROCEDURE

The Family Case Manager (FCM) will:

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

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

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

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

[REVISED] What is an Educational Surrogate Parent?

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

When to Request a Surrogate Parent

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

Individuals with Disabilities Education Act (IDEA)

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

Evaluation Process


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

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

[NEW] Transition IEP

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

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

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

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

DCS will provide the court with the following addresses:

1. The child's current placement; and
2. The current residence of the child's parent, guardian, or custodian so that the court may determine legal settlement¹.

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

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

Code References

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

PROCEDURE

The Family Case Manager (FCM) will:

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

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

3. Provide the court with the following addresses:

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

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

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Notification of Change of Placement in School Corporation \(SF47412\)](#) – Available in ICWIS
2. [Annual Notification of Continuation of Placement in School Corporation \(SF49812\)](#)

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. If the child is placed in a school within the school corporation where the child has legal residence, no transfer tuition is required. However, if the child is placed in a school corporation different from the school corporation where the child has legal settlement, the school corporation where the child has legal settlement is required to pay transfer tuition.

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


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

Legal Settlement and Termination of Parental Rights

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

Date of Court Order

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

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

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

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

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

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

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

Code References

N/A

PROCEDURE

The FCM will:

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

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

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

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

PRACTICE GUIDANCE

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

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


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

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

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

POLICY [REVISED]

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

[REVISED] In State Travel

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

[REVISED] Out of State Travel

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

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

[REVISED] Out of Country Travel

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

Code References

N/A

PROCEDURE [REVISED]

The FCM will:

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

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

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

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

The Supervisor will:

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

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS


1. [Disaster Plan](#)

RELATED INFORMATION

“Blanket” Travel Requests

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

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

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

POLICY

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

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

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

Code Reference

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

PROCEDURE

The Family Case Manager (FCM) will ensure that:

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

- e. Obtain payment authorization prior to any treatments that are not covered by the child's Medicaid or private health insurance. See separate policy, [8.28 Payment for Health Care Services](#), and
 - f. Seek emergency care for the child for the following:
 - 1) Serious injury or illness,
 - 2) Serious dental issues (e.g., broken teeth, bleeding gums, etc.),
 - 3) Mental health issues that place the child at risk for harming himself, herself, or others, and
 - 4) Serious vision issues (i.e., the child's glasses/contacts are broken or lost).
5. **[REVISED]** The child receives the following initial screens/exams:
- a. A general health exam within 10 days of placement unless exceptions apply as outlined in separate policy, [8.29 Routine Health Care](#); and
- Note:** This exam should also include screens for dental, visual, auditory, and developmental health.
- b. An initial dental examination and cleaning within 90 days of placement unless exceptions apply as outlined in a separate policy, [8.29 Routine Health Care](#).
6. The child receives ongoing routine health care and treatment as outlined in separate policy, [8.29 Routine Health Care](#);
7. Depending on the child's individual assessed needs, the child is provided/offered the following specialized care and treatment;
- a. Therapy/counseling services and medication as outlined in separate policy, [8.30 Psychotropic Medication](#),
 - b. Drug and/or alcohol testing and substance abuse treatment as outlined in separate policy, [8.32 Substance Abuse Assessments and Testing for Children in Out-of-Home Care](#),
 - c. Testing and any necessary treatment for HIV, sexually transmitted diseases (STDs), and other communicable diseases as outlined in separate policies, [8.31 HIV/AIDS](#) and [8.33 STDs and Other Communicable Diseases](#),
 - d. Developmental screenings and services if warning signs exist or if known/suspected drug use during pregnancy. Screenings are done through First Steps if child is less than three (3) years of age and through the school corporation if over three years of age. See separate policy, [8.21 Special Education Services](#),
 - e. Pregnancy options counseling and prenatal care as outlined in separate policy, [8.35 Sex Education and Family Planning Services](#),
 - f. Education and information about hygiene, sexual development, birth control, and sexually transmitted diseases as outlined in separate policy, [8.34 Sex Education and Family Planning](#), and
 - g. The CFT is convened if at any point during the child's out-of-home placement it appears that residential treatment may be necessary. See separate policies, [8.4 Residential Care Review and Approval](#) and [5.7 Family Team Meetings](#).
8. Obtain consent from the parent, guardian, or custodian prior to disclosure of information regarding the physical, mental health, and addiction history of the parent, guardian, or custodian. See separate policy, [4.17 Assessing Child's Medical, Psychological, and Substance Abuse Records](#).

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

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

RELATED INFORMATION

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

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


Developmental Delays

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

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

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

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

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

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

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

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

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

Unless it is an emergency, DCS will seek court approval, prior to any treatments that require anesthesia¹.

Code Reference

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

PROCEDURE

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

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

¹ This refers to a child who will be unconscious during surgery.

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

Non Routine, Non Emergency Health Care

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

The FCM will:

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

Emergency Health Care

The resource family will:

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

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

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

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

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

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

RELATED INFORMATION

Routine Healthcare

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

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


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

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

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

Examples include, but are not limited to:

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

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

POLICY

OLD POLICY: 404.322

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

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

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

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

Code References

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

PROCEDURE

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

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

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

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

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

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

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

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

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

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

RELATED INFORMATION

What Records are Kept?

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

Dual Record Keeping: Medical Passports and ICWIS

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

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

The Resource Family Updating the FCM with Healthcare Information

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

Updating the Medical Passport at Healthcare Appointments

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

Children Placed in Another Indiana County or Out of State

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


Delay in Obtaining Health Care Information

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

Medical Passports for Children in Residential Facilities

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

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

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

POLICY

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

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

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

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

DCS will require :

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

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

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

The resource family will:

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

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

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

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

POLICY

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

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

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

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

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

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

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

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

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

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

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

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

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

Code Reference

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

PROCEDURE

Family Case Manager Responsibilities

The FCM will ensure that:

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

Resource Family Responsibilities

The resource parent(s) will:

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

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

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

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


RELATED INFORMATION

Placement Changes

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

Continuity in Child's Health Care

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

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

POLICY

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

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

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

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

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

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

Code References

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

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

PROCEDURE

The Family Case Manager (FCM) will:

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

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

The FCM will direct the prescribing physician to:

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

The DCS Local Office Director or designee will:

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

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

RELATED INFORMATION

Informed Consent

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

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

Psychotropic Medications

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

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

Discussing Psychotropic Meds at Family Team Meeting

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


Requests that Require Increased Review

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

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

Medications at the Time of Removal

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

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

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

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

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

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

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

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

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

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

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

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

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

Code References

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

PROCEDURE

The Family Case Manager (FCM) will:

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

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

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

RELATED INFORMATION

Informed Consent

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


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

HIV Testing Costs

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

School Attendance or Child Care for HIV-Positive Children

The Indiana State Department of Health has guidelines for school attendance of children with HIV infection. Caregivers who want more information can contact the Division of HIV/STD at the Indiana State Department of Health at http://www.in.gov/isdh/files/Counseling_and_Testing_Sites_for_Web.pdf.

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

POLICY: NEW

The Indiana Department of Child Services (DCS) will refer a child for a drug and alcohol assessment, if there is a concern regarding substance use and/or abuse by a child in out-of-home care, and ensure that the child has access to counseling, treatment, and necessary medical services if warranted by the assessment.

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

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

Code References

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

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

For all children who require treatment, the FCM will:

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

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

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

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

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

RELATED INFORMATION

Discussing Suspected Drug and/or Alcohol Use Prior to Testing

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

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

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

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

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

Selecting a Testing Facility

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

Scheduling and Transportation for Testing

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

Unwillingness to Participate in Treatment


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

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

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

Repeat Failures with Treatment Programs

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

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

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

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

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

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

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

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

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

Code References

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

PROCEDURE

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

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

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

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Free Testing and Counseling Sites

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

Informing and Educating Resource Families


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

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

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

Testing Costs

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

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

POLICY **[NEW]**

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

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

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

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

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

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

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

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

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

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

Code References

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

PROCEDURE

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

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

The DCS Local Office Director or a designee will:

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A


RELATED INFORMATION

Advocates for the Child

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

Participation and Termination of Parental Rights (TPR)

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

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

POLICY [NEW]

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

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

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

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

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

Code References

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

PROCEDURE

The Family Case Manager (FCM) will:

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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Custody of the Infant


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

Age to Begin Offering Family Planning Services

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

HIV Screening for Pregnant Women

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

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

POLICY

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

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

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

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

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

Code References

N/A

PROCEDURE

[REVISED] For all pregnant youth in out-of-home care, the Family Case Manager (FCM) will:

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

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

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

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

For minor parents in out-of-home care the FCM will:

1. Notify the court that the youth has a child;
2. Discuss with the minor parent his or her desire to involve his or her CFT in decisions about the child (i.e. would the minor parent like the CFT to discuss parenting responsibilities?). See separate policy, [5.7 Child and Family Team Meetings](#);
3. If the minor parent decides to involve his or her CFT, discuss issues relating to the youth's CFT Meetings including, but not limited to parenting responsibilities and placement issues;
4. Allow the minor parent to make informed decisions about the child, free from undue influences and/or coercion;
5. Coordinate family services for the minor parent including, but not limited to, parenting classes, if the minor parent will be involved in parenting the child. See separate policy, [5.10 Family Services](#);
6. Assure that the minor parent has information about child support, Medicaid, and childcare;
7. Refer the minor parent to Healthy Families, <http://www.in.gov/dcs/2459.htm> if the minor parent's child is younger than three-months old; and
8. Create a new [Visitation Plan](#) if the minor parent and the child will not be living together, and the minor parent plans to remain involved in the child's life.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Visitation Plan](#) -Available in Indiana Child Welfare Information System (ICWIS)

RELATED INFORMATION

Services to Male Youth with Children

The responsibilities and legal rights of fathers extend beyond the obligation of financial support. The father should share responsibility with the mother for the child's overall welfare, including

health, personal development, and support. Regular contact between fathers and children should be encouraged whenever appropriate.

Parents Who Are Not the Primary Caregiver


In some cases, the youth is not the child's primary caregiver. The child may live with the other parent or another family member. If the youth is not the primary caregiver, he or she may still be involved in the child's rearing. Any time a youth has a child and is involved in that child's life, the youth should be offered family support services, including parenting classes.

Financial Support

Even when DCS does not have custody of the minor parent's child, additional foster care payments can be added to the per diem of the minor parent, to enable the child to be placed with that minor parent. These payments are authorized without DCS taking custody of the youth's child.

When DCS does obtain custody of the minor parent's child, a separate eligibility determination must be made for that child.

If a Child In Need of Services (CHINS) petition is filed and the child is removed from the minor parent, there will be two separate cases in ICWIS.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-of-Home Services	Effective Date: March 1, 2011
	Section 37: Holding a Placement during a Temporary Absence	Version: 2

POLICY

When a child in out-of-home care enters a hospital or is a runaway, the Indiana Department of Child Services (DCS) will continue to make foster care payments to the resource family for a maximum of five (5) days.

Code References

N/A

PROCEDURE

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

1. Engage the Child and Family Team (CFT) regarding the child's return to the same resource home at the end of the temporary absence;
2. Engage the CFT to discuss any possible changes to the current placement and/or alternative permanency plan. See separate policy, [5.15 Concurrent Planning](#);
3. Encourage the resource parent to have frequent face-to-face contact with the child during the temporary absence; and
4. Ensure that the resource family home will have all of the necessary resources and support systems in place when the child returns to the home (i.e. counseling services, medical equipment).

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-of-Home Services	Effective Date: October 1, 2012
	Section 38: Placement Changes	Version: 3

POLICY [REVISED]

The Indiana Department of Child Services (DCS) may recommend to the court a change in placement, if there are allegations of Child Abuse and/or Neglect (CA/N) and the alleged perpetrator is the resource parent or other person living in the home or facility.

[REVISED] DCS will recommend to the court a change in placement, if any one (1) of the following exists:

1. Any substantiated CA/N in a resource family home by the resource parent or any household member;
2. The child can be placed with his or her siblings;

Exception: Unless it is not in the best interest of one (1) or more of the children.

3. An appropriate relative caregiver is identified and it is in the best interest of the child;
4. A disruption in a Trial Home Visit (THV); or
5. The child needs to be moved to a more or less restrictive placement.

The resource parent and the child, if age appropriate, will be notified at least 14 days prior to a proposed change in placement.

The resource parent must provide DCS with at least 14 days notice if the caregiver is no longer able and/or willing to care for the child.

DCS will remove the child immediately if the safety of that child cannot be assured in the current placement.

[REVISED] DCS, at a minimum, will submit written notice to the court within 10 business days when a placement change occurs (including placement of a child into a THV or into foster or relative care from a disrupted THV). In counties where the court requires a court order or hearing for placement changes, DCS will follow court protocol.

Code Reference

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Engage the Child and Family Team (CFT) and:
 - a. Assess all available alternatives for support of the child's current placement, if placement is being disrupted,

- b. Identify of a new placement type and/or resource. See separate policy, [8.1 Selecting a Placement Option](#).
 - c. Develop a transition plan with assistance from the CFT, to the fullest extent possible given time constraints, and
 - d. Notify the child in advance and discuss the new placement with the child to the extent that he or she is able to understand given age and developmental level. See separate policy, [8.8 Preparing the Child for Placement](#).
2. Note the reason for the placement disruption in the Management Gateway for Indiana's Kids (MaGIK) if the current placement cannot be supported and maintained;
 3. **[REVISED]** Submit written notice to the court within 10 business days when a placement change occurs (including placement of a child into a THV or into foster or relative care from a disrupted THV). In counties where the court requires a court order or hearing for placement changes, DCS will follow court protocol;
 4. Notify all relevant parties of the planned change in placement, as soon as possible given time constraints;
 5. Remove the child and assist in his or her transition to the new placement. See separate policy, [8.9 Placing the Child in Out-of-Home Care](#);
 6. Request the assistance of law enforcement if the resource parent acts to prevent removal. See separate policy, [4.28 Involuntary Removals](#); and
 7. **[NEW]** Record the change in MaGIK on the Placement screen, including the relationship of the child and new placement information.

[REVISED] The DCS Local Office Attorney will ensure that written notice for a placement change is submitted to the court. In counties where the court requires a court order or hearing for placement changes, Local Office Attorneys will ensure court protocol is followed.

PRACTICE GUIDANCE

N/A

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 can have serious negative consequences for the child's sense of security and self-worth. A placement change may be another loss, rejection, possible trauma for a child, and


may affect the child's ability to form positive attachments in the future. Thus, the best interest of the child must be the number one priority when considering a change in placement.

Request to Move One, But Not All Siblings

A resource parent may request removal of one (1) sibling rather than the removal of all the children, i.e. "we will continue to care for the baby, but would like DCS to remove the seven-year old." In such cases, the FCM and the CFT should carefully determine if the placement change would be in the best interest of one (1) or more of the children. If the placement change is not in the best interest of one (1) or more of the children, the FCM may review the current services the resource family is receiving and make changes that increase the resource parent's ability to care for the child in question. Alternately, after reviewing the situation, the team may decide that it is in the best interest for the entire sibling group to be moved.

[NEW] Eligible Placements

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-of-Home Services	Effective Date: January 1, 2009
	Section 39: Trial Home Visits	Version: 2

POLICY

The Indiana Department of Child Services (DCS) will utilize Trial Home Visits (THV) for a period of three (3) months. It shall then be dismissed but can be extended for an additional three (3) months, when the safety and well-being of the child can reasonably be assured and the following conditions have been met:

1. The child's permanency goal is reunification; and
2. There is documented progress, any safety concerns are identified and addressed, and the service level of the case can be decreased at least one (1) level. See separate policy, [4.26 Determining Service Levels and Transitioning to Ongoing Services](#).

DCS will ensure that a [Safety Plan \(SF51445/CW0440\)](#) is completed for all children returning to the care of their parent, guardian, or custodian on a THV.

The DCS local office maintains placement and care responsibilities for the child while on THV.

Note: DCS will remove a child from a THV and return a child to substitute care, if the child's safety and/or well-being are at risk, and the provision of additional family preservation services has not reduced the risk to allow the child to remain in the home safely. DCS will return the child to the same placement whenever possible. See separate policy, [8.37 Holding a Placement during a Temporary Absence](#).

Code References

[45 CFR 1356.21 \(e\)](#)

PROCEDURE

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

1. Offer to convene a Child and Family Team (CFT) Meeting to review case progress and determine if a THV is appropriate. See separate policy, [5.7 Family Team Meetings](#);
2. Complete a new [Strengths and Needs Assessment](#) and a new Risk Assessment. See separate policies, [4.24 Strengths and Needs Assessment](#) and [4.23 Risk Assessment](#);
3. Redetermine the service level. See separate policy, [4.26 Determining Service Levels and Transitioning to Ongoing Services](#);
4. Complete a [Safety Plan \(SF51445/CW0440\)](#);
5. Obtain supervisory approval to recommend the THV visit to the court.
6. Work with the DCS Local Office Attorney to make a recommendation to the court and seek court approval for the THV, if it is determined that a THV is appropriate; and
7. Obtain a court order prior to the start of the THV. **[NEW]** The court order should state that DCS continues to have placement and care responsibility.

If the THV is approved by the court, the FCM will:

1. Continue to provide the family with services during the THV period; .
2. Update the [Case Plan \(SF2956\)](#) and have the plan signed by the child's parent, guardian, or custodian;
3. Provide the parent, guardian, or custodian with a copy of the THV plan and place the original, signed copy in the child's file;
4. Assure that the parent, guardian, or custodian understands that the child is still under the care and custody of DCS during the THV;
5. Assure contact with the family is maintained in accordance with separate policy, [8.10 Minimum Contact](#);
6. Assure that the family has access to appropriate family preservation, family support and rehabilitative services; and
7. Continue to monitor the family's progress. See separate policy, [8.10 Minimum Contact](#).

The Supervisor will:

1. Review the assessments, service level, and input from the CFT; and
2. Approve or deny the recommendation for the THV.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Indiana Family Assessment of Strengths and Needs](#) – Available in Indiana Child Welfare Information System (ICWIS)
2. [Family Risk Assessment](#) – Available in ICWIS
3. [Case Plan \(SF2956\)](#) – Available in ICWIS
4. [Safety Plan \(SF51445/CW0440\)](#)

RELATED INFORMATION

Preparing the Child for a Trial Home Visit

The amount and kind of preparation necessary will vary for each child. Some factors that will impact the need for preparation include the child's age, the length of time in out-of-home care, and the quality of the child's relationships with his or her parent, guardian, or custodian and resource parent. The child's feelings will also play a major role in his or her adjustment to returning home. Many children worry that they will again be subject to abuse and/or neglect. Some children may experience feelings of disloyalty to their resource family for wanting to return home; some may feel disloyal to their parents for missing the resource family. Regardless of how the child feels, it is very important that the FCM, child's parent, the resource parent, or another trusted adult from the CFT acknowledge the child's feelings and address any fears expressed by the child. Additionally, the FCM and the family team should discuss with the child the expectations, responsibilities, and safeguards that will be in place to protect the child.

Preparing the Parent, Guardian, or Custodian

The parent, guardian, or custodian may feel uncertain about his or her ability to adequately meet the child's needs. The FCM and parent should discuss anticipated issues and develop plans for coping with those issues. In addition, they should address the positive changes that have occurred and the strengths of the family.

Preparing the Resource Parent

The bonds that develop between some resource parents and children are so significant that both the child and the adult may grieve the loss. Additionally, the attitude of the resource parent will influence the child's view of return. For this reason, it is important that the resource parent be involved in, and aware of, the plans to reunify the family from the beginning. The goal of reunification should never come as a surprise to the resource parent.

Trial Home Visit Situations

The following are examples of THV situations:

1. Child returns to foster care anytime during the first three (3) months of a THV, no new findings of Placement and Care, Best Interest and Reasonable Efforts are required if the judge had not dismissed the case previously;
2. Child returns to foster care in month four (4) or later and no court order is obtained to extend the visit, new findings of Best Interest, Reasonable Efforts and Placement and Care must be made; and
3. THV is extended by the court beyond the first three (3) months, not to exceed a total of six (6) months, and the child returns to foster care anytime prior to the end of the court ordered extension, no new findings of Best Interest, Reasonable Efforts and Placement and Care are required.

Trial Home Visit and Permanency Requirements

The time the child spends at home on THV **does not count** towards the child's 15 months (of the previous 22 months) from removal, at which time the Adoption and Safe Families Act (ASFA) rules require DCS to file (or join in) a petition to Terminate Parental Rights (TPR). For more information on TPR, see separate policy, [6.11 Involuntary Termination of Parental Rights](#).


The Safety Plan for Reunification

The [Safety Plan \(SF51445/CW0440\)](#) should include, but not be limited to the following:

1. Referrals that have been made;
2. Services recommended to continue preventive measures;
3. Actions that the family intends to take, i.e. continue family counseling;
4. Community resources, (i.e., support groups, child care referral services); and
5. Established family support systems.

[NEW] Documenting the Trial Home Visit

The THV should be noted in the child's placements in ICWIS to assure that the residence of the child are accurately documented. The reason for the change in placement should be noted as a THV and not shown as reunification; the Change Tab and THV tab should both be completed as well to reflect the THV. Reunification is only used when the court has dismissed ward ship and the child is returned home permanently.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-of-Home Services	Effective Date: June 1, 2008
	Section 41: Transitioning from Out-of-Home Care	Version: 1

POLICY	OLD POLICY: 406.1
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The Indiana Department of Child Services (DCS) will offer transition services¹ for each child who leaves out-of-home care, regardless of the child's permanency plan (e.g., reunification, adoption, guardianship, etc.).

The type, intensity, and duration of transition services offered will depend upon the child's needs and the permanency plan. Services may include, but will not be limited to:

1. Family Preservation Services;
2. Reunification Services;
3. Family Support Services;
4. Family Rehabilitation Services; and
5. Independent Living Services.

DCS will convene a Child and Family Team (CFT) Meeting or conduct a Case Plan Conference prior to a child's transition from out-of-home care to develop a plan for maintaining the child in his or her permanent placement after case closure.

Code References

1. [IC 31-26-5: Family Preservation Services](#)

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 that the type, intensity, and duration of these services are consistent with the child's assessed needs;
3. Update the child's [Case Plan \(SF2956\)](#) to include any services that will be offered relating to the child's transition and any other steps that will be taken; and
4. For Family and Social Services Administration (FSSA) Division of Disabilities and Rehabilitation or the Department of Corrections (DOC), work with the appropriate agency to assure transition occurs in accordance with that agency's policies and procedures.

Depending upon the permanency plan the FCM will follow the procedures contained in the appropriate separate policy:

¹ Transition services are designed to help the child, his or her family or other permanent caregiver adjust to the child's permanent placement.

1. For reunification. See separate policy, [8.39 Trial Home Visits](#);
2. For adoption [10.1 Planning for Adoption - Overview](#);
3. For emancipation. See separate policy, [11.6 Transition Planning and Services](#); and
4. For guardianship. See separate policy, [8.40 Guardianship](#).

Regardless of the child's planned living arrangement, at the time of transition, the FCM will assure the permanent caregiver (or child, if he or she is being emancipated) has been given:

1. Information on the child's current needs for care;
2. A copy of the [Independent Living Plan](#). See [Independent Living Transition Planning Toolkit \(SF52691/CW2112\)](#) for more information;
3. Pertinent court orders, including, but not limited to, placement authorization, if the child is not being reunified with his or her parent;
4. Appropriate medical and educational information, including, but not limited to, a copy of the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#);
5. Clothing and other personal items accumulated during the child's stay in substitute care; and
6. The child's applicable benefits, (i.e. Medicaid, Social Security Income (SSI), etc.) have been transferred to the caregiver.

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

1. [Case Plan \(SF2956\)](#) – Available in ICWIS
2. [Independent Living Transition Planning Toolkit \(SF52691/CW2112\)](#)
3. [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#)- Available only in hard copy

RELATED INFORMATION

When to Begin Planning for Transition

Planning for permanent placement is an ongoing process. The CFT should consider transitional needs whenever the Permanency Plan is discussed or changed. Specific transition services should be discussed at least 30 to 45 days before the child's discharge date in order to allow time for implementation. In some cases, the planning window will be smaller and the FCM and the CFT will have to work more quickly.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-of-Home Services	Effective Date: January 1, 2009
	Section 42: Verifying Citizenship or Immigration Status	Version: 3

POLICY

The Indiana Department of Child Services (DCS) will verify the citizenship or immigration status for all children under the care and supervision of DCS.

DCS will require that the child's parent, guardian, or custodian provide acceptable documentation verifying the child's citizenship or immigration status.

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

DCS will accept **verified** data from the exchange with Indiana Client Eligibility System (ICES) as proof of citizenship or verification of immigration status.

Code Reference

N/A

PROCEDURE

The Family Case Manager (FCM) will obtain copies of documents from the parent, guardian, or custodian verifying the child's citizenship or immigration status.

DCS must obtain copies of any one (1) of the following documents as proof of citizenship:

1. United States (U.S.) public birth certificate showing birth in one of the 50 states, District of Columbia, Puerto Rico (if born on or after January 1, 1941), Guam, the U.S. Virgin Islands, American Samoa, Swain's Island, or the Northern Mariana Islands;
2. Final adoption decree that shows the child's name and place of birth in the U.S;
3. U.S. passport, issued without limitations, even if it is expired;
4. Certificate of Naturalization - N-550 or N-570;
5. Certificate of Citizenship - N-560 or N-561;
6. Certification of Report of Birth (DS-1350);
7. Consular Report of Birth Abroad of a Citizen of the United States (FS-240);
8. Certification of Birth Abroad (FS-454);
9. American Indian Card (I-872) issued by the Department of Homeland Security with the classification code "KIC"; and
10. Northern Mariana Card (I-873).

If the client is not a U.S. citizen any one of the following are acceptable immigration documents:

1. Permanent Resident Card (I-551);
2. Temporary I-551 stamp/with passport or I-94 with alien number;
3. Employment Authorization Card (work permit I-766 or I-688B);
4. Valid foreign passport with photo with a visa that includes a valid form I-94 indicating the authorized duration of stay in the U.S.;
5. Valid foreign passport with a current visa that states "Upon Endorsement Serves as Temporary I-551 evidencing Permanent Residence for 1-year."
 - a. Canadian passports are not required to have a visa or a form I-94, and
 - b. Applicants from the Federated States of Micronesia, Palau, and the Republic of the Marshall Islands are not required to present a visa but must submit a form I-94.
6. Form I-94 stamped with "Section 207" refugee status; and
7. Form I-94 stamped with "Section 208" asylum status.

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

N/A

RELATED INFORMATION

[NEW] Financial Support

Documentation of a child's U.S. citizenship or qualified alien status is a requirement for federal funding (Title IV-E foster care, Title IV-A Emergency Assistance, Title IV-E Waiver) which covers some of the costs of substitute care and DCS's administrative expenditures. The child's citizenship status needs to be documented in Indiana Child Welfare Information System (ICWIS) and copies of the required documentation kept in the child's case file. The document used to verify citizenship should be also be recorded in ICWIS on the 'Verifications' screen in the Eligibility Module.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-of-Home Services	Effective Date: March 1, 2011
	Section 43: Meaningful Visits	Version: 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) will observe and evaluate the parent-child relationship during all visits. DCS will always address child safety. The observation and evaluation must be documented in the Indiana Child Welfare Information System (ICWIS). Any and all safety concerns must be reported immediately. Safety provisions will be developed to address all identified safety concerns.

Throughout the life of the case, DCS will assess safety and risk when visiting with the parent, guardian, or custodian and the child(ren) who are placed in out-of-home care. DCS will identify the parent, guardian, or custodian's functional strengths and underlying needs through the Child and Family Team Meeting (CFTM).

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Address and assess safety and risks, stability, well-being, and permanency during all visits with the parent, guardian, or custodian and the child(ren) placed in out-of-home care;
2. Ensure that sufficient time and opportunity is given to observe and evaluate the parent-child relationship during all visits;
3. Identify the parent, guardian, or custodian's functional strengths and underlying needs;
4. Partner with the parent, guardian, or custodian to utilize their functional strengths and underlying needs to identify formal and informal supports;
5. Report any and all safety concerns to the Supervisor immediately
6. If a safety concern is identified, collaborate with the parent, guardian, or custodian and the child(ren), if age appropriate, to develop safety provisions;

7. Follow up at the Child and Family Team (CFT) meeting regarding adherence to the documented safety provisions. See separate policy, [5.7 Child and Family Team Meetings](#); and
8. Accurately document in ICWIS within 'Contacts', the observation, evaluation and outcomes of visits with the parent, guardian, or custodian and the child(ren). It is important to reflect in the 'Contact' that the parent, guardian, or custodian was actively involved during the visitation and if any barriers were identified by the parent, guardian, or custodian or FCM to prohibit the completion of activities or objectives agreed upon by the CFT.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS


[Family Functional Assessment \(FFA\) Field Guide](#) – Available in ICWIS

RELATED INFORMATION

Use of the Family Functional Assessment (FFA) Field Guide

The FCM is strongly encouraged to utilize the [FFA Field Guide](#) for suggested questions to assist in gathering the parent, guardian, or custodian's functional strengths and underlying needs.

DCS will utilize the family's functional strengths along with assessed protective factors to assist in the identification of informal and formal support systems that may decrease the possibility of future risk of child abuse and/or neglect (CA/N). Over time, ideally, the parent, guardian, or custodian's functional strengths should increase with the completion of identified services, which address underlying needs. Each individual case should be evaluated independently based upon its own unique conditions.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-of-Home Services	Effective Date: January 1, 2012
	Section 45: Assistance for Unlicensed Relative Placements	Version: 1

POLICY [NEW]

The Department of Child Services (DCS) is committed to meeting the financial needs of children in unlicensed relative placements by providing the following assistance:

Personal Allowance: of up to \$300 over the course of one (1) year available to the relative placement after the 8th consecutive day of placement. These funds may be expended and are reset at the beginning of each calendar year. These funds can be used for items such as, but not limited to, computer hardware and/or software required for courses, field trips, driver's education (unless eligible for emancipation Goods & Services Funds), class pictures, book rental fees, application fees, tutoring, internet classes, extracurricular activities, musical instruments, sporting equipment, electronic devices (e-readers, laptops, etc.), high chairs, car seats, other baby equipment, prom dress or other special occasion clothing, other school related events fees, equipment and fees associated with extracurricular activities (including activities for young children), preschool, and summer school. The following items are not permitted or reimbursable: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (gas, visa, Wal-Mart, etc.), cash, checks or money orders.

Note: DCS will reimburse the unlicensed relative for all of the above covered items upon receipt of a properly claimed invoice with a receipt attached for each of the items.

Initial Clothing and Personal Items Allotment: available upon initial placement of up to \$200 per child. These funds are to be utilized for clothing and personal items such as, but not limited to, clothing, socks, shoes/boots, coats, toiletries, personal hygiene items, undergarments and hair products.

Special Occasion Allowance: available for all children in the amount of \$50 for each child's birthday and \$50 for holiday gifts for each child. In order for the unlicensed relative to receive reimbursement for the Special Occasion Allowance, the child must be in the relative's care on the day of his or her birthday and December 25th. These items include, but are not limited, to toys, video games or other electronics, salon services, clothing, jewelry, sporting equipment, birthday party, and tickets to an event on his or her birthday. Items not allowable are: piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (gas, visa, Wal-Mart, etc.), cash, checks or money orders.

Note: No referral is needed to receive reimbursement for the Special Occasion Allowance. DCS will reimburse the unlicensed relative for all of the above covered items upon receipt of a properly claimed invoice with a receipt attached for each of the items (See Practice Guidance).

Bedding Allowance: only if needed and pre-approved available up to \$400 per child for a bed and bedding. This is a one time payment and the bed and bedding must go with the child should they return home or be moved to a different placement.

Child Care Allowance: only if approved for a need during work or school hours available up to \$18 per day or \$90 per week, per child, for licensed child care costs. This funding is available for up to six (6) months or until Child Care Development Fund (CCDF) Vouchers begin, whichever occurs first. Children in unlicensed relative placements must attend state licensed child care facilities. (See practice guidance)

Respite Care: if needed and approved by the FCM available for up to five (5) days a calendar year. The respite care must be in a licensed foster parent's home. Respite will require a referral to be done by the FCM.

Travel Reimbursement: for properly claimed travel expenses incurred for a child placed in unlicensed relative care. Travel will be reimbursed monthly beginning at mile one (1) for travel such as:

1. Travel between the unlicensed relative home and the school in which the child was enrolled before placement and continues to be enrolled while residing with the unlicensed relative home if the school is not required to and/or does not provide transportation under applicable state law.
2. Travel to and from parent and/or sibling visits (including visits to other relatives that are authorized by DCS and are a part the child's case plan) and visits to facilitate the transition to another placement;
3. Travel to and from the following types of health related appointments:
 - a. Doctor (primary care physician and any specialists)
 - b. Dentist (including orthodontist)
 - c. Health clinic
 - d. Hospital/Emergency Room (including foster visits during child inpatient episodes)
 - e. Occupational and Physical Therapy
 - f. Behavioral Health Counselor and Therapist
4. Travel to and from the following types of case activities:
 - a. Administrative case reviews
 - b. Judicial reviews (court appearances)
 - c. Case conferences
 - d. Child and family team meetings
 - e. Foster parent training sessions
 - f. Behavioral Health Counselor and Therapist
5. Other approved travel for activities consistent with the child's case plan.

DCS will not pay for the child to take trips with the unlicensed relative placement that are not related to the child's case plan.

Note: If a child moves placements mid-year, the new unlicensed relative or foster parent can be reimbursed for any personal allowance for the child that is remaining for the year.

Questions regarding a child's usage of annual allowances should be directed to the local Regional Finance Manager (RFM).

Code References

N/A

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 [Clothing/Personal Items Inventory List](#) at placement and changes throughout the life of the case. The inventory of the child's clothing and/or personal items should be:
 - a. Taken anytime the child is removed from their home;
 - b. Reviewed with and signed by the unlicensed relative acknowledging what items belong to the child and were brought with and/or for the child.
3. If it is not possible to take the child's clothing and/or personal items at the time of removal, make efforts to pick them up within 48 hours;
4. Engage the Child and Family Team (CFT) to identify community supports and services which may be able to assist the relative in meeting the child(ren)'s financial needs;
5. If a need is identified, request that the Supervisor evaluate the clothing and/or personal items situation and authorize the purchase of additional clothing;
6. If the child does not have adequate clothing and/or personal items at the time of removal complete a referral for the a one time Initial Clothing and Personal Items Allotment to assist the unlicensed relative in acquiring clothing and/or personal items for the child within 60 days of initial placement and submit for payment within 30 days;
7. Complete a referral for the use of Personal or Bedding Allowances to assistance to assist in reimbursement efforts for the unlicensed relative if a need is identified and the item(s) requested is a permitted expense;

Note: Prior to completing referrals for the use of Personal or Bedding Allowances it should be verified that the requested amount does not exceed the allotted amount and has not previously been expended for the child. Questions regarding a child's usage of annual allowances should be directed to the local RFM.

8. Ensure the unlicensed relative has applied for a Child Care Development Fund (CCDF) Voucher (see practice guidance);
9. Complete a referral for child care assistance in reimbursement efforts for the unlicensed relative if a child care need is identified;
10. Complete a referral for respite care if a need is identified;
11. Inform the unlicensed relative of the travel invoicing instructions (see forms and tools);
12. If the relative has unusual circumstances or a situation that requires additional financial support file an appropriate appeal.

Appeals for Additional Funding:

1. The FCM will complete the [Appeal for Additional Funding](#) form detailing the unusual circumstances and situations prior to the expenditure of any funds and submit to the Supervisor for approval or denial;

2. The Supervisor will review and approve or deny the appeal for additional funding. The Supervisor will immediately notify the FCM if the request is denied. If the Supervisor approves the appeal for additional funding, it will be submitted to the DCS Local Office Director for approval or denial.
3. The DCS Local Office Director will approve or deny the appeal of additional funding. If the DCS Local Office Director approves the appeal for additional funding, the written request will be sent to the Regional Manager (RM) and if approved the RM will send a copy to the RFM.
4. The RM will notify the Local Office Director of the final determination via written correspondence.

PRACTICE GUIDANCE

Special Occasion Allowance

FCM's and Foster Care Specialists should make all unlicensed relative placements aware of invoicing instructions in order to utilize the Special Occasion Allowance. All unlicensed relative placements need to fill out a [Vendor Information SF 53788](#) in order to receive reimbursement from the state. All relatives should utilize the standard invoice, [SF 28808 Claim for Support of Children Payable from Family & Children Funds](#) and attach all receipts in order to receive reimbursement for the Special Occasion Allowance.

Additional Assistance

FCM's should provide unlicensed relative placements with information regarding Temporary Assistance for Needy Families (TANF), a program managed by the Division of Family Resources (DFR) to provide temporary financial assistance to qualifying children in relative care. TANF is available for a single parent family or a family in which a parent is disabled/unemployed/underemployed (unable to work, possibly due to illness, or lack of education or job training).

To apply for TANF, the relative should contact their local DFR office. The applicant or recipient must provide their local DFR office with accurate and complete information regarding the child(ren), parent(s) and all other household members whose income and needs are to be assessed in order to determine eligibility. In addition, individual members must provide their Social Security numbers meet state residency and citizenship/alien requirements, employment and child support assignment requirements. The local DFR office has the responsibility to process applications, certify eligible applicants for participation, and issue benefits. Applications may be taken to the local DFR office, mailed or faxed.

The amount of cash payment is determined by the number of eligible family members and their total income. The standard for a family including children and their caretaker is reflected in the chart below. A child can be considered a family of one (1) in some circumstances without the relative's income being considered. In the case of sibling children, the sibling could comprise a family without the relative's income being considered.

Income Standard

Family Size	Gross Income Limit	Maximum Monthly Benefit
1	\$286.75	\$139.00

2	\$407.00	\$198.00
3	\$527.25	\$256.50
4	\$647.50	\$315.00
5	\$767.75	\$373.50
6	\$888.00	\$432.00
7	\$1008.25	\$490.50
8	\$1128.50	\$549.00
9	\$1248.75	\$607.50
10	\$1369.00	\$666.00

More information on TANF can be found at: <http://www.in.gov/fssa/dfr/2684.htm>

FCM's should inform unlicensed relatives about the Food Stamp program, called Supplemental Nutrition Assistance Program (SNAP). This program can help provide food for the child placed in relative care. The program enables low-income families to buy nutritious food through Electronic Benefits Transfer (EBT) cards. Families must qualify to receive this assistance. To apply for this program, visit this web site at <http://www.in.gov/fssa/dfr/2691.htm> for a copy of the application and information on where to submit the application.

The Child Care and Development Fund (CCDF) program provides financial assistance for child care for families who are working or enrolled in school. To apply for the CCDF voucher program, you must contact your local Intake Agents, which can be found at: <http://www.in.gov/fssa/carefinder/3900.htm>. If you receive a voucher, you must choose a child care provider who meets CCDF provider eligibility standards. More information can be found at: <http://www.in.gov/fssa/2552.htm> (in the left column, click on Child Care Assistance – Child Care Development Fund).


Relative placements that care for infants and children up to age five (5) may be eligible to participate in the Women, Infant and Children (WIC) program when the relative's children are Medicaid eligible. WIC is a supplemental food and nutrition program and participants receive vouchers that are redeemed for specified nutritious foods at designated groceries. Such foods consist of baby formula, cereal, eggs, milk, peanut butter, juice and other foods to meet a child's specialized needs. WIC participants also receive nutrition education, nutrition counseling, and referrals to other health services if needed. You can obtain information on applying at <http://www.in.gov/isdh/19691.htm>. You can also contact your state WIC representative at 1-800-522-0874 or email inwic@isdh.in.gov, or you can ask your FCM or Regional Foster Care Specialist for more information.

FORMS AND TOOLS

1. [Application for Assistance, Food Stamps, Cash Assistance, Health Coverage](#)
2. [Clothing/Personal Items Inventory List](#)
3. [Appeal for Additional Funding](#)-available in hard copy
4. [SF 28808 Claim for Support of Children Payable from Family & Children Funds](#)
5. [Vendor Information SF 53788](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-of-Home Services	Effective Date: June 1, 2012
	Section 46: Resource Parent Complaint Resolution Process	Version: 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) recognizes the rights of each resource parent. Resource parents should receive respect and support, and should be recognized as a partner in all interactions with DCS.

In the event of a disagreement with the Family Case Manager (FCM) or Regional Foster Care Specialist (RFCS) that cannot be resolved, resource parents can utilize a complaint resolution process.

The resource parent must begin the complaint resolution process by discussing the concerns with the FCM or RFCS. If a resource parent continues to have concerns after the discussion, the resource parent should contact the FCM or RCFS's immediate Supervisor. It is recommended that the resource parent should make contact with the Supervisor within five (5) calendar days of the discussion with the FCM or RCFS.

If the resource parent is not satisfied with the response of the FCM or RCFS's Supervisor, the resource parent should contact the DCS Local Office Director (LOD) or designee. The resource parent should make contact within five (5) calendar days of the response from the Supervisor. If after following these steps issues still remain unresolved, a written review may be requested with the local office's Regional Manager (RM). All requests for a review by the RM must be in writing, should detail the concerns and detail the decisions made by the local office staff. The decision by the RM shall be final.

Note: Court orders and rulings will take precedence over any attempt to resolve the complaint.

Concerns regarding licensing, per diems and adoptions have a separate process and are not subject to this policy.

Code References

N/A

PROCEDURE

The FCM/RCFS will:

1. Provide all notifications to the resource parent in a timely manner;
2. Discuss any concerns of the resource parent as they arise; and
3. Inform the immediate Supervisor of discussion that occurred and subsequently document the conversation in the Indiana Child Welfare Information System.

The Supervisor will:

1. Discuss upon request of the resource parent, either by telephone or in person, their concern;
2. Determine if the original decision was made in the best interest of the child and recognizing the rights of each resource parent;
3. Notify the resource parent in writing via e-mail or written correspondence and notify the FCM within five (5) business days of the decision; and
4. Notify the LOD of discussion held with resource parent, the decision that was reached and subsequently document the conversation in the Indiana Child Welfare Information System.

Note: If the original decision is changed or modified, the Supervisor should notify the FCM with instructions for further action.

The LOD or designee will:

1. Discuss upon request of the resource parent, either by telephone or in person, their concern and the decision reached by the Supervisor;
2. Determine if the decision was made in the best interest of the child and recognizing the rights of each resource parent; and
3. Notify the resource parent, FCM/RCFS and Supervisor within five (5) business days of the decision.
 - a. The notification to the resource parent shall be in writing via e-mail or written correspondence, and
 - b. If the original decision is changed or modified, the LOD should notify the Supervisor with instructions for further action by the FCM/RCFS.

The RM will:

1. Review the written request;
2. Clarify information with the appropriate parties involved, if necessary;
3. Determine if the decision was made in the best interest of the child and recognizing the rights of each resource parent;
4. Notify the LOD of the final decision made with instructions for further action; and
5. Notify the resource parent in writing via e-mail or written correspondence of the final decision made.

PRACTICE GUIDANCE

The Complaint Resolution Process is designed to give resource parents some recourse when there is disagreement with decisions that are made. DCS and resource parents, working together, can build and support a safe environment in which information will be shared and valued.


DCS staff should seek and consider input from resource parents before making final decisions concerning the care and well-being of children who are in their care. The FCM/RCFS should encourage resource parents to provide input during Child and Family Team Meetings (CFTM), Case Conferences and during routine face-to-face, telephonic or e-mail communications with the FCM/RCFS to address any possible concerns.

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-Of-Home Services	Effective Date: July 1, 2012
	Section 47: Permanency Roundtables	Version: 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) is committed to obtaining permanency for all Children In Need Of Services (CHINS) who are in care. DCS will ensure that providing appropriate care and finding permanent homes for these children remains a focus in case planning.

DCS will utilize a Permanency Roundtable (Roundtable) to review permanency options for children with uncertain permanency, including youth who have been in residential placement for longer than six (6) months. During the Roundtable, the team will develop an action plan to assist the child in attaining permanency.

All participants in Roundtables must have attended a Permanency Roundtable Orientation.

Roundtables will be scheduled quarterly for each region. The dates for Roundtables within each region are determined by Regional Managers (RMs) in conjunction with the Central Office Permanency Support Team.

Permanency Roundtable Core Teams must include:

1. Family Case Manager (FCM);
2. FCM Supervisor;
3. Facilitator;
4. Master Practitioner;
5. Regional Permanency Roundtable Liaison;
6. Permanency Experts;
7. Service Experts;
8. Scribe; and
9. Central Office Liaison.

Permanency Roundtable Core Teams may also include:

1. DCS Clinical Consultant;
2. DCS Local Office Attorney;
3. DCS Practice Development Supervising Attorney;
4. DCS Practice Consultant;
5. DCS Peer Coach;
6. DCS Peer Coach Consultant; and
7. Other Staff as needed and identified by the RM or Regional Permanency Roundtable Liaison.

Code References:

1. [IC 31-9-2-88.7 Permanency Roundtable](#)
2. [IC 31-34-21-5.7 Permanency Plan; Requirement; Approval; Reports and Orders not required](#)

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 Permanency Liaison.

The FCM and FCM Supervisor will:

1. Update the hard copy and electronic case file to ensure all information is correct and current service provider notes are available;
2. Work with the Regional Permanency Liaison to ensure all requested information on the child to be reviewed is provided and the child continues to meet the criteria for a Roundtable; and
3. Prepare an oral presentation of the selected case for the Roundtable. (See Oral Presentation Outline in Practice Guidance)

The Regional Permanency Liaison will:

1. Obtain the name of the child to be reviewed from the Regional Permanency Team or RM;
2. Ensure the FCM and FCM Supervisor for the case being reviewed has attended a Roundtable Orientation;
3. Submit the name of the child to the Central Office Permanency Support Team three (3) weeks prior to the Roundtable;
4. Arrange for core team members to attend the Roundtable;
5. Obtain a draft of the documentation and case summary from the Central Office Support Team to review and finalize two (2) weeks prior to the Roundtable;
6. Work with the FCM and FCM Supervisor to assure all information (including the case summary document) on the child to be reviewed is correct;
7. Forward documentation and the case summary document to Roundtable core team members one (1) week prior to the Roundtable; and
8. Forward documentation and case summary document to the Central Office Permanency Support Team for follow-up.

The Central Office Permanency Support Team will:

1. Provide Orientations for all participants in Roundtables;
2. Provide training for Scribes and Facilitators;
3. Receive the name of the child to be reviewed from the Regional Permanency Liaison;
4. Pull documentation for the child to be reviewed (Child and Adolescent Needs and Strengths Assessment, Genogram, Child and Family Team (CFT) Meeting Notes,

- current service provider reports); and
5. Complete a Case Summary/Data Sheet and forward the information to the Regional Permanency Liaison for review.

The Scribe will enroll in and complete a Scribe Webinar to become familiar with the Roundtable documents.

The Facilitator will:

1. Participate in a Roundtable they are not facilitating;
2. Attend Facilitation Training; and
3. Co-facilitate with an experienced Roundtable Facilitator prior to facilitating a Roundtable.

During the Permanency Roundtable Meeting

The FCM and FCM Supervisor will:

1. Offer an oral presentation on the child/case that is being reviewed (See Oral Presentation Outline in Practice Guidance); and
2. Participate in Roundtable discussion and creation of action steps to achieve permanency.

The Facilitator will:

1. Guide the Roundtable process;
2. Maintain the Roundtable agenda and time-limits;
3. Maintain the integrity of the Permanency Roundtable – Indiana Fidelity Document;
4. Facilitate discussion and collaboration among Roundtable Core Team members; and
5. Ensure the action plan is completed with a focus on permanency.

The Scribe will:

1. Record and organize the information generated by the Roundtable process;
2. Assist in composing behaviorally specific Goals and Action Steps developed in the Roundtable; and
3. Send the completed Action Plan within 48 hours to the FCM, FCM Supervisor, Permanency Roundtable Consultant, RM or designee and the Central Office Permanency Support Team.

For Permanency Roundtable Follow-up

The FCM and FCM Supervisor will:

1. Integrate the action plan into the case plan by sharing the action plan with the family team at a CFT Meeting; and
2. Communicate monthly with an assigned Permanency Mentor from another region who will support and guide the FCM and FCM Supervisor in achieving permanency for the child.

Note: Follow-up will continue until permanency is achieved or the case is closed.

The Regional Permanency Liaison will:

1. Assure follow-up is completed for each case; and
2. Provide an updated follow-up form to the Central Office Permanency Support Team.

The Central Office Permanency Support Team will:

1. Assign a staff person/mentor from another region who will provide support to the FCM and FCM Supervisor in achieving permanency for the child;
2. Receive follow-up information from the Regional Permanency Liaison and document that information in a data base; and
3. Provide quarterly reports to the field and Central Office Executive Staff.

The Permanency Mentor will:

1. Communicate monthly with the FCM and FCM Supervisor to give support in achieving permanency for the child. Monthly follow-up will continue until permanency is achieved or the case is closed; and
2. Provide completed monthly follow-up forms to the Regional Permanency Roundtable Liaison.

PRACTICE GUIDANCE

FCM/Supervisor Oral Presentation

The oral presentation at the Roundtable is no longer than 20 minutes and should include the following:

1. A brief introduction by FCM including educational and work history and length of time assigned to the child being reviewed;
2. A brief description of the family:
 - a. When and why DCS became involved with this child,
 - b. Family strengths, and
 - c. Issues and challenges affecting progress toward permanency.
3. A brief description of the child in DCS care:
 - a. Age,
 - b. Gender,
 - c. Diagnosis,
 - d. Medications,
 - e. IQ Level,
 - f. Placement, and
 - g. Current permanency plan.
4. Description of other significant relationships (youth connections/caring adults) in the child's life;
5. Description of any court processes that may be affecting progress toward permanency in this case;
6. Description of the child's vision of his/her permanency and needs to achieve their permanency goals;
7. Description of the FCM's vision of permanency for this child; and
8. Summary of what it is going to take from the FCM's perspective to achieve Permanency for this child.

Roundtable Schedule

The Permanency Roundtable is approximately two (2) hours in length and includes the following steps in the process:

1. **Welcome and Overview** (5 minutes)

The facilitator welcomes the team and sets the tone for the meeting (strength-based and solution-focused). The facilitator also reviews the purpose of the meeting (focus on doing what it takes to achieve permanency) and process. Team members introduce themselves and develop group agreements.

2. **Present the Case** (20 minutes)
The FCM presents a case summary. The facilitator invites additional comments on the case from the supervisor and others. Team members listen and take notes.
3. **Clarify and Explore** (15 minutes)
Team members ask questions to clarify and expand upon information presented, While exploring all aspects of the case. The child's current permanency status is defined.
4. **Brainstorm** (30 minutes)
Team brainstorming solutions focus around five key questions:
 - a. What will it take to achieve permanency?
 - b. What can we try that has been tried before?
 - c. What can we try that has never been tried?
 - d. What things can we do concurrently?
 - e. How can we engage the youth in planning for permanence?
5. **Create Permanency Action Plan** (40 minutes)
The facilitator assists the team in reviewing, combining, and prioritizing strategies developed during brainstorming phase. The strengths of each strategy are discussed and strategies and timelines are finalized. The team determines whether a concurrent plan is needed and if so, defines the plan. The facilitator leads discussion around what it will take to successfully implement each strategy and assists the team in creating specific action steps with target dates to include in the written action plan. Potential barriers and plans to overcome each identified potential barrier are developed.
6. **Debrief Case Consultation** (10 minutes)
The facilitator leads a debrief using these questions:
 - a. How can the worker best explain the action plan to the family and youth?
 - b. Are there any unanswered questions or concerns? If so, how should they be addressed?
 - c. What did we learn in this discussion that could be applied to other cases?

FORMS AND TOOLS

Permanency Roundtable – Indiana Fidelity Document - Available in Hard Copy

RELATED INFORMATION

Permanency Roundtable

A Permanency Roundtable is a team of DCS experts that come together in a very structured setting to review permanency options for a child with uncertain permanency. The intervention is designed to facilitate the permanency planning process for these youth placed in out-of-home care by identifying solutions for obstacles to permanency.

Regional Permanency Team

Regional Permanency Teams are designed to ensure that all children live in a permanent, safe, and supportive environment after case closure. Permanency Teams are in place in each region to assist FCMs in achieving permanency for all children on their caseload. These teams are designed to supplement current existing practices. FCMs are expected to utilize all available permanency resources including Special Needs Adoption Program (SNAP).

Regional Permanency Team members can include: FCM, FCM Supervisor, Local Office Director, Regional Licensing Specialist, probation officer, CASA/GAL representative, and IL specialist. Cases reviewed by the team are specifically selected based on length of stay in care, time of involvement, and severity of needs identified. The team reviews the case and develops plans to help move the child towards permanency. The team must also review and approve changing a child's permanency plan to APPLA.

Permanency Roundtable Roles

Facilitator

A Roundtable Facilitator is a trained staff person from the region who is responsible for guiding the Roundtable process, maintaining the Roundtable agenda and assuring compliance with the time limits. The facilitator also leads discussion and collaboration among team members. This may be the RM or designee.

Master Practitioner

A Roundtable Master Practitioner is an experienced staff person in a position of authority from outside the region where the Roundtable is being facilitated. The master practitioner is responsible for providing guidance and internal consultation to enhance the achievement of permanency based on their extensive experience and demonstrated success in facilitation the achievement of permanency.

Regional Permanency Roundtable Liaison

The Regional Roundtable Liaison coordinates the Roundtable process for the region. Job duties include scheduling Roundtables as directed by the RM, securing locations for Roundtables, inviting core team members, ensuring preparation for the Roundtable is completed and information is distributed to all core team members, and ensuring fidelity to the Roundtable process. Additional job duties include ensuring action plans and monthly follow-ups are completed and distributed as needed until permanency is achieved or the case is closed.

Permanency Mentor

The Permanency Mentor supports the FCM and FCM Supervisor in achieving permanency for the child through monthly follow-up until permanency is reached or the case is closed.

Permanency Experts

Permanency Experts are Central Office Permanency and Practice Support Division staff who are responsible for advising Roundtable members on permanency-related issues.

Service Experts

Service Experts are Central Office staff from the Services and Outcomes Division staff who are responsible for advising Roundtable core team members on service-related issues such as array and availability.

Scribe

The Scribe is a regional staff person trained to organize and record the information generated by the Roundtable.

Central Office Liaison

The Central Office Liaison is a staff person who is available either in person or by email or phone who can provide system-level experience, authority and assistance in achieving permanency.

Clinical Consultant

The DCS Clinical Consultant is a licensed clinician who can provide clinical insight as it applies to permanency.

Practice Consultant

The Practice Consultant may be available for the Roundtable process to ensure fidelity to the DCS Practice Model on a system level.

Peer Coach


The Peer Coach may be available for the Roundtable process to ensure fidelity to the DCS Practice Model by providing direct assistance to field staff.

Peer Coach Consultant

The Peer Coach Consultant may be available for the Roundtable process to ensure fidelity to the DCS Practice Model by providing assistance to Peer Coaches.

Central Office Permanency Roundtable Support Team

The Central Office Permanency Roundtable Support Team includes the Assistant Deputy Director of the Permanency and Practice Support Division, Program Manager for Permanency and Practice Support, Program Manager for Adoption and Youth Connections, and Permanency Roundtable Consultants.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-of-Home Care	Effective Date: October 1, 2012
	Section 48: Relative Placements	Version: 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) is committed to securing the most family-like setting for a child when removal from the home occurs. DCS will first consider placing a child with an appropriate noncustodial parent before considering placement with a relative caregiver. If placement with a noncustodial parent or relative caregiver is not possible, DCS will then explore other placement options. DCS will make efforts to minimize stress to the child when transitioning into relative care. By fostering a partnership with the family, relative care placements will lessen the negative effects of removal and increase the likelihood of achieving permanency for the child.

Adult relatives (18 and older) to be considered for placement include but are not limited to:

1. Adult siblings including step and half siblings;
2. Maternal or paternal grandparents;
3. Adult aunt or uncle;
4. Adult cousins;
5. Parents and extended family of half siblings;
6. Former step parents and extended family; or
7. Any other adult relative suggested by either parent of a child including but not limited to extended cousins, great or great, great aunts or uncles.

DCS will conduct all required background checks for emergency or non-emergency unlicensed relative placements. See separate policies, [8.6 Conducting Background Checks for Unlicensed Placements](#) and [8.7 Evaluation of Background Checks for Unlicensed Placements](#). After required background checks are complete, DCS will then complete a home visit to the relative's home *prior* to the placement. The [Relative Home Environment Checklist SF 55106](#) must be completed with the relative either prior to or at the time of placement to ensure the physical environment of the relative's home is safe and appropriate for the child. Documented supervisory approval is required for any bolded item on the checklist not being met at the time of placement and any items being met through alternative means. DCS will address all items marked for follow up on the [Relative Home Environment Checklist SF 55106](#) within 48 hours unless a documented supervisor approved plan for the requirement exceeds 48 hours.

DCS will inform relative care placements of support services available to them to promote child permanency, stability and well-being. Please see separate policy, [8.45 Assistance for Unlicensed Relative Placements](#). DCS will ensure appropriate services are in place for both the child and the relative caregiver. Please see [Financial Assistance Options for Relative Caregivers Brochure](#). DCS will continue to monitor the relative placement to ensure a safe environment with appropriate supervision is being provided.

Relative caregivers who already have obtained licensure through a Licensed Child Placing Agency (LCPA) will receive the LCPA's per diem rate for children placed by DCS.

Code References

[IC 31-34-6-2 Placement with a Family Member](#)

[IC 31-9-2-117.3 Sibling](#)

PROCEDURE

For emergency and non-emergency relative placements, the Family Case Manager (FCM) will:

1. Assist the parent, guardian or custodian in identifying possible appropriate relative placement options;
2. Ensure the [Statement of Attestation by Relative Regarding Relationship SF 52727](#) is completed by the relative requesting placement affirming the relationship between the relative caregiver and child;
3. Complete the required emergency or non-emergency background check procedures for unlicensed placements. See separate policy, [8.6 Conducting Background Checks for Unlicensed Placements](#) and [8.7 Evaluation of Background Checks for Unlicensed Placements](#).

Note: FCMs may complete background checks on more than one (1) relative home if necessary to allow the child to be placed in relative care. See Practice Guidance for further information.

4. Complete an assessment of the relative home where the child will be placed by completing the [Relative Home Environment Checklist SF 55106](#) at the time of placement or prior to placement;
5. Obtain supervisory approval and document in Management Gateway for Indiana's Kids (MaGIK) any plans put into place to meet the requirements on the [Relative Home Environment Checklist](#);
6. Ensure the relative is provided the [Financial Assistance Options for Relative Caregivers Brochure](#) at placement;
7. Ensure the relative caregiver has read and signed the [Resource Parent Role Acknowledgment SF 54642](#);

Note: In some circumstances it may be appropriate for the Regional Foster Care Specialist (RFCS) to ensure the caregiver has read and signed the [Resource Parent Role Acknowledgment SF 54642](#) instead of the FCM.

8. Provide the relative caregiver with the [Authorization for Health Care-Resource/Non-Resource Family SF 54247](#) (full page) or [Authorization for Medical Care SF 45093](#) (card);
9. Ensure a plan is in place for school aged children to be transported to school with no disruption of the child's routine;
10. Address all items marked for follow up on the [Relative Home Environment Checklist SF 55106](#) within 48 hours unless a documented supervisory approved plan for the requirement exceeds 48 hours;
11. Advise the relative caregiver that a RFCS will be in contact with them regarding further information about licensing, support, etc within five (5) days;

Note: In non-emergency relative placements, the FCM and RFCS will have more time to prepare the relative caregiver by explaining financial obligations and assistance,

licensing requirements, safe sleep, water and fire safety, visitation, service referrals for the children, medical care, immediate and ongoing assistance available to relative caregivers and developing a plan for school transportation.

12. Provide the RFCS with a copy of the Relative Home Environmental Checklist to advise of the relative placement and determine if assistance is needed from the RFCS with following up items identified for follow up that have supervisory approval to exceed the 48 hour time frame for follow up (See Practice Guidance); and
13. Ensure any necessary service referrals are made for the child and relative caregiver.

The RFCS will:

1. Assist the FCM if needed in following up on items that exceed 48 hours or other supervisory approved timeframes for items checked for follow-up on the [Relative Home Environment Checklist SF 55106](#) (See Practice Guidance);
2. Make contact with the relative caregiver within five (5) days to address the possibility of the relative caregiver becoming a licensed foster parent; and
3. Provide the relative caregiver with the [Relative Resource Guide](#) and discuss all financial assistance available to the relative and answer any questions the relative caregiver may have regarding obtaining the financial assistance; and
4. Advise the relative caregiver new finger print and background checks are required if they pursue becoming licensed including applying for new waivers for child protective and criminal history.

PRACTICE GUIDANCE

Supporting Relative Caregivers

It is important for FCMs to support all relative caregivers. FCMs will be mindful that relative caregivers may not have planned to take emergency placement of their relative's children. This is especially true in emergency middle of the night placements. The FCM should be patient and exercise empathy for the relative caregivers and serve as a support to them by answering any questions and addressing any concerns they may have. It is the goal of DCS to have a child transition as smoothly as possible from their home into the relative caregiver's home. The transition will be easier to achieve if the relative feels supported and can focus primarily on the child.

FCMs are responsible for communicating all of the support and clinical services that DCS can offer the relative caregiver. See separate policy, [8.45 Assistance for Unlicensed Relative Placements](#) for additional information on financial assistance for relative caregivers. The [Relative Home Environment Checklist SF 55106](#) requires the FCM to provide the relative caregiver with the [Financial Assistance Options for Relative Caregivers Brochure](#) and the RFCS to follow up and provide them with the [Relative Resource Guide](#) that outline the specific financial assistance that DCS offers as well as other community resources available to the relative caregiver.

Completion and Follow up on Relative Home Physical Environment Checklist

The checklist indicates items that are minimum criterion for placement in a relative home. FCMs should use critical thinking skills when completing the checklist with the relative caregiver as the goal is not to make the checklist so restrictive that the placement cannot be achieved. The FCM should assist the relative caregiver in finding solutions to any issues that may arise from the completion of the checklist. In the section for follow up, the placing FCM is to indicate what

action is required to complete the checklist requirement. FCMs should document what the plan is for achieving all required items.

If an item is marked for follow up, the follow up should occur within 48 hours of the emergency placement, unless there is a documented supervisory approved plan that follow through will exceed 48 hours. Follow up can be completed by the placing FCM, ongoing FCM, or RFCS. The placing FCM should complete all follow up within 48 hours. If follow up is approved to go beyond 48 hours, the RFCS will complete the follow up. It is important for the FCM and RFCS to coordinate who will be completing the follow up. In situations where an FCM is unable to follow up within 48 hours due to other responsibilities associated with a removal, the FCM should seek supervisory approval to have the RFCS assist. Items will never be marked for follow up that are immediate safety concerns for the child as DCS should not be placing (or recommending placement to the court) if there are immediate safety concerns in the home. In non-emergency relative placements, there should be no items that are marked for follow up unless supervisory approval is obtained. The checklist allows for a documented discussion to occur about potential safety concerns. This discussion should consist of reinforcing awareness of potential safety concerns regarding fire and water safety.

Emergency and Non-Emergency Name-Based Relative Background Checks

Relatives who have an emergency named-based check completed but do not have a child placed in their care are not required to be fingerprinted. In these instances, the FCM must complete the [Follow-Up Action for Name-Based Check SF 53424](#) answering questions 1 through 6, 8 and 10 and submit to Indiana State Police (ISP) Records within 72 hours of the named based check. The [Application for Criminal History Background Check SF 53259](#) must be completed and submitted to ISP Data Operations within 24 hours regardless of whether a child is placed with the relative or not.

For non-emergency placements, FCMs should ensure all other required background checks (Sex offender, Child protective services, LEA) are completed prior to requesting the relative be fingerprinted.

In event that a relative home is court ordered, all background checks policies still apply including the need for waivers for child protective services and criminal history. Please see policies, [8.6 Conducting Background Checks for Unlicensed Placements](#) and [8.7 Evaluation of Background Checks for Unlicensed Placements](#).

Safe Sleeping

FCMs will talk to parents, guardians, and caregivers about safe sleeping for infants and will document the discussion in the Management Gateway for Indiana's Kids (MaGIK). Refer to the below information for safe sleeping guidelines:

1. Always place babies on their backs to sleep. The back sleep position is the safest;
2. In December 2010, the Consumer Product Safety Commission banned the further manufacture of drop-side cribs (e.g. cribs that allow for the sides to be lowered and raised). These types of cribs should be avoided for children. See the following link for a picture of the new crib: <http://www.cpsc.gov/nsn/cribrules.pdf>;
3. Place babies on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place babies to sleep on pillows, bean bags, quilts, sheepskins or other soft surfaces;
4. Keep soft objects, toys, and loose bedding, out of baby's sleep area. Do not use pillows, blankets, quilts, or pillow like crib bumpers in the sleep area and keep any other items away from the baby's face;

5. Keep baby's sleep area close to, but separate from, where you and others sleep. Babies should not sleep in a bed, on a couch, or armchair with adults or other children. They can sleep in the same room as you;
6. Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the baby to take it;
7. Dress babies in light sleep clothing and keep the room at a temperature that is comfortable for an adult; and
8. Reduce the chance that flat spots will develop on a baby's head by providing "tummy time" when the baby is awake and someone is watching, changing the direction that the baby lies in the crib from one week to the next, and avoiding too much time in car seats, carriers and bouncers.

More information can be found through:

1. [The American Academy of Pediatrics](#);
2. [Healthy Children.org](#);
3. [The National Institute of Health](#); and
4. [The DCS Website](#).

FORMS AND TOOLS

[Relative Home Environment Checklist SF 55106](#)

[Financial Assistance Options for Relative Caregivers Brochure](#)

[Relative Resource Guide](#)

[Resource Parent Role Acknowledgment SF 54642](#) (also located in the back of the Relative Resource Guide)

[Authorization for Medical Care SF 45093](#) (Card)

[Authorization for Health Care-Resource/Non-Resource Family SF 54247](#) (Full page)


[Statement of Attestation by Relative Regarding Relationship SF 52727](#)

[Application for Criminal History Background Check SF 53259](#)

[Follow-Up Action for Name-Based Check SF 53424](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out of Home	Effective Date: June 1, 2011
	Section 44: Reunification Reassessments (Out of Home)	Version: 1

POLICY **[NEW]**

The Indiana Department of Child Services (DCS) will conduct [Reunification Reassessments \(Out of Home\)](#) which includes a Risk Reassessment, Visitation Plan Evaluation, Reunification Safety Assessment, Placement/Permanency Plan Guidelines and Recommendation Summary on all open cases where at least one child is placed in substitute care.

The [Reunification Reassessments \(Out of Home\)](#) will be used to structure critical case management decisions for children in placement who have a reunification goal by:

1. Routinely monitoring critical case factors that affect goal achievement;
2. Helping to structure the case review process; and
3. Expediting permanency for children in substitute care.

Note: If more than one household is receiving reunification services, complete one tool on each household.

[Reunification Reassessments \(Out of Home\)](#) will be conducted at least every 180 days and prior to completing an updated case plan. [Reunification Reassessments \(Out of Home\)](#) will also be conducted when reunification is recommended, when a change in the permanency planning goal is identified and sooner if there are new circumstances or new information that affect risk that are identified.

The [Reunification Reassessments \(Out of Home\)](#) guides decision making to:

1. Return a child to the removal household* or to another household with a legal right to placement (non-removal household);
2. Temporarily maintain out-of-home placement; and/or
3. Terminate reunification services and implement a different permanency plan.

Note: *Removal household is that household from which the child was removed, or, if due to joint custody that designation is unclear, then the household where the most serious maltreatment occurred is to be designated the removal household. Non-removal households are those with legal rights to the child (father's home, mother's home).

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Answer all questions on the [Reunification Reassessments \(Out of Home\)](#);
2. Determine the Reunification Risk Level, noting any appropriate Overrides;

3. Evaluate the Visitation Plan by indicating visit frequency and quality of visit;
4. Determine if any safety threats exist;
5. Indicate which protective factors mitigate the safety threats;
6. Indicate if any safety interventions could control the threat to safety;
7. Identify the safety decision;
8. Use the Placement/Permanency Guidelines decision tree to obtain a recommendation;
9. Use the Override function, in conjunction with supervisory approval to document a different case outcome;
10. Use the Recommendation Summary of all of the Reunification Assessment Components to make case recommendations; and
11. Discuss the results of the [Reassessments for Reunification \(Out of Home\)](#) with the CFT to develop a plan to assist in the identification and utilization of the families strengths, and informal supports to address needs.

If no safety threats exists and the risk is low to moderate, consider recommending case closure.

PRACTICE GUIDANCE


Consider how safe the child would be if he/she were to be returned home at this time. Consider current conditions in the home, current caregiver characteristics, child characteristics, and interactions between caregivers and child during visitation. Note that safety threat items are the same as on the original safety assessment but may have slight variations to reflect the decision at hand. Prior to assessing the current safety, the worker should review the safety assessment that led to removal. Indicate (mark) whether any child vulnerabilities are present. Consider these vulnerabilities when reviewing safety items. Note that these vulnerability issues provide a context for safety assessment. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe.

FORMS AND TOOLS

1. [Reunification Reassessments \(Out of Home\)](#) – Available in the Indiana Child Welfare Information System

RELATED INFORMATION

Following the principles of family-centered practice, the reunification reassessment is completed in conjunction with each appropriate household and begins when a case is first opened. The case plan should be shared with the household at the beginning so that the household understands what is expected. The reunification reassessment form should be shared with the household at the same time so that the household understands exactly what will be used to evaluate reunification potential and the threshold they must reach. Specifically inform them of their original risk level, and explain that this will serve as the baseline for the reunification reassessment (unless a new referral is received, in which case the new risk level will be used). Explain that a new substantiation or failure to progress toward case plan goals would increase their risk level, and that progress toward case plan goals will reduce their risk level. Explain that both the quantity and quality of their visitation will be considered. Provide information on the reunification safety assessment and explain that if everything else would permit reunification, the final consideration is safety. They must either demonstrate that no safety threats are present or there must be a plan to address any identified safety threats.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 9: Interstate Compact for the Placement of Children (ICPC)	Effective Date: November 1, 2008
	Section 1: Request to Place an Indiana Child in Another State	Version: 1

POLICY	OLD POLICY: 505, 506
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The Indiana Department of Child Services (DCS) requires the DCS local office wishing to place an Indiana foster child in another state to submit a referral packet to the DCS Interstate Compact for the Placement of Children (ICPC) Office. Contents of the referral packet are included in the procedure section of this policy.

The ICPC may not apply when the court orders a child to be placed with his or her non-custodial parent who lives out of state and subsequently releases wardship of the child. This may depend upon the working relationship or agreement between the two (2) states. See [ICPC Regulation No. 3](#) for additional information.

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.

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 an ICPC case transfers from foster care to adoption, DCS will require a new ICPC referral.

The DCS ICPC Office may reject or return incomplete requests, which may result in placement denial.

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 and notify the Chief Legal Counsel of DCS.

Code References

1. [IC 31-28-4: Interstate Compact on the Placement of Children](#)
2. [ICPC Regulation No. 3](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Meet with their Supervisor and/or Child and Family Team (CFT) regarding the feasibility of an ICPC placement for the child(ren);
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(ren) 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. A cover letter detailing the reason for the referral including any specific issues that need to be addressed. The cover letter should also specify how often visits with the child are being requested,
 - b. The child's social history. See separate policy, [10.11 Child Social Summary](#),
 - c. [ICPC Financial/Medical Plan/100E](#),
 - d. The child's medical history,
 - e. Psychological reports and any other reports current within the past year,
 - f. 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,

Note: All court orders must be signed and dated by the presiding judge.

5. Submit three (3) identical copies of the referral packet to the DCS ICPC Office, and
6. Complete the [ICPC Request/100A](#) and submit five (5) copies to the DCS ICPC Office.

Note: Typewritten copies of all materials are preferred.

The FCM Supervisor will:

1. Ensure that the FCM explores all 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. Notify the FCM of receipt of the packet via email;
2. Review the packet for accuracy and ensure that all necessary documentation is included within five (5) business days of receipt;
3. Notify the FCM and their Supervisor immediately via email if there is missing information;
4. If appropriate, approve and sign the [ICPC Request/100A](#) forms and mail a signed copy to the FCM; and
5. Forward the packet to the receiving state ICPC Office within five (5) business days of approval, retaining a copy for DCS ICPC Office records.

The receiving state ICPC Office will:

1. Review the [ICPC Request/100A](#) and the DCS ICPC referral packet; and
2. Forward the [ICPC Request/100A](#) 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 [ICPC Request/100A](#) 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 [ICPC Request/100A](#) to the FCM.

PRACTICE GUIDANCE

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 family to ensure that they have the necessary information regarding the placement.

FORMS AND TOOLS

1. [ICPC Request/100A \(SF106\)](#)- Available in ICWIS
2. [ICPC Financial/Medical Plan- If Child Is Placed Out-of-State/100E \(SF49597\)](#)

RELATED INFORMATION


ICPC Definition of Relative

For purposes of this policy, the term relative means grandmother, grandfather, adult brother or sister, adult aunt or uncle, or stepparents of the child.

DCS ICPC Office

The DCS ICPC Office is located at the DCS Central Office. All requests, forms, and questions should be addressed and sent to:

Indiana Department of Child Services
Attn: Deputy Compact Administrator
302 West Washington Street
Room E306, MS 08
Indianapolis, Indiana 46204-2739
(317) 232-4769- phone
(317) 232-4633- fax

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 9: Interstate Compact for the Placement of Children (ICPC)	Effective Date: November 1, 2008
	Section 2: Request to Place a Child in Indiana	Version: 1

POLICY	OLD POLICY: 505, 506
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The Indiana Department of Child Services (DCS) will require any out of state agency wishing to place a foster child in Indiana to submit an Interstate Compact for 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.

In accordance with federal law, the ICPC referral process must be completed within 60 business 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 business days of the date the DCS local office receives the referral packet or Indiana Child Welfare Information System (ICWIS) tickler, whichever comes first.

The DCS ICPC Office may reject or return incomplete requests, which may result in placement delays and/or denials.

DCS will honor requests for priority placement in accordance with the separate policy, [9.5 Priority Placements](#).

If an ICPC case transfers from foster care to adoption, DCS will require a new ICPC referral.

DCS does not mandate completion of Foster Adoption Kinship Training (FAKT) or licensure as prerequisite for relative placement as defined by the ICPC. 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 31-19-7-1: 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](#)

PROCEDURE

The sending state ICPC Office will:

1. Complete an [ICPC Request/100A](#);
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. [ICPC Request/100A](#),

- c. The child's social history,
- d. The child's medical history,
- e. Psychological reports and any other reports current within the past year,
- f. 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,

Note: All court orders must be signed and dated by the presiding judge.

- g. A copy of the child's Case Plan, and
 - h. Other pertinent records, such as school records, medical records, birth certificate, and Social Security card.
3. Forward the completed [ICPC Request/100A](#) and referral packet to the Indiana DCS ICPC Office.

The DCS ICPC Office will:

1. Review the request and referral packet within five (5) business days of receipt;
2. Open a Service Request in ICWIS (in order to have the home study completed) and send to the appropriate Supervisor within 24 hours. See separate policy, [3.3 Service Request Intake Reports](#); and
3. Send a hard copy of home study referral via overnight mail to the appropriate DCS local office, indicating the expected return date for their home study and placement recommendation.

The Supervisor will:

1. Approve the Service Request; and
2. Assign the home study request to a FCM or designee.

The FCM or designee will:

1. Within 50 business days of receipt of the ICWIS tickler or a request and referral packet from the DCS ICPC Office (whichever comes first), complete the home study. See separate policy, [12.11 Family Preparation and Summary](#)), which 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;

Note: If a priority placement is requested, the home study will be completed within 20 business days of receipt of the ICWIS tickler or a request and referral packet from the DCS ICPC Office, whichever comes first. See separate policy, [9.5 Priority Placements](#).

Note: When completing background checks as part of the home study process, the FCM or designee should follow the guidelines in separate policies, [8.6 Conducting Background Checks for Unlicensed, Out-of-Home Placements](#) or [10.14 Conducting Background Checks for Adoptions](#).

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.

They will also document each attempt to schedule with the family by entering a contact in ICWIS.

2. Meet with their Supervisor to get the home study approved; and
3. Mail (via overnight mail) three (3) copies of the home study to the DCS ICPC Office.

The Supervisor will approve the home study.

The DCS ICPC Office will:

1. Notify the FCM of receipt of the home study within 24 hours via email;
2. Review the home study and ensure that it was completed correctly; and
3. Send a copy of the home study and completed [ICPC Request/100A](#) to the sending state ICPC Office within the required time frame.

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

[Interstate Compact on the Placement of Children Request/100A \(SF106\)](#)

RELATED INFORMATION

ICPC Definition of Relative

For purposes of this policy, the term relative means: grandmother, grandfather, adult brother or sister, adult aunt or uncle, or stepparents of the child.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 9: Interstate Compact for the Placement of Children (ICPC)	Effective Date: November 1, 2008
	Section 3: Initial Placement/Placement Changes (Use of the ICPC Report on Child's Placement Status/100B)	Version: 1

POLICY	OLD POLICY: 506.4
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The Indiana Department of Child Services (DCS) will require that the DCS local office notify the DCS Interstate Compact for the Placement of Children (ICPC) Office in writing of:

1. All initial placements of Indiana children in other states, or children from other states who are placed in Indiana;
2. Any changes in placement involving Indiana children; and
3. 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 and placement changes 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/100B \(SF26174\)](#) and retain one (1) copy for the case file;
2. Forward the original and two (2) copies of [Interstate Compact on the Placement of Children Report on Child's Placement Status/100B \(SF26174\)](#) to the DCS ICPC Office; and

Note: The date of placement must be noted on the [Interstate Compact on the Placement of Children Report on Child's Placement Status/100B \(SF26174\)](#).

3. Change the child's address in the Indiana Child Welfare Information System (ICWIS) so that proper payments can occur.

For placement changes involving children from other states who have been approved for ICPC placement in Indiana, the DCS ICPC Office will:

1. Receive two (2) copies of the [Interstate Compact on the Placement of Children Report on Child's Placement Status/100B \(SF26174\)](#);
2. Within five (5) business days, review the [Interstate Compact on the Placement of Children Report on Child's Placement Status/100B \(SF26174\)](#) for completeness and accuracy, and sign the form;

3. Forward one (1) signed copy of [Interstate Compact on the Placement of Children Report on Child's Placement Status/100B \(SF26174\)](#) to the DCS local office;
4. Create the case in ICWIS when the [Interstate Compact on the Placement of Children Report on Child's Placement Status/100B \(SF26174\)](#) is received or when the child arrives in Indiana, whichever comes first; and
5. Request supervision of the placement and [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#)
6. and retain one (1) copy of the [Interstate Compact on the Placement of Children Report on Child's Placement Status/100B \(SF26174\)](#)
7. for the ICPC Office case file. See separate policy. [9.9 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/100B \(SF26174\)](#)
2. [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 9: Interstate Compact for the Placement of Children (ICPC)	Effective Date: November 1, 2008
	Section 4: Financial and Medical Responsibility	Version: 1

POLICY

OLD POLICY: N/A

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 with approval from the other state. See separate policy, [9.10 Termination of Jurisdiction](#).

DCS may 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 31-28-2: Financial Responsibility for Placed Children](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Complete the [ICPC Financial/Medical Plan/100E](#); and
2. Assure that upon licensure, appropriate maintenance payments for the care of the child are made during the period of the placement.

Note: The [ICPC Financial/Medical Plan/100E](#) form 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

[ICPC Financial/Medical Plan – If Child Is Placed Out-of-State/100E \(SF 49597\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 9: Interstate Compact for the Placement of Children (ICPC)	Effective Date: November 1, 2008
	Section 5: Priority Placements for Out of State ICPC Placements	Version: 1

POLICY	OLD POLICY: N/A
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The Indiana Department of Child Services (DCS) will comply with all court orders to treat an Interstate Compact for the Placement of Children (ICPC) placement as a priority placement, in accordance with [ICPC Regulation No.7](#).

DCS will obtain a court order finding entitlement to a priority placement. The order will not be valid unless it contains an express finding that one or more of the following circumstances applies to the particular case, and sets forth the facts on which the court bases its finding:

1. The proposed placement resource is a relative as defined as a non-custodial parent, grandmother, grandfather, adult brother or sister, adult aunt or uncle, or step parents of the child; and
 - a. The child is under two (2) years of age,
 - b. The child is in an emergency shelter, or
 - c. The court finds that the child has spent a substantial amount of time in the home of the proposed placement resource.
2. The receiving state has had a properly completed [ICPC Request/100A](#) and supporting documentation for over thirty (30) business days, but DCS has not received a decision on placement.

This regulation does not apply to any case in the sending state where:

1. The request for placement of the child is for licensed or approved resource family care or adoption; or
2. The child is already in the receiving state in violation of ICPC.

Code References

1. [IC 31-28-4: Interstate Compact on the Placement of Children](#)
2. [ICPC Regulation No. 7](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Determine if the child meets the criteria for priority placement;
2. If the child meets the criteria for priority placement, immediately submit an Affidavit to the court, requesting a court order for priority placement. The court order should state how the child(ren) meets the criteria for priority placement; and
3. Within three (3) business days of receiving the signed court order, send a copy of the order, [ICPC Request/100A](#), and a completed referral packet to the DCS ICPC Office. See separate policy, [9.1 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 Supervisor immediately in writing if there is missing information;
4. Indicate on the [ICPC Request/100A](#) that a priority placement is being requested;
5. Approve and sign the [ICPC Request/100A](#), 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 a Priority Placement

The receiving ICPC Office will notify the receiving child welfare local office and request a priority placement home study be conducted.

The receiving child welfare local office will:

1. Conduct a priority placement home study no later than 20 business days from the date the priority request was received; and
2. Send the completed home study to the receiving ICPC Office.

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(ren) placed with them. If the relative is located out of state and the case meets the criteria for an ICPC priority placement, the assessment worker should begin the process of requesting a priority placement.

The Affidavit submitted to the court requesting priority placement must contain the following language: "Based on ICPC Regulation No. 7, this case meets the criteria for priority placement based on the following:", then list the specific criteria that apply to the child(ren).

The cover letter included with the referral packet must also note that the case is entitled to priority placement and then list the specific criteria that apply to the child(ren).


FORMS AND TOOLS

[ICPC Request/100A \(SF106\)](#) - Available in ICWIS

RELATED INFORMATION

Emergency Shelter

For the purposes of this policy, emergency shelter placement refers to a child placed in emergency shelter foster care or in an emergency shelter facility, such as the Children's Guardian Home.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 9: Interstate Compact for the Placement of Children (ICPC)	Effective Date: November 1, 2008
	Section 6: International Adoptions	Version: 1

POLICY	OLD POLICY: 509
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The Indiana Department of Child Services (DCS) requires approval by the DCS Interstate Compact for 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 [ICPC Request/100A](#) must accompany the child(ren), 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:
The documents must be in the native language of the country, accompanied by certified English translations
 - a. Attestation of the legal availability of the child for adoption; and
 - b. Court order of guardianship or other legal status.
4. Surety Bond of \$10,000 or letter of agency responsibility in the event of a placement disruption.

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.

The [United States Citizenship and Immigration Services \(USCIS\)](#) may, at its discretion, require that the DCS ICPC Office approve an adoption finalized in another country. DCS will comply with the USCIS decision to review the appropriateness of the adoption and the adoptive home.

Note: Adoptive families in Lake, Porter, LaPorte, and St. Joseph counties will be referred to the Chicago ICPC Office by the Indiana ICPC Office for USCIS approval.

Code References

1. [IC 31-28-4: Interstate Compact on the Placement of Children](#)
2. [IC-31-19-28: Adoption Code](#)

PROCEDURE

For adoptions finalized outside the United States

USCIS will:

1. Notify the family of the decision to review the appropriateness of the adoption and the adoptive home; and
2. Provide the family with the DCS ICPC Office's contact information.

The family will contact the DCS ICPC Office upon receiving notification from USCIS.

The DCS ICPC Office will work with the family to coordinate all necessary action.

For adoptions finalized in the United States

The agency arranging the adoption will:

1. Assure 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 [ICPC Request/100A](#), if the agency is located in a state other than Indiana;
5. Submit five (5) copies of the [ICPC Request/100A](#), if applicable, and the home study to the Indiana ICPC Office; and,
6. Assure that once the adoption is completed, the appropriate information is sent to the clerk of courts in the county the family resides in, so that a new birth certificate can be prepared.

The ICPC Consultant will, within five (5) business days:

1. Review the referral and home study;
2. Determine if the referral will be approved;
3. If the referral is approved, fax a letter to USCIS, advising that the pre-adoptive requirements for the adoptive placement of the specific child have been met; or
4. If the referral is not approved, notify the agency arranging the adoption and attempt to rectify the issues.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

[ICPC Request/100A \(SF106\)](#) – Available in ICWIS


RELATED INFORMATION

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; and
 - e. Whether the parents have health insurance that will cover the child.
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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 9: Interstate Compact for the Placement of Children (ICPC)	Effective Date: November 1, 2008
	Section 7: Private Interstate Adoptions	Version: 1

POLICY

OLD POLICY: 508

The Indiana Department of Child Services (DCS) requires approval by the DCS Interstate Compact for the Placement of Children (ICPC) Office of all private, interstate adoptions by Indiana families of a child from another state.

DCS will require appointment of a guardian for the child unless the birth parent has surrendered their parental rights to a DCS local office or Licensed Child Placing Agency (LCPA). The child's birth parents and adoptive parents are legally prohibited from serving as the guardian.

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 and/or signed adoption consent forms by birth parents.

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 non-relative private interstate adoptions.

Note: This policy does not apply to adoptions involving DCS wards or wards of other state child welfare agencies. See separate policies [9.1 Request to Place an Indiana Child in Another State](#) and/or [9.2 Request to Place a Child in Indiana](#).

Code References

1. [IC 31-28-4-1: Enactment, Provision](#)
2. [465 IAC 2-3: Interstate compact on the placement of children](#)

PROCEDURE

The Deputy Compact Administrator or designee will ensure that the private agency coordinating the adoption will complete a referral packet. Submit three (3) identical copies of the referral packet and five (5) copies of the [ICPC Request/100A](#) 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 if the biological parents of the child(ren) are not married;
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 chose to parent;
10. Legal documentation of the child's availability for adoption in the form of either:
 - a. A court order terminating parental rights and the appointment of a guardian for the child; or
 - b. A notarized surrender of parental rights to an LCPA;
11. Background information on the birth parents listed on the Birth Parent History Form; and
12. Home study including background check information regarding the adoptive family.

Note: All forms listed above are provided by the private LCPA.

The DCS ICPC Office will:

1. Review the referral for accuracy and completeness within five (5) business days of receipt;
2. If the referral packet is complete, sign the [ICPC Request/100A](#) and send it to the receiving state's ICPC Office; and
3. Once approved by the receiving state, send the [ICPC Request/100A](#) to the LCPA or licensing agency that originally made the referral.

The receiving ICPC Office will:

1. Review the referral for accuracy and completeness; and
2. If the referral is approved, sign the [ICPC Request/100A](#) and return it to the sending ICPC Office.

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

[ICPC Request/100A \(SF106\)](#) – Available in ICWIS

RELATED INFORMATION

Responsibility of the Guardian (if appointed)

The guardian shall be a full guardian of the person (child), willing and able to assume full financial responsibility for the child should the child not be legally adopted in either Indiana or the other state. This responsibility includes the return of the child to the sending state if the adoption disrupts.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 9: Interstate Compact for the Placement of Children (ICPC)	Effective Date: March 1, 2010
	Section 8: Minimum Contact for ICPC Placements	Version: 2

POLICY

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 for the Placement of Children (ICPC) program. The location of the monthly visits may alternate, with one visit in the child's home and the next visit at a designated location, such as the child's school or daycare.

Minimum Contacts With Indiana Children Placed Out of State

[NEW] DCS will have face-to-face contact **once every four (4) months** with Indiana children placed out of state through the ICPC program, and will request that the receiving state visit the child in the off-months. The Family Case Manager (FCM) should notify the receiving state interstate worker of their intent to visit. As such, the FCM will make himself or herself available to meet with the sending state interstate worker when they come for a visit with the child placed in Indiana.

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.

Code References

1. [IC 31-28-4: Interstate Compact on the Placement of Children](#)
2. [ICPC Regulation No. 9](#)

PROCEDURE

For contacts with ICPC children placed in Indiana

The FCM will:

1. Contact the resource family to schedule the visit with the child;
2. Conduct the visit with the child in their home or other designated location. See separate policy, [8.10 Minimum Contact](#), for information of what assessments should take place at the visit;
3. Send an email to the sending state interstate worker, informing them 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 family has, as well as any concerns noted by the FCM;

4. Enter the information from the face-to-face contact in the Indiana Child Welfare Information System (ICWIS); and
5. Provide [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#)
6. to the DCS ICPC Office as often as requested on the [ICPC Request/100A \(SF106\)](#), but no less than every three (3) months. See separate policy, [9.9 Placement Updates and Supervision Reports](#).

The Supervisor will:

1. Ensure that all children placed in Indiana through ICPC are seen in their homes or designated location monthly;
2. Ensure that the FCM enters all face-to-face contact in ICWIS timely; and
3. Ensure that [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#)
4. are completed and sent to the DCS ICPC Office timely. See separate policy, [9.9 Placement Updates and Supervision Reports](#).

For Contacts with Indiana Children Placed Out of State

The FCM will:

1. Contact the resource family to schedule the visit with the child;
2. Contact the interstate worker in the receiving state, informing them of when they plan 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 they do not attend the visit, informing them of the date the visit occurred, as well as a brief overview of the visit; and
5. Upon returning from the visit, enter the contact information in ICWIS.

The Supervisor will:

1. Assist the FCM with obtaining out of state travel approval and travel arrangements; and
2. Ensure that the information from the face-to-face contact is entered in ICWIS timely.

PRACTICE GUIDANCE


N/A

FORMS

1. [ICPC Request/100A \(SF106\)](#)- Available in ICWIS
2. [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 9: Interstate Compact for the Placement of Children (ICPC)	Effective Date: TBA
	Section 9: Placement Updates and Supervision Reports	Version: 1

POLICY	OLD POLICY: 506.5
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The Indiana Department of Child Services (DCS) will require **at a minimum** quarterly [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) for all Indiana children placed out of state through the Interstate Compact for the Placement of Children (ICPC) program.

DCS will also 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 \(ICPC110801SUPREP\)](#) 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 Children Placed Outside of Indiana

The Family Case Manager (FCM) will:

1. Utilize the Child and Family Team (CFT), case conference, and/or meet with their Supervisor to help assess the frequency of [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) needed. [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) should be received at least quarterly to be in compliance with the ICPC;
2. Request [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) and indicate the frequency with which the reports must be submitted on the [ICPC Request/100A\(SF106\)](#); and
3. Submit the [ICPC Request/100A \(SF106\)](#) to the DCS ICPC Office.

The DCS ICPC Office will:

1. Acknowledge receipt of the [ICPC Request/100A](#) via email; and
2. Forward the request to the receiving state ICPC Office.

The receiving ICPC Office will:

1. Upon receipt of [ICPC Request/100A](#), begin to provide these [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) and any other services agreed to by the sending and receiving agencies; and
2. Submit three (3) copies of the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) to the DCS ICPC Office.

The DCS ICPC Office will forward the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) to the appropriate DCS local office within five (5) business days of receipt.

For Children Placed in Indiana

The DCS ICPC Office will forward the [ICPC Request/100A](#) to the appropriate DCS local office.

The FCM assigned to the case will:

1. Enter information for each face-to-face contact in Indiana Child Welfare Information System (ICWIS);
2. Email a placement 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 \(ICPC110801SUPREP\)](#) at the frequency noted on the [ICPC Request/100A](#); and
4. Submit the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) to their Supervisor for approval.

The Supervisor will:

1. Ensure that the FCM submits the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) timely;
2. Approve and sign the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#); and
3. Send the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) to the DCS ICPC Office at least 10 calendar days before the report is due. The due date should be noted on the [ICPC Request/100A \(SF 106\)](#).

The DCS ICPC Office will:

1. Acknowledge receipt of the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) via email; and
2. Forward the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) to the sending state ICPC Office.

PRACTICE GUIDANCE

In an effort to provide regular and consistent information to the interstate worker in the sending state regarding children placed in Indiana, the FCM should provide regular placement updates to them. 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 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 family.

[Interstate Compact on the Placement of Children \(ICPC\) Supervision Report](#)


[\(ICPC110801SUPREP\)](#) 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 family to address any questions or concerns they may have for the sending state interstate worker.

FORMS AND TOOLS

1. [ICPC Request/100A \(SF106\)](#)- Available in ICWIS
2. [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 9: Interstate Compact for the Placement of Children (ICPC)	Effective Date: November 1, 2008
	Section 10: Termination of Jurisdiction (ICPC Case Closure)	Version: 1

POLICY	OLD POLICY: 506.6, 507.4
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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 no legal authority over the child(ren), except to provide supervision and services as specified in the Interstate Compact for the Placement of Children (ICPC) agreement.

Jurisdiction may be terminated by the court 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.

The Indiana Department of Child Services (DCS) will require approval from both state ICPC Offices prior to the dismissal of wardship of an Indiana child placed out of 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 \(ICPC110801SUPREP\)](#) 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 that 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 dismiss wardship within five (5) business days of receipt of the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#);
4. After the hearing, send an [ICPC Report on Child's Placement Status/100B \(SF26174\)](#) and any relevant court orders to the DCS ICPC Office to advise of the dismissal of jurisdiction and closure of the case; and
5. End the placement in the Indiana Child Welfare Information System (ICWIS).

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 \(ICPC110801SUPREP\)](#) to advise the DCS ICPC Office of its recommendation to dismiss wardship by submission of a Supervisory Report; and
3. Submit the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) to their Supervisor for approval.

The Supervisor will:

1. Approve the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#); and
2. Immediately forward the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) to the DCS ICPC Office.

The DCS ICPC Office will:

1. Forward the [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#) to the sending state ICPC Office within ten (10) calendar days of receipt; and
2. Upon receipt of all relevant information from the sending state ICPC Office regarding wardship dismissal, forward any relevant information to the DCS local office.

PRACTICE GUIDANCE


When the decision is made to recommend wardship dismissal to the court for an ICPC child, the FCM should work with the resource family to make sure they are prepared to assume total responsibility of the child in their care. The FCM should assist the family 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 with the family. Upon receipt of the court order that dismisses wardship, the FCM should notify the resource family within two (2) business days that the case has officially closed.

FORMS AND TOOLS

1. [ICPC Report on the Child's Placement Status/100B \(SF 26174\)](#)- available in ICWIS
2. [Interstate Compact on the Placement of Children \(ICPC\) Supervision Report \(ICPC110801SUPREP\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 9: Interstate Compact for the Placement of Children (ICPC)	Effective Date: November 1, 2008
	Section 11: Transportation Costs	Version: 1

POLICY	OLD POLICY: N/A
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The Indiana Department of Child Services (DCS) will pay all transportation costs related to the Interstate Compact for the Placement of Children (ICPC) 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 state through the ICPC program.

Note: The FCM must receive approval from the Deputy Director of Field Operations to visit an ICPC child placed out of state. In addition, travel arrangements for visits must be made ahead of time in order to qualify for the lowest airfare rates possible.

DCS will **not** pay any transportation cost associated with:

1. The ICPC placement of child from another state being placed in Indiana;
2. Private interstate adoptions; or
3. International adoptions.

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

[IC 31-28-4: Interstate Compact on the Placement of Children](#)

PROCEDURE

In preparation for visiting a child placed in another state, the FCM will prepare and submit a letter requesting permission to travel to their DCS Local Office Director.

The DCS Local Office Director will forward all travel request letters to the Deputy Director of Field Operations.

The Deputy Director of Field Operations will:

1. Approve or deny the travel request; and
2. Forward the approved or denied travel request to the FCM.

If the travel request is approved, the FCM will:

1. Contact DCS Travel Services to:
 - a. Make travel arrangements for them to visit a child placed out of state;
 - b. Make travel arrangements for Indiana wards to travel to and from out of state placements, as well as travel to and from visits with parents and siblings.

Note: Directions for making travel arrangements can be found in the DCS Travel Bulletin, located at <http://intranet.dcs.in.gov/pdf/DCSTravelBulletin2007.pdf>; and

2. Visit with the child once every (60) days.

Note: The DCS Deputy Director of Field Operations will also approve all travel costs for the child to travel to visit parents and/or siblings. The FCM should work with their Supervisor to make travel arrangements for Indiana children placed out of state who will be returning to Indiana to visit parents and/or siblings.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

The DCS Travel Services can be reached at DCSTravelInquiries@dcs.in.gov.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 9: Interstate Compact for the Placement of Children (ICPC)	Effective Date: November 1, 2008
	Section 12: Violations of ICPC Procedures	Version: 1

POLICY	OLD POLICY: 504
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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 for the Placement of Children (ICPC) policies and procedures may result in disciplinary action, up to and including termination.

DCS 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 the illegal 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: Article IV: Penalty for Illegal Placement](#)

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 their Supervisor and/or DCS Local Office Director of the violation within 24 hours; and
2. Ensure the safety of the child.

The Supervisor or DCS Local Office Director will notify the Regional Manager immediately of the illegal placement.

The Regional Manager 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 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.

The FCM will schedule a meeting with his or her Supervisor and DCS Local Office Director to discuss placement options for the child while ensuring the child's safety.

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. Upon receipt of a response from the other state's ICPC Office, notify the DCS local office of what action will be taken to rectify the situation.

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 why they are out of compliance 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(ren) 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 them. 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.


Note: DCS will neither pay for nor monitor those services.

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption/Permanency	Effective Date: August 1, 2008
	Section 1: Planning for Adoption - Overview	Version: 1

POLICY	FORMERLY: APPENDIX WW
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The process of adoption planning for all children in out-of-home care with a permanency plan of adoption may be initiated:

1. When a court finds an exception to the requirement to make reasonable efforts to reunify the family exists;
2. When a child has been under a dispositional decree for at least six (6) months with no significant progress made towards a plan of reunification. See separate policy [6.12 Involuntary Termination of Parental Rights \(TPR\)](#); or
3. At the filing of TPR.

The Indiana Department of Child Services (DCS) will convene either a Child and Family Team (CFT) Meeting or Case Plan Conference to discuss adoption planning for the child and identify any needed services provided by a professional that specializes in adoption. See separate policy, [5.7 Child and Family Team Meetings](#). See also Practice Guidance.

In accordance with the federal law that addresses race and ethnicity in placements, 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, the Indian Child Welfare Act (ICWA) applies.

DCS will ensure that all children in out-of-home care with a permanency plan of adoption receive age appropriate preadoptive services (e.g., individual counseling, homebased services, etc., that is offered by a service provider that specializes in adoption services) to prepare the child for the adoption process.

DCS will ensure that a diligent search is conducted 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

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Staff the case with his or her Supervisor to review progress and discuss permanency options prior to changing the permanency plan to adoption;
2. Schedule a CFT Meeting or Case Plan Conference to discuss the need to change the permanency plan. See separate policy, [6.10 Permanency Plan](#);

3. Notify the following persons of the court hearing to change the permanency plan. See separate policies, [6.4 Providing Notice](#) and [6.11 Permanency Hearing](#):
 - a. The child,
 - b. Child's parent, guardian, or custodian, and attorney of record,
 - c. Resource parent(s),
 - d. Guardian ad Litem (GAL) or Court Appointed Special Advocate(CASA), if applicable,
 - e. Any fit and willing relative or person who DCS knows has a significant relationship to the child, and
 - f. Prospective adoptive parent that consent has been received or TPR has been filed.
4. Attend the Permanency Hearing;
5. Update the [Case Plan \(SF2956/DCS0046\)](#) in the Indiana Child Welfare Information System (ICWIS) to reflect the new court approved permanency plan;
6. Ensure that the following persons are notified of the court's ruling regarding the permanency plan:
 - a. The child,
 - b. Child's parent, guardian, or custodian, and attorney of record,
 - c. Resource parent,
 - d. Mental health provider or therapist, if applicable,
 - e. GAL or CASA, if applicable, and
 - f. Members of the CFT.
7. Begin the legal process for TPR. See separate policies, [6.12 Involuntary Termination of Parental Rights](#) and [6.13 Voluntary Termination of Parental Rights](#);
8. Refer the child to preadoptive services to help the child understand adoption as the permanency plan and to begin preparing for the adoption process. See separate policy, [10.3 Preparing the Child for Adoption](#);
9. Determine the child's adoptive placement needs;
10. Discuss with the resource family 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](#);
11. Determine the child's eligibility for adoption subsidies;
12. Begin to identify, recruit, process, and approve a qualified adoptive family for the child. See separate policy, [10.10 Resource Parent Adoptions](#);
13. Complete the Child Social Summary within 10 days of filing the TPR petition and submit to the Special Needs Adoption Program (SNAP) Specialist. See separate policy, [10.11 Child Social Summary](#); and
14. Start child specific recruitment of potential adoptive families if no appropriate relative families can be located.

The Supervisor will:

1. Staff the case with the assigned FCM and make recommendations as needed;
2. Review and approve, if necessary, the child's placement needs as recommended by the FCM and CFT;
3. Ensure that a determination has been completed for adoption subsidies for the child;
4. Assist the FCM as needed to identify, recruit, and approve potential adoptive families;
5. Ensure that the [Child Social Summary](#) has been completed and forwarded to the SNAP specialist in a timely manner; and
6. Review and approve, if necessary, any preadoptive services needed for the child or the preadoptive family.

PRACTICE GUIDANCE

Child and Family Team Meetings and the TPR Process


1. Two separate CFT Meetings may be necessary, one for parents whose rights might be terminated and another one for the preadoptive family. Separate CFT Meetings are not required if parents and preadoptive parents are willing to meet together;
2. CFT Meetings can be used to determine transitional services, planning, and to address closure;
3. Following completion of TPR, parents whose rights were terminated may be included in the CFT Meeting process, if they are deemed appropriate by the team; and
4. Other appropriate family members and supports to the child can also be included in the CFT Meeting following the completion of a TPR.

FORMS AND TOOLS

1. [Tool 10.B: Child Social Summary](#)
2. [Adoption Checklist](#) – Available in ICWIS
3. [Case Plan \(SF2956/DCS0046\)](#) – Available in ICWIS

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption/Permanency	Effective Date: August 1, 2008
	Section 2: Assessing the Child's Readiness for Adoption	Version: 1

POLICY	OLD POLICY: 709.1
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The Indiana Department of Child Services (DCS) will ensure that all children with a permanency plan of adoption receive an assessment to determine their 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 interview's 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, and
 - e. When appropriate, other individuals who have a significant relationship with the child.

DCS will utilize the Child and Family Team (CFT) Meeting or the Case Plan Conference to assess a child's readiness for adoption and address issues of separation and attachment.

DCS will ensure that all children with a permanency plan of adoption have an opportunity to have a [Lifebook](#) completed, and will assist in this process by providing the child and/or preadoptive family with any pertinent family history and pictures, if available, of the child's birth family.

Code Reference

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Develop an individualized adoption preparation plan for the child in collaboration with a mental health provider, if applicable, resource parent, Guardian ad Litem (GAL)/Court Appointed Special Advocate (CASA), and the CFT;
2. Assess the child's knowledge of adoption based upon the child's age and developmental level, explain termination and the adoption process with the child, and answer any questions the child may have. Utilize the resource parent(s) and the CFT when appropriate;
3. Complete a mental health assessment by an independent provider specializing in adoption;
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. Provide the child with a [Lifebook](#), if they do not already have one;
7. Discuss the possibility of postadoption visitation privileges for the child with the preadoptive family and make a determination as to whether it is in the best interest of the child for such visitation to occur;
8. Assess if it is appropriate for a good-bye visit with the birth parents and/or other significant relatives, if postadoption visitation is not appropriate;
9. Assess the child's needs and prepare a [Child Social Summary](#) on the child that gives a comprehensive and balanced picture of the child; and
10. Document all assessment results in the child's case file and in the Indiana Child Welfare System (ICWIS) case log notes.

The Supervisor will:

1. Assist the FCM in ensuring that all necessary assessments are completed and documented in a timely manner;
2. Ensure that all necessary referrals are made in a timely manner; and
3. Provide guidance and recommendations regarding postadoption services to the FCM.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS


1. [Lifebook](#) – Available in Hard Copy only
2. [Tool 10.B: Child Social Summary](#)

RELATED INFORMATION

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 for the adoption process and assist 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption/Permanency	Effective Date: August 1, 2008
	Section 3: Preparing the Child for Adoption	Version: 1

POLICY	OLD POLICY: 706.2, 709.1
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The Indiana Department of Child Services (DCS) will to the best extent possible prepare a child for adoption based upon the child's age and developmental level. DCS will utilize techniques such as one on one discussion, providing an opportunity for the child to speak with other adopted children, and making a [Lifebook](#) to name a few, in an effort to:

1. Help the child understand the termination of his or her parents' parental rights;
2. Help the child understand and embrace the 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 persons:

1. Birth parent(s), if deemed appropriate;
2. Child and Family Team (CFT);
3. Resource parent(s);
4. Therapists and/or other service providers;
5. Other family members or other individuals who DCS knows has a significant relationship with the child; and
6. Guardian ad Litem (GAL) and/or Court Appointed Special Advocate (CASA).

DCS will document the process of preparing the child for adoption in the child's case file and the Indiana Child Welfare Information System (ICWIS) case log.

DCS will inform any child aged 14 years and older 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 to the child:

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. Preplacement visits and placement processes if applicable;

7. Whether there is a possibility that the child will be able to remain in contact with members of his or her birth family after being adopted;
8. Whether adoption by the child's resource family is an option; and
9. Who will make the final decision about the adoption.

For all children over the age of 14 years old, the FCM will:

1. Help the child to understand the adoption process and any other alternate permanency options available;
2. Explain to the child that his or her written consent is required for the adoption to proceed;
3. Obtain the child's signature;
4. Ask the child if he or she wants to be adopted;
5. Explore the reasons behind the child's decision;
6. If the child will not consent in writing to adoption, pursue an alternate permanency option, if it is in the best interest of the child. See separate policy, [6.10 Permanency Plan](#);
7. Refer the child for adoptive services to ensure that the child clearly understands the adoption process; and
8. Revisit the topic of adoption to determine, if the child's feelings about adoption have changed.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Consent To Adoption SF12582/ CW 1331](#)
2. [Lifebook](#) – Available in Hard Copy


RELATED INFORMATION

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) can assist the child, if necessary, to develop a [Lifebook](#). This process can 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;
3. Items related to school and extracurricular activities, (e.g., report cards, certificates, art work, awards, etc.);
4. Positive messages to the child from as many important adults as possible, 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption/Permanency	Effective Date: August 1, 2008
	Section 4: Resource Parent's Role in Preparing the Child for Adoption	Version: 1

POLICY	OLD POLICY: N/A
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The Indiana Department of Child Services (DCS) will partner with the resource parent(s) to help prepare a child for the adoption process.

DCS will communicate with and include the resource parent(s) in the planning and implementation of the adoptive placement process.

DCS will support the resource parent(s)' decision regarding their pursuit of adoption, if DCS agrees that it is in the best interest of the child.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Discuss with the resource parent(s) if they wish to pursue adoption of the child;
2. Include the resource parent(s) in the planning and implementation of the adoptive placement process, regardless if they wish to pursue adoption or not;
3. Assist the resource parent(s) in explaining the decision 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 or Case Plan Conference when appropriate; and
5. Seek a recommendation from the child's therapist, if applicable, regarding the appropriate time and setting to discuss with the child the resource parent(s) decision regarding adoption of the child.

If the resource parent is not pursuing adoption of the child, the FCM will:

1. Assist the resource parent(s) in encouraging the child to accept the decision;
2. Allow the resource parent(s) to express his or her feelings relating to the child's new placement;
3. Prepare the resource parent(s) for possible changes in behavior in the child prior to the adoption placement; and
4. Help the child prepare a [Lifebook](#).

The Supervisor will assist the FCM and provide input and recommendations whenever necessary.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

[Lifebook](#) – Available in Hard Copy

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption/Permanency	Effective Date: August 1, 2008
	Section 5: Sibling Placements	Version: 1

POLICY	OLD POLICY: 710.4
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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 (QMHP), 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
3. Juvenile detention center.

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 Special Needs Adoption Program (SNAP) team is scheduled if applicable. See separate policy, [10.8 SNAP 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 ICWIS

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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption/Permanency	Effective Date: May 1, 2012
	Section 6: Making a Special Needs Adoption Program (SNAP) Referral	Version: 4

POLICY

The Indiana Department of Child Services (DCS) will determine eligibility for 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 SNAP referral, the Family Case Manager (FCM) will:

1. Determine if the child is eligible for SNAP services;
2. Determine if the child was previously referred to SNAP; if yes, contact the Regional SNAP Specialist 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 SNAP, speak with the Regional SNAP Specialist to determine if a recent color photograph of the child is needed and/or an updated [Child Social Summary](#). See separate policy, [10.11 Social Summaries](#).

4. Complete and forward the [Child Registration: Indiana Special Needs Adoption Program \(SNAP\) Picture Book and Website Form \(SF11840/CW 1440\)](#) and [Child Social Summary](#), to the Regional SNAP Specialist for each child.
5. **[REVISED]** Any child 14 years of age or older must sign the [SNAP Informed Consent for Recruitment \(SF54901\)](#) form and designate which forms of media they would like to be featured in; See policy [10.7 SNAP 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.

5. Document in the Indiana Child Welfare Information System that the information has been forwarded to Regional SNAP Specialist.

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

1. [Child Registration: Indiana Special Needs Adoption Program \(SNAP\) Picture Book and Website Form \(SF11840/CW 1440\)](#)
2. [Child Social Summary](#)
3. [SNAP Informed Consent for Recruitment \(SF54901\)](#)

RELATED INFORMATION [REVISED]

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. See separate policy, [4.34 Safe Haven](#).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption/Permanency	Effective Date: May 1, 2012
	Section 7: Special Needs Adoption Program (SNAP) Services	Version: 4

POLICY

The Indiana Department of Child Services (DCS) will utilize the Special Needs Adoption Program (SNAP) services to assist with finding an adoptive family for every child who meets SNAP eligibility requirements. Available SNAP 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

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

1. Begin preparing the child for SNAP 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;
 - c. Review the [SNAP Informed Consent for Recruitment \(SF54901\)](#) 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 [SNAP Informed Consent for Recruitment \(SF54901\)](#) form.
2. Maintain monthly contact with the Regional SNAP Specialist to learn of potential adoptive matches;
3. Alert the Regional SNAP Specialist 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 SNAP Specialist 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 SNAP Specialist;
2. Invite the prospective adoptive families and members of the child's team (i.e. FCM Supervisor, SNAP Specialist, 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 SNAP Specialist 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 SNAP Specialist will:

1. Submit the child's photo and [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.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

1. [Child Registration: Indiana Special Needs Adoption Program \(SNAP\) Picture Book and photolisting \(SF11840/CW1440\)](#)- Available in the Indiana Child Welfare Information System
2. [Tool 10.B: Child Social Summary](#)
3. [Internet Photolisting](#)
4. [Picture Book](#)
5. [SNAP Informed Consent for Recruitment \(SF54901\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption/Permanency	Effective Date: January 1, 2012
	Section 8: Families Recommended for the Special Needs Adoption Program (SNAP)	Version: 2

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will hold SNAP Council meetings on a monthly basis to review homestudies and make recommendations on families for the SNAP Program.

The SNAP Council will include the following:

1. All Regional SNAP Specialists;
2. The SNAP Program Supervisor; and
3. A DCS Family Case Manager (FCM) and/or Supervisor from each SNAP region;

Only SNAP Council members are allowed to vote on a recommending a family.

Note: The homestudy preparer must email the homestudy two (2) weeks prior to the SNAP Council meeting date.

Code References

[465 IAC 2-7-2 Special needs child; criteria](#)

PROCEDURE [REVISED]

SNAP Council members will:

1. Make all recommendations and decisions based on the best interest of children receiving SNAP 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 members of policy changes and updates.

The Regional SNAP Specialist will:

1. Organize and coordinate all monthly SNAP Council Meetings;
2. Send homestudies to all SNAP Council members;
3. Send the SNAP Council meeting agenda to all SNAP Council contacts, including those scheduled to present homestudies; and
4. Complete SNAP Council recommendation form to document SNAP homestudy recommendations, pendings and/or denials.

Each Regional SNAP Specialist will:

1. Notify all families in their region that have been recommended by SNAP; and
2. Enter the SNAP recommended family's information into the adoption database.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION [REVISED]

Definition of a Special Needs Child for Purposes of 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 of which at least one (1) child 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.


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 SNAP Council meeting date. The homestudy preparer will present the homestudy on a first come first serve bases 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 SNAP Council;
2. The homestudy preparer should ensure that 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 SNAP Council regarding concerns and/or clarifications 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 SNAP Council; and
5. A homestudy should be presented every other year for a recommendation and to have updated information placed on adoption family database.

Note: Recommendations are based on the decision of the SNAP Council vote.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption	Effective Date: August 1, 2008
	Section 9: Preplacement Visits	Version: 1

POLICY	OLD POLICY: 710.2, 710.3
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The Indiana Department of Child Services (DCS) will facilitate preplacement visits between the child, the current caregiver, and the prospective adoptive family. DCS will provide an opportunity to become familiar with one another and initiate the child's integration into the adoptive family. The purpose of preplacement visits, is to:

1. Diminish the child's fears and worries of the unknown;
2. Encourage the child to form new attachments; and
3. Help the child in the grieving process and making commitments for the future.

DCS will ensure as many preplacement visits as necessary on a progressive basis, including overnight and weekend visits based upon the age and the needs of the child.

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, 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, 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 new family for the child's care over time.
2. Document the plan for preplacement visits in the Indiana Child Welfare System (ICWIS) contact logs;
3. Have weekly contact with the child during the transition to the adoptive placement and for the first 30 days after placement;
4. Document all face-to-face visits in ICWIS; and
5. Review visit outcomes with the CFT.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption	Effective Date: January 1, 2009
	Section 10: Resource Parent Adoption	Version: 2

POLICY	OLD POLICY: 706.2
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The Indiana Department of Child Services (DCS) has established the following guidelines for consideration of requests by resource parent(s) to adopt a child in their 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; and
3. The permanency plan is adoption and there is a significant emotional attachment between the child and the resource parent(s) as assessed by a counselor, therapist, or other professional specializing in attachment.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Conduct an agency staffing of all cases in which the resource parent(s) have expressed a desire to adopt a child in their care;
2. Review the requesting family's current homestudy and conduct the required background checks;
3. Ensure that the preadoptive resource family has an opportunity to review the child's file, [Child Social Summary](#), and the medical history summary for the child;
4. Assure that the resource family has access to pre and post adoption services to assist in the transition from resource family home to adoptive home;
5. Explain to the resource parent(s) and the child, if applicable, what needs to be done to proceed with the adoption process; and
6. Determine if the child is eligible for any adoption assistance at the point the family has been established as a preadoptive home. If the family cannot adopt the child without assistance, determine and negotiate the maximum amount, up to 75% of the standard foster care rate that the preadoptive resource family can receive in assistance if the family is eligible.

The Supervisor will:

1. Attend the staffing and provide input as necessary;
2. Assure that all required information is contained in the child's case file; and
3. Ensure that the FCM has completed all required checks in a timely manner.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION


Changes in Dynamics when a Resource Parent Adopts

When resource parent(s) adopt a child(ren) placed with them on a foster care basis and for whom they have provided a substitute family for a planned period of time, new dynamics develop. Most importantly, there is a shift in roles and role expectations relative to the resource/adoptive family. That shift is felt primarily by the resource parents but definitely affects the child. With life experiences and foster care training and knowledge in hand, resource/adoptive parents perceive clear distinctions between foster care and adoption.

Adoption means that resource parents:

1. Are making a commitment to provide permanency for the child; and
2. No longer share decision making responsibility and liability with the agency or court.

They are solely responsible, legally and financially, for the total parenting, care, growth, and development of the child. This includes seeing that the long-term developmental, therapeutic, social, medical, educational, and emotional needs of the child are met.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption/Permanency	Effective Date: August 1, 2008
	Section 11: Child Social Summary	Version: 1

POLICY	OLD POLICY: 706.2, 714.12
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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 within 30 days of filing a petition for Termination of Parental Rights (TPR).

DCS will provide the prospective adoptive parents with the [Child Social Summary](#); in an effort to assure that the prospective adoptive parents are aware of and able to provide for the child's needs.

Code References

[IC 31-19-17: Preparation of Adoption History for Adoptive Parents](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Gather the following:
 - a. All available social, educational, psychological, medical, and genetic information,
 - b. Information about the child's strengths, likes and/or dislikes, needs, current life style, and behavior patterns, and
 - c. Any known expectations for future development and functioning of the child, if the child has any physical, developmental, or psychological challenges.
2. Complete the [Child Social Summary](#) annually if necessary or until adoption occurs;
3. Provide the prospective adoptive parents with a copy of the [Child Social Summary](#) and answer any questions the family may have;
4. Assist the prospective adoptive parents in determining their ability to meet the child's needs; and
5. Submit the [Child Social Summary](#) to the regional Special Needs Adoption Program (SNAP) Specialist for recruitment when no adoptive family has been identified for the child.

The Supervisor will review the [Child Social Summary](#) and provide any necessary feedback.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

1. [Tool 10.A: TPR Checklist](#)
2. [Tool 10.B: Child Social Summary](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption/Permanency	Effective Date: July 1, 2012
	Section 12: Conducting Background Checks for Adoptions	Version: 4

POLICY [REVISED]

The Indiana Department of Child Services (DCS) requires background checks on all persons who live in the prospective adoptive home when a DCS ward is being adopted.

Background checks must be completed as part of the adoption home study. New Background checks must also be completed prior to the following if it has been 12 months since the last background check:

1. Placement;
2. Submission of the Indiana Adoption Program Application; or
3. 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 (the days do not have to be consecutive); checks must be completed prior to moving into that prospective adoptive home; or
2. Current household members who turn 14 or 18 years old.

The following background checks will be conducted on the prospective adoptive home which include the:

1. Fingerprint-Based National Criminal History Check (Fingerprint-Based Check);
2. Child Protection Services History Check (CPS History Check);
3. Sex Offender Registry Check; and
4. Local Law Enforcement Agency (LEA) 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. Fingerprint-Based Checks conducted for purpose of adoption cannot be used for foster care licensing, employment or any other purpose and a new fingerprint check is required.

A background check will consist of the following for those who live in the home:

1. For all persons age 18 and older:
 - a. Fingerprint-Based Check,

- b. CPS History Check in every state the subject of the check has lived in the last five (5) years,
 - c. Sex Offender Registry check in every state the subject of the check has lived in the last five (5) years, and
 - d. LEA records check must be completed in every local police/sheriff jurisdiction the subject of the check has lived in the last five (5) years.
2. For all persons age 14 – 17 years:
 - a. CPS History Check in every state the subject of the check has lived in the last five (5) years, and
 - b. Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years.
3. For all persons age 0 - 13 years a CPS History Check must be completed in every state the subject of the check has lived in the last five (5) years.

Exceptions to Fingerprinting

The only exception to fingerprinting the subject of the check is if he or she has a physical disability which makes it impossible to obtain the subjects fingerprints. 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 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 a qualified medical practitioner or evidence that the individual does not have fingers.

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

Extracurricular Activities

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

Employees and Volunteers of the Prospective Adoptive Home, including Child Care Providers

Background checks are not required on employees and/or volunteers of a prospective adoptive home including child care providers. If background checks are needed, a Fingerprint-Based Check should not be conducted. Discretion should be used regarding whether a CPS History Check, Sex Offender Registry and/or Limited Criminal History Check are needed.

Note: If a child care provider is licensed by the Division of Family Resources, background checks have already been completed as part of the licensing process. DCS should not complete additional background checks.

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; felony convictions](#)
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 31-19-2-7.5: Submission of information, forms, or consents for criminal history check](#)
5. [IC 31-19-8-5: Agency report and recommendation; filing requirements; waiver of report](#)
6. [IC 12-17.2-2-8: Licensure Exemptions](#)

PROCEDURE

The DCS local office or Licensed Child Placing Agency (LCPA) adoption 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. 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 \(SF53259/CW3610\)](#) using their legal name as it appears on the current government issued picture ID: The subject of the check must sign and date the form. The adoption worker must place the original in the file after 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 the adoption worker:
 - a. Completing the registration process for the subject of the check for electronic fingerprinting through 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 adoption worker is unable to register the subject of the check,
 - 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. Obtain the results of the Fingerprint- Based Check, the DCS COBCU will provide a letter via email to the DCS local office or LCPA contact person handling all background check material and inform them of the Fingerprint-Based Check status. 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 subject of the check a copy of the notice if they will be scheduling their 'reprint' appointments themselves.

For all other results see separate policy, [10.13 Evaluating Background Checks for Adoptions](#).

5. Conduct a Sex Offender Registry Check for all persons age 14 years and older and print the results via the Dru Sjodin National Sex Offender Public website at <http://www.nsopw.gov/Core/Portal.aspx>. If a match is found, refer to separate policy, [10.13 Evaluating Background Checks for Adoptions](#).

Note: If you are searching a common name and results show multiple matches narrow the search by state. If this is done, complete a search of every state the subject of the check has lived, in the last five (5) years.

6. Conduct a CPS History Check for all persons:
 - a. For Indiana:
 1. As the requesting agency, the adoption worker will completed Section A of the Indiana Request for Child Protection Service (CPS) History Check (SF52802/CW 2128);
 2. Have the subject of the check, or representative if a minor, complete Section B; and
 3. Complete a search of the Indiana Child Welfare Information System, and hardcopy files if available, and reflect the results in Section C.

Note: LCPAs are unable to access this information and will need to send a copy of the Indiana Request for a Child Protective Service (CPS) History Check (SF52802/CW2128) to DCS COBCU or the DCS local office.

- b. For all other states, conduct a CPS 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.cclid.ca.gov/AdamWalsh/2609.htm>
Click on "[*List of Contacts For Other State's Child Abuse and Neglect Registries*](#)",
 - c. If the person has CPS history in any state, refer to separate policy, [10.13 Evaluating Background Checks for Adoptions](#) for further required action.
7. Conduct LEA Record Checks:
- a. Request a records check to be completed by the LEA that will respond to a subject of the check's current home address utilizing the Application for Criminal History Background Check (SF53259/CW3610), Section titled "For Law Enforcement Use Only",
 - b. Request a search from the appropriate LEA corresponding to ALL other residential addresses the subject of the check has resided during the past five (5) years,
 - c. Upon receiving the results of each check, see separate policy [10.13 Evaluating Background Checks for Adoptions](#).

PRACTICE GUIDANCE

Undocumented Individuals

If an individual is undocumented, the adoption worker should contact the DCS 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.

Notifying the Adoption Worker of Arrest, Convictions or Substantiation of Abuse or Neglect

The prospective adoptive home must notify the adoption worker within 24 hours of the arrest, convictions 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 and contact COBCU if additional guidance is needed.

Registering for Fingerprints

If the adoption 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 registering for fingerprinting through the DCS approved vendor that has been customized to the correct DCS local office or LCPA, adoption worker's name, adoption worker's phone number and the correct reason for printing.

All adoption print expenses must be paid by the adoptive family.

Exception to Fingerprinting

If an Exception to Fingerprinting request is granted, COBCU will run an Indiana LCH. The adoption will provide the non-fingerprint based checks for all other states the subject of the check has resided in the past five 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 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 IC25-22.5;
2. A physician assistant licensed under IC25-27.5;
3. A physical therapist licensed under IC25-27;
4. An advanced practice nurse licensed under IC25-23;
5. A chiropractor licensed under IC25-10; and
6. A psychologist licensed under IC25-33.

Searching CPS History

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

FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF53259/CW3610\)](#)
2. [Request for Child Protection Service \(CPS\) History Check \(SF52802/CW2128\)](#)
3. [Background Check Matrix Adoptions 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 check. The only exception to this is if the COBCU grants an Exception to Fingerprinting outlined in the above 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 Placement Support and Compliance for assistance.

Special Fingerprinting Issues

Homebound

If a subject of the check cannot leave his or her home for fingerprinting, the adoption 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 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 check.

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. A username and password may be obtained by emailing the COBCU at background.checkunit@dc.in.gov.

Limited Criminal History Check (LCH)


A LCH check is a name-based search of the ISP database that contains only felonies and Class A misdemeanor arrests within the State of Indiana and can only be conducted on individuals 18 years of age and older. This search should not be 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. Results are immediate. Designated DCS local office staff has access. For assistance with username or password issues, please email background.checkunit@dc.in.gov.

DCS may provide a copy of the Indiana LCH 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.

Private Adoptions

DCS does not conduct background checks for domestic or international private adoptions. The private agencies and/or legal representative will run their own background checks through ISP using the National Child Protective Act Check.

 INDIANA DEPARTMENT OF CHILD SERVICES	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption/Permanency	Effective Date: July 1, 2012
	Section 13: Evaluating Background Checks for Adoptions	Version: 4

POLICY **[REVISED]**

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, [10.12 Conducting Background Checks for Adoptions](#). The final results will be placed in the child's file and documented in the Indiana Child Welfare Information System.

Fingerprint-Based Check

The DCS Central Office Background Check Unit (COBCU) will evaluate the results and notify the assigned 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 reevaluate 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, although some may be eligible to file for a Waiver. (See Waivers section below)

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

The adoption worker will review the completed CPS history results from Indiana, and if applicable, all other states of residency within the past five (5) years and determine if there are reports of any substantiation of abuse and/or neglect for the subject of the check. If there is substantiated CPS history in Indiana or the equivalent in another state, the filing and approval of a Waiver is required for DCS to recommend the adoption. See section on Waivers.

Sex Offender Registry Checks

The adoption worker will evaluate the sex offender registry checks to determine if there are any matches. If there is a match, the adoption cannot proceed. Notify the background check unit immediately. The COBCU will re-evaluate the fingerprint based criminal history report.

Local Law Enforcement Agency (LEA) Records Check

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

Waivers

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

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

16. Child selling ([IC 35-46-1-4\(d\)](#));
17. **[NEW]** Operating a vehicle while intoxicated ([IC 9-30-5](#)) within the last five (5) years;
18. A felony involving a weapon within the last five (5) years under ([IC 35-47](#)) or ([IC 35-47.5](#));
19. A felony relating to controlled substances within the last five (5) years under ([IC 35-48-4](#));
20. An offense relating to material or a performance that is harmful to minors or obscene under ([IC 35-49-3](#)); and/or
21. A felony that is equivalent to a felony listed in subdivisions one (1) through (19) for which the conviction was entered in another state.

DCS cannot recommend the adoption if the background check reveals that an individual living in the home has a disqualified criminal history or CPS history that is not waived by DCS.

Code References

1. [IC 31-19-11-1: Decree; affidavit; felony convictions](#)
2. [IC 9-30-5: Operating a Vehicle While Intoxicated](#)

PROCEDURE

The adoption worker¹ 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),
 - 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. Provide the requested documentation to the COBCU consultant. Upon reevaluations, 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 Indiana Request for a Child Protection Services (CPS) History Check

¹ "Adoption Worker" is defined as the Local Office Family Case Manager or LCPA worker

- (SF52802/CW2128) form showing substantiated history. See separate policy, [2.6 Sharing of Confidential Information](#), and
- b. A request for a Waiver should be filed within ten (10) days of receiving the 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 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 LEA Records checks and contact COBCU within five (5) days of the check for further evaluation if there is a felony , four (4) or more misdemeanors , or a misdemeanor that relates to the health and safety of a child. At any time the adoption worker believes the LEA Record Check may alter the Fingerprint-Based Check Status , the adoption worker will contact the Consultant that is listed on the Fingerprint-Based Check Status Letter for further action;
 5. 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 background.checkunit@dcf.in.gov:
 - a. A signed letter from the subject of the check (parent or guardian may write if the subject of the check is a minor and they are unable to write their own letter; however, the minor should sign if able) explaining in detail the situation involving the substantiation or criminal act and addressing:
 1. The length of time since the person committed the offense, delinquent act, or act that resulted in the substantiated report of abuse or neglect;
 2. The severity of the offense of abuse or neglect, including jail or prison time served and whether they are currently on probation or parole;
 3. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan, if applicable; and
 4. The ability of the proposed applicant to provide for the child's safety and well-being.
 - b. A signed letter on agency letterhead or an email from the adoption worker who completed the home study explaining:
 1. His or her observations of the subject of the check;
 2. The reasons he or she supports or does not support the waiver request;
 3. If the child is already placed with the subject; and
 4. The relationship of the child to the subject of the waiver request, if any

- c. An [Indiana Request for a Child Protection Service History \(CPS\) History Check state form 52802](#). If substantiation of abuse and/or neglect is found, there must be a 311 included for all substantiations reported on the form above form. Also if the subject has resided outside the state of Indiana in the past five years, the other state's CPS search results must also be submitted,
 - d. A screen print of the Sex Offender Registry Check completed from the required National Sex Offender website, if 14 years or older,
 - e. A copy of the written results of all LEA checks, if 18 years and older, and
 - f. A copy of the fingerprint based status letter which was e-mailed to the adoption worker, if requesting a CPS waiver only. This is required for checks completed for the purpose of adoption showing the fingerprint based status of qualified, if 18 years and older.
6. Place a copy of the results documents for all background checks and any waiver letters in the child's file and document in the Management Gateway for Indiana's Children (MaGIK) system.

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; and
- 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 Placement Support and Compliance, or designee.
 - b. Deputy Director of Placement Support and Compliance, or designee will submit the recommendation to the Background Check Team for a joint decision.

Note: The Background Check Review Team 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 Placement Support and Compliance or their designee. The team's decision may be made via phone or email.

- c. Notify by email 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”.
4. For Exception to Fingerprint request, when the exception is granted, generate the Indiana Limited Criminal History (LCH) check and notify by e-mail the DCS local office or LCPA background check contact person regarding the status.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Assessment of Alleged Child Abuse or Neglect \(SF113/CW0311\)](#) – Available in MaGIK
2. [Background Check Matrix for Adoptions Desk Guide](#)

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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption	Effective Date: July 1, 2012
	Section 14: Indiana Adoption Assistance Program Overview (AAP and SAS)	Version: 2

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will provide adoption benefits or services to meet the needs of an adoptive family through the Indiana Adoption Assistance Program. The Indiana 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 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 will receive Medicaid and NRAE. Children eligible for SAS will receive NRAE and a separate determination will need to occur to evaluate the child's Medicaid eligibility. See policy sections [10.15 Eligibility Requirements for Adoption Assistance](#) and [10.16 Funding for Adoption Assistance](#) for eligibility requirements of periodic payments through AAP and SAS.

[NEW] 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(s) 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 policies [10.12 Conducting Background Checks for Adoption](#) and [10.13 Evaluating Background Checks for Adoption](#).

At the conclusion of this meeting the prospective adoptive parent(s) will sign the [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF54352\)](#) and DCS will place the signed form(s) in the case file.

Note: The prospective adoptive parent(s) must complete and sign the [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF54352\)](#) form even if the prospective adoptive parent(s) state that they do not want to apply for any adoption assistance benefits. If circumstances change before the child is adopted and the adoptive parent(s) would like to apply for benefits from the Indiana Adoption Assistance Program, they 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 policy section [10.12 Conducting Background Checks for Adoption](#).

A DCS attorney will negotiate with the prospective adoptive parent(s), or their attorney the amount of an adoption assistance periodic payment for each eligible child. See policy [10.17 Negotiations for Adoption Assistance](#).

Note: The negotiated adoption assistance periodic payment amount can be for \$0 but it cannot exceed the 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

PROCEDURE

The Family Case Manager (FCM) will:

1. Schedule an appointment with the prospective adoptive parent(s) to:
 - a. Review the needs and history of the child,
 - b. Explain the Indiana Adoption Assistance Program and the potential adoption tax credits,
 - c. Discuss the child's potential eligibility for Medicaid, NRAE, and adoption assistance periodic payments,
 - d. Review the [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF54352\)](#) form,
 - e. Request that the prospective adoptive parent(s) sign the [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF54352\)](#) form, and

Note: The prospective adoptive parent's signature will provide the FCM with documentation that the program has been explained and that they have been provided an opportunity to review the child's file.

- f. Sign the [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF54352\)](#) form.
2. Complete these tasks within 10 calendar days of the prospective adoptive parent's signature on the [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF54352\)](#) form:
 - a. Place the signed copy in the child's adoption file, and
 - b. Inform the prospective adoptive family that they must obtain background checks as part of the adoption process:
 1. Qualified letter for all household members age 18 and older dated within one (1) year of the signature date on the adoption assistance application;
 2. CPS check for all household members age 14 and older signed or initialed and dated by the individual that performed the check within one year of the signature

- date on the adoption assistance application; and
 - 3. Sex Offender Registry 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.
3. Ensure that the adoption file contains the following supporting documentation necessary for the DCS Central Eligibility Unit (CEU) to determine adoption assistance eligibility and for the DCS Local Office Attorney to negotiate the periodic payment:
 - a. Signed [Indiana Adoption Program Application \(SF54351\)](#),
 - b. Background check results, including waivers if applicable. See separate policy [10.13 Evaluating Background Checks for Adoption](#),
 - c. Verification that the child cannot or should not be returned to the home of either parent consisting of at least one of the following for each parent:
 1. Court order terminating parental rights (TPR) of the parent(s) (documentation is not needed if the TPR date is recorded in the Indiana Child Welfare Information System);
 2. Petition for TPR;
 3. Consent to Adopt or Voluntary TPR;
 4. Death Certificate;
 5. No father identified via the Putative Father Registry Check; **or**
 6. Documentation in the adoption case that consent of the biological parent is not required under [IC 19-9-8](#) as determined by the court.
 - d. If the child is under age two (2) and has special needs, a signed letter from a licensed physician, psychiatrist, or psychologist is needed to document the disability that requires continued treatment, and
 - e. A letter or statement from a licensed physician, psychiatrist, psychologist or FCM, detailing the child's mental, emotional, medical, or physical disabilities (including those that are capable of being inherited) for Medicaid.
 4. Submit the [Indiana Adoption Program Application \(SF54351\)](#) and all of the supporting documentation to DCS Central Eligibility Unit (CEU);
 5. Contact the DCS Local Office Attorney who will negotiate the adoption assistance periodic payment agreement. See separate policy section [10.17 Negotiations for Adoption Assistance](#);
 6. Provide the DCS Local Office Attorney with the [Final Adoption Program Eligibility Determination](#), the un-finalized adoption assistance agreement, the amount of the child's current foster care per diem received from CEU, the Payment Request Information (PRI) form completed and signed by the adoptive parent(s) and any information that may assist in the negotiation;
 7. Notify the DCS Local Office Attorney when the petition for adoption is filed and the adoption hearing court date has been set;
 8. Ensure that the adoption assistance agreement is signed by all parties prior to the Final Decree of Adoption date; and
 9. Send the signed adoption assistance agreement and Final Decree of Adoption to the DCS CEU inbox, centralized.eligibility@dcs.in.gov.

The Supervisor will:

1. Review the adoption file to ensure that the required documentation is included and the

- [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF54352\)](#) form and the [Indiana Adoption Program Application \(SF54351\)](#) are signed;
2. Ensure that the FCM has received required paperwork from the prospective adoptive parent(s) and submitted it to the DCS CEU;
 3. Ensure that the Local Office Attorney has received the completed PRI form and any related documentation; and
 4. Ensure that the adoption assistance agreement is signed by all parties prior to the Final Decree of Adoption date.

The DCS Local Office Attorney will:

1. Contact the FCM if additional information is needed for the negotiation;
2. Contact the adoptive parent(s) or their attorney to negotiate the periodic payment amount and obtain signatures on the adoption assistance agreement, if appropriate; and
3. Ensure that the adoption assistance agreement is signed by all parties prior to the Final Decree of Adoption being entered.

The DCS CEU will:

1. Make the eligibility determination; and
2. Review the case when the Final Decree of Adoption and signed adoption 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

Final adoption hearing date

The field titled '*final adoption hearing date*' on the application is not a mandatory field. If the hearing date is not known, include an estimated date for the hearing, if applicable. This field is used by DCS CEU to prioritize the completion of the eligibility determination. See separate policy, [10.15 Eligibility Requirements for Adoption Assistance](#).

Social Security Number

Remind the adoptive parent to contact the [Social Security Administration](#) office to file for a new Social Security Number for the child using the child's new name.

FORMS AND TOOLS


1. [Indiana Adoption Program Desk Guide](#)
2. [Explanation of Indiana Adoption Program \(AAP & SAS\) and Background Information \(SF54352\)](#)
3. [Indiana Adoption Program Application \(SF54351\)](#)
4. [Final Adoption Program Eligibility Determination](#) -Available via CEU
5. [Title IV- E Adoption Assistance Agreement](#) -Available via CEU
6. [State Adoption Subsidy Agreement](#) -Available via CEU
7. Decree of Adoption

RELATED INFORMATION

Adoptive Child:

An individual under 18 years of age who, before entry of the Final Decree of Adoption:

1. Is residing with a prospective adoptive parent(s);
2. Is a ward who is either approved by DCS for adoption by a particular adoptive parent(s) or approved by a court for adoption by a particular adoptive parent(s) without consent of DCS; or
3. Is adopted by an adoptive parent(s); and
4. Is the beneficiary of an adoption assistance agreement.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption	Effective Date: May 1, 2012
	Section 15: Eligibility Requirements for Adoption Assistance	Version: 1

POLICY

[NEW]

General Requirements

The Indiana Department of Child Services (DCS) will ensure that the child and adoptive parent(s) meets 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:
 1. A child that 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 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.

3. A child with a medical condition or physical, mental, or emotional disability, as determined by a psychiatrist, psychologist or 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:
 1. Significant emotional ties with prospective adoptive parent(s) where the child was placed while in foster care; or
 2. Other specific factors or circumstances documented in the child's case file and approved by the Special Needs Adoption Program (SNAP) Specialist.
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 policy sections [10.12 Conducting Background Checks for Adoptions](#) and [10.13 Evaluating Background Checks for Adoptions](#); and
5. A written Title IV-E Adoption Assistance Agreement or State Adoption Subsidy (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.

Code References

1. 42 USC 673
2. 42 USC 671(a)(20)
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
6. [IC 31-9-2-51](#) Hard to place "child" or "hard to place children"

PROCEDURE

The Family Case Manager (FCM) will:

1. Submit the completed [Indiana Adoption Program Application \(SF54351\)](#) 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 \(SF54348\)](#) (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 \(SF54348\)](#) within 30 calendar days of the date on the [Final Adoption Program Eligibility Determination](#).

3. Contact the DCS Local Office Attorney in the event the child is eligible for a periodic payment. See separate policy [10.17 Negotiations for Adoption Assistance](#);
4. Provide the DCS Local Office Attorney with the [Final Adoption Program Eligibility Determination](#), the proposed adoption assistance agreement, and any 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 Supervisor will:

1. Ensure that the FCM submits all required documentation to DCS CEU; and
2. Ensure that the DCS Local Office Attorney 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 Local Office Attorney 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](#);
2. Meet with the prospective adoptive parent(s) and/or their attorney to review the [Final Adoption Program Eligibility Determination](#) and proposed adoption assistance

agreement;

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 \(SF54348\)](#) within 30 calendar days of the date on the [Final Adoption Program Eligibility Determination](#).

3. Ensure that the adoptive parent(s) sign the agreement prior to the finalization of the adoption once an agreement is reached; and
4. Obtain the DCS Local Office Director's (LOD) signature on the adoption assistance agreement.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Indiana Adoption Program Application \(SF54351\)](#)
2. [Final Adoption Program Eligibility Determination](#) –Available via CEU
3. [Request for Administrative Review \(SF54348\)](#)
4. Title IV-E Adoption Assistance Agreement –Available via CEU
5. State Adoption Subsidy Agreement –Available via CEU
6. Decree of Adoption
7. [Indiana Adoption Program Desk Guide](#)

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 Categorical Eligibility

The child must meet both of the following categorical eligibility requirements to be eligible for Medicaid or 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 SNAP, as a hard to place child.

AAP Categorical Eligibility

A 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;
2. 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'. See policy [10.14 Indiana Adoption Program Overview](#) for additional requirements:

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. Eligible for SSI,
 - c. Title IV-E eligible in a prior adoption, or
 - d. Living with a Title IV-E eligible minor parent.

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 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 FFY 2017 (or will turn 2 within FFY 2017)
7. All children in FFY 2018

See the [Indiana Adoption Program Desk Guide](#) for more detailed information.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption	Effective Date: May 1, 2012
	Section 16: Funding for Adoption Assistance	Version: 1

POLICY

[NEW]

The Indiana Department of Child Services (DCS) will make adoption assistance benefits available, including Medicaid benefits, to eligible children.

Overview of Available Assistance

There are three (3) types of assistance for which an adoptive child may be eligible: Medicaid, Non Recurring Adoption Expenses (NRAE), and financial assistance through Title IV-E Adoption Assistance (AAP) or State Adoption Subsidy (SAS). AAP eligible children are also eligible for Medicaid; SAS eligible children will require a separate eligibility determination. DCS will provide reimbursement for NRAE for children eligible for either AAP or SAS. In addition, AAP eligible children may receive a periodic payment (per diem). These periodic payments are to assist the adoptive family with costs associated with the child's needs that are not otherwise covered. In the event funds are made available through the Adoption Assistance Account to fund SAS periodic payments, DCS will prioritize how available funds will be distributed. See Related Information for the list of priority levels.

Medicaid

Medicaid will be available to children eligible for AAP and may be available for children eligible for SAS who also meet the requirements for Medicaid. Medicaid services shall not be interrupted for a child who is covered by Medicaid when the petition for adoption of the child is filed.

Non Recurring Adoption Expenses (NRAE)

Non Recurring Adoption Expenses (NRAE) are a one-time reimbursement of applicable costs and fees not to exceed one thousand five hundred dollars (\$1,500.00) per eligible child.

AAP and SAS Periodic Payments

Title IV-E AAP periodic payment amounts will be negotiated by DCS and the pre-adoptive parent(s) and documented in the adoption assistance agreement. Monthly payments will be made to the adoptive parent(s) at regular intervals by DCS and these payments will not exceed the amount the child would have received in foster care. The AAP agreement may be amended by mutual agreement or by a request from the adoptive parent(s). These requests may be made if there are changes in the circumstances of the child or family and should be submitted to DCS in writing.

DCS may make an across the board adjustment in foster care maintenance rates in accordance with applicable law. See policy [10.18 Modifications for Adoption Assistance](#).

In the event there are sufficient funds to begin making SAS periodic payments, then the rules, policy and procedures governing the negotiations of AAP periodic payments will apply. If circumstances arise and there are no longer sufficient funds available to maintain the current

level of SAS periodic payments, DCS may authorize reductions to SAS periodic payments in accordance with the SAS agreement.

Adoption Assistance Account – Priorities

DCS will prioritize how available funds will be distributed from the Adoption Assistance Account. The funds available to DCS in the Adoption Assistance Account shall be disbursed as follows:

1. All Title IV-E Adoption Assistance Agreements;
2. Court orders entered under IC 31-19-26 before January 1, 2009, that are still in effect, including any DCS approved continuation of payments after the child turns 18 years of age;
3. Non Recurring Adoption Expenses agreements; and
4. SAS Agreements placed in payment status by DCS, with chronological order priority given to SAS Agreements based on the agreement effective date within each priority level.

Note: The order in which SAS agreements on the waiting list will begin receiving payments, shall be determined by the order that the agreements were finalized by both the parent(s) and DCS.

Code References

1. [IC 31-19-26.5](#) Adoption Subsidies
2. 405 IAC 1 Medicaid

PROCEDURE

After consultation with the State Budget Agency, the DCS Chief Financial Officer will submit an Annual Adoption Subsidy Report to the DCS Director regarding the amount spent and the amount to be spent from the Adoption Assistance Account in or for the State fiscal year.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS


N/A

RELATED INFORMATION

SAS waitlist priority levels

There are three (3) priority levels on the SAS waitlist:

1. Sibling groups on new adoptions;
2. Individual children on new adoptions; and
3. SAS Continuations.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption	Effective Date: May 1, 2012
	Section 17: Negotiations for Adoption Assistance	Version: 1

POLICY

[NEW]

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. Eligibility for Medicaid and the reimbursement of appropriate Non Recurring Adoption Expenses (NRAE) are not negotiated. Some eligible children may receive a periodic payment, as negotiated between the adoptive parents and DCS.

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 incorporating 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. See separate policy [10.16 Funding for Adoption Assistance](#).

Upon the approval of a [Final Adoption Program Eligibility Determination](#) that a child is eligible for AAP or SAS (if applicable), DCS will meet with the prospective adoptive parent(s) to discuss the procedure for completing the adoption assistance agreement. In this meeting DCS will explain the steps and procedures needed for purposes of finalizing the agreement and 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 in the form 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 \(SF54348\)](#) form for children who have been determined ineligible 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 will include, but will not be 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 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 CHINS or other juvenile court case is pending. In that negotiation, the DCS LOD or designee and DCS Local Office Attorney will represent DCS. The prospective adoptive parent(s) may choose to be represented by an attorney or to participate directly in the negotiation without an attorney.

DCS will negotiate the periodic payment based on an initial request submitted by the prospective adoptive parent(s). 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 parties. The DCS Local Office Attorney and the attorney for the prospective adoptive parent(s) will be present at this meeting to discuss the information. The DCS LOD or designee and the prospective adoptive parent(s) 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 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 can 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 incorporating 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), or their 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 that the PRI was provided to the prospective 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) or their designated attorney. The Final Offer letter will include the [Request for Administrative Review \(SF54348\)](#) 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 cannot be altered or amended. Any change of a specified term or condition must be approved by both the DCS Deputy Director for 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 generally eligible for adoption assistance under the Indiana Adoption Assistance Program.

Code References

42 USC 673(a)(3)

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 to the prospective adoptive parent(s) with information about the availability of post-adoption services that can be requested and provided by DCS;
5. Explain the ability of the prospective adoptive parent(s) to request a change in the periodic payment amount in the event of changed circumstances; and
6. Send the signed adoption assistance agreement and Final Decree of Adoption 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 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. Meet with the prospective adoptive parent(s) or their attorney and negotiate the periodic payment amount for an adoption assistance agreement;
3. Present the agreement for signatures of the prospective adoptive parent(s) signature and the DCS LOD or designee, when the negotiations result in agreement; and
4. 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 \(SF54348\)](#) to the prospective adoptive parent(s) 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 Adoption Program Eligibility Determination](#);
2. Send an agreement in the form currently approved by DCS for use in AAP or SAS cases (if either is applicable);
3. Send 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; and
4. Send the [Request for Administrative Review \(SF54348\)](#) form if the child is determined ineligible for AAP or SAS; and
5. Send the adoption assistance agreement and 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. [Final Adoption Program Eligibility Determination](#) –Available via CEU
2. [Payment Request Information](#) – Available via CEU
3. [Request for Administrative Review \(SF54348\)](#)


RELATED INFORMATION

Periodic Payment

A monthly per diem amount to be specified in a written adoption assistance agreement.

Final Offer Letter

The 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption	Effective Date: May 1, 2012
	Section 18: Modification of an Adoption Assistance Agreement	Version: 1

POLICY

[NEW]

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 \(SF54348\)](#) 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 \(SF54348\)](#) 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 \(SF54348\)](#) 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
3. Process amendments of adoption assistance agreements.

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. [Adoption Assistance Agreement](#) – Available via CEU
2. [Payment Request Information](#) – Available via CEU
3. [Request for Administrative Review \(SF54348\)](#)
4. [Amendment to Adoption Agreement](#) – Available via CEU
5. [Adoption Program Status Report](#) – Available via CEU
6. [Notice of Termination of Adoption Assistance Agreement](#) – Available via CEU
7. [Notice of Administrative Suspension of Adoption Assistance Periodic Payments](#) – 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption	Effective Date: October 1, 2012
	Section 19: Continuations, Terminations and Suspensions of Adoption Assistance Periodic Payments	Version: 2

POLICY	[REVISED]
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Continuation of Adoption Assistance Agreements after Child Becomes 18 years of age

Adoption assistance will not automatically be continued when the child turns 18 years of age. Ninety calendar days prior to the child's 18th birthday, DCS Central Eligibility Unit (CEU) will send a [termination letter](#) and an [Application for Continuation of Adoption Agreement Beyond Age Eighteen \(18\)](#) to the adoptive parent(s). The letter will inform the adoptive parent(s) of the adoption assistance, including any periodic payments, that will cease to be effective the day before the child's 18th birthday. It will also provide instructions for applying for a continuation of the periodic payment past the child's 18th birthday.

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 child's 18th birthday. The application includes the statutory eligibility requirements for the continuation of the adoption assistance, as well as instructions for what documentation the adoptive parent(s) must provide DCS to support the basis for the continued periodic payment.

DCS CEU will process any continuation requests during the month of the child's 18th birthday. If the application for continuation is received after the month of the child's 18th birthday, he or she is no longer eligible for a continuation of periodic payment. The [Notice of Termination of Adoption Agreement](#) letter and the [Request for Administrative Review \(SF54348\)](#) will be subsequently sent to the adoptive parent(s).

The following documents are examples of documentation that should be submitted to DCS CEU with an [Application for Continuation of Adoption Agreement Beyond Age Eighteen \(18\)](#):

1. Diagnosis of any Physical, Mental, Medical, or Emotional Condition(s) that limits the child's self-supporting capability;
2. Individual Education Plan (IEP) or verification of other educational assessment/needs; and
3. Proof of enrollment in school (secondary or post secondary).

A [Notice of Continuation of Adoption Agreement Beyond Age Eighteen \(18\)](#) will be sent to the adoptive parent(s) if the child is eligible for a continuation of adoption assistance. Adoption Assistance Program (AAP) approved continuations will include the continuation of periodic monthly payments; however, State Adoption Subsidy (SAS) and County Adoption Subsidy (CAS) approved continuations will be funded based on the priorities outlined in [10.16 Funding for Adoption Assistance](#).

For children eligible for CAS or SAS continuation, Medicaid will be contingent upon a determination of eligibility based on the presence of mental, physical, or emotional disability. The child or adoptive parent(s) shall promptly notify DCS of any change in the child'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 that the adoptive parent(s) provides toward the child's living expenses, medical needs, or necessary care and supervision; or
2. Termination of enrollment in any school or educational program before graduation or completion of the program.

Termination or Administrative Suspension of Adoption Assistance

The adoptive parent(s) 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(s) fails to notify DCS CEU within 30 calendar days of the occurrence of the event, DCS may require the adoptive parent(s) to refund to DCS 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 of the following occurs:

1. The child turns 18 years of age;
2. The child is emancipated;
3. The adoptive parent(s) is no longer legally responsible for supporting the child;
4. The adoptive parent(s) is no longer providing financial support for the child;
5. The child is married;
6. The adoptive parent(s) or the child dies;
7. The child's adoption is terminated;
8. The child is on active duty in the United States armed services or National Guard for more than 30 consecutive calendar days in a calendar year; or
9. The adoptive parent(s) requests termination of the periodic payment.

[NEW] Note: Adoption Agreement continued beyond age 18 that meet the criteria for extending AAP to Older Youth (under Fostering Connections) will terminate when the child turns 20 years of age, unless otherwise determined by CEU. All other adoption agreements continued beyond age 18 will terminate at age 21 unless otherwise determined by CEU that the requirements of the continuation are not being met. See Related Information.

Once notice has been provided to the adoptive parent, DCS will administratively suspend payments provided under an adoption assistance agreement if a determination is made that the adoptive parent(s) is no longer providing financial support to the child. If the adoptive parent(s) resumes regular financial support of the child, DCS will end the suspension and continue payments as provided in the agreement.

All parents that have entered into adoption assistance agreements shall submit a fully completed [Adoption Program Status Report](#) periodically to verify that the child remains eligible for assistance. The [Adoption Program Status Report](#) shall be submitted to DCS CEU by the due date listed on the report. Failure to submit an [Adoption Program Status Report](#) timely may be grounds for suspension or termination of payments under a SAS/CAS agreement. SAS/CAS payments will not resume until the requested Adoption Program Status Report has been submitted, reviewed and approved by DCS.

Suspension or Reduction of State Adoption Periodic Payments for Funding Shortfalls

DCS may determine, at any time, that sufficient funds are not available during a fiscal year to pay in full all obligations incurred under SAS agreements for the remainder of the fiscal year.

DCS may, after 30 calendar days written notice to the adoptive parent(s), implement an across-the-board percentage reduction on all SAS if the following conditions are satisfied:

1. No new SAS agreements are placed in payment status while the percentage reductions are in effect; and
2. The SAS agreement includes a provision authorizing DCS to make across-the-board percentage reductions in payments due to insufficiency of available funds.

Code References

1. 42 USC 673(a)(4)
2. [IC 31-19-26.5-9](#)

PROCEDURE

Continuation of Adoption Agreements after Child Becomes 18 years of age

The DCS Central Eligibility Unit (CEU) will:

1. Send a [termination letter](#) and copy of the appropriate [Application for Continuation of Adoption Agreement Beyond Age Eighteen \(18\)](#) based on the type of adoption assistance the child is receiving 90 calendar days prior to the child's 18th birthday;
2. Review the [Application for Continuation of Adoption Agreement Beyond Age Eighteen \(18\)](#) and the documentation received and determine if the child continues to be eligible for a periodic payment;
3. Complete the [Notice of Continuation or Termination of Adoption Agreement Beyond Age Eighteen \(18\)](#) form or [Notice of Termination of Adoption Agreement](#) letter as appropriate;
4. Send the determination to the parent(s) along with the [Request for Administrative Review \(SF54348\)](#) form;
5. Change the end date in KidTraks to the day before the child's 21st birthday; if the child is only eligible for SAS, place the child on the Adoption Waiting List; and
6. Email the DCS Medicaid Unit 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 circumstances of the child to determine whether the child continues to be eligible for adoption assistance;
2. Stop the payments in KidTraks if the child is no longer eligible for adoption assistance;
3. Email the DCS Medicaid Unit to inform them that the child is no longer eligible for Medicaid (MA8);
4. Complete and send the [Notice of Continuation or Termination of Adoption Agreement](#) or [Notice of Administrative Suspension of Adoption Assistance Periodic Payment](#) (whichever is applicable), and the [Request for Administrative Review \(SF54348\)](#) form (if applicable) to the adoptive parent(s); and

5. Maintain the [Adoption Program Status Report](#) or information provided by the adoptive parent(s) or child to support the basis for terminating or 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 Eighteen \(18\) 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 \(AAP\) and County Adoption Subsidy \(CAS\) Combined Subsidies](#) -Available via CEU
4. [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
5. [Notice of Continuation of Adoption Agreement Beyond Age 18](#) -Available via CEU
6. [Notice of Termination of Adoption Agreement](#) -Available via CEU
7. [Notice of Administrative Suspension of Adoption Assistance Periodic Payments](#) – Available via CEU
8. [Request for Administrative Review \(SF54348\)](#)

RELATED INFORMATION

[REVISED]

[NEW] Continuation for AAP

The child's eligibility for AAP to be continued is based on a physical, mental, or emotional condition that limits ability for self-support.

[NEW] Continuation of AAP Adoption Assistance for Older Youth (AAP-Older Youth)

Under the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351), AAP adoption assistance can be extended to youth to age 20 if:

The adoption was finalized on or after the child's 16th birthday (but before the child's 18th birthday); and

At least one (1) of the following educational or employment conditions continue to be met:

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;
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.

[NEW] Continuation for CAS or SAS

The child must be enrolled in high school or post-secondary education to be eligible for CAS or SAS to continue.

[REVISED] Application for Continuation

The documents necessary to determine eligibility for continuation beyond age 18 are based on the type of adoption assistance the child is receiving and are listed on the [Application for Continuation of Adoption Agreement](#) sent to the parent 90 days prior to the child's 18th birthday.

The documents requested may include the following:

1. Physical, mental, medical, or emotional condition: If the application is based on the child's need for continuing support and assistance because of a physical, mental, medical, or emotional condition, the application should include documentation regarding the child's current needs and condition. It should be supported by certification from a licensed physician, psychiatrist, or psychologist, stating the specific condition and diagnosis that limits the child's self-supporting capability, and describes the support and/or treatment required to meet the child's current needs. DCS may request an independent examination and report regarding the child, from a qualified professional selected by DCS, to assist in its determination of whether to approve the application for continuation;

Note: AAP does not cover those still in high school unless they have a diagnosis of a disability that qualifies them for continuation of payments. If they are still in high school or in post-secondary school and received a SAS/CAS periodic payment prior to their 18th birthday, they may be eligible for SAS/CAS continuation and would be put on the waiting list.

2. IEP or verification of other educational assessments/needs: If the application is based on the child's need for continuing support and assistance due to physical, mental, medical, or emotional condition, the application should include documentation of an IEP or other educational assessments/needs to demonstrate the impact the child's condition has on daily functioning; and
3. Educational Needs Basis (SAS Agreements Only, if funding is available): If the application is based on the child's educational needs as specified in [IC 31-19-26.5-9\(b\)\(1\)\(A\)](#), the application must include documentation required by DCS to describe and substantiate the child's educational status.


Note: The child must be enrolled in high school or post-secondary to be eligible for SAS to continue if the child's need for continuing financial assistance is not based on a physical, mental, or emotional condition that limits ability for self-support.

4. **[NEW]** Employment or employment training verification: If the application is based on the extension to age 20 for older youth, the application must include documentation from the employer of the number of hours per month the child worked in the month of application; and
5. Continuing Support: A statement or other verification that the adoptive parent(s) will continue to provide the principal source of the child's support after the child becomes age 18, and claim the child as a dependent for income tax purposes, should be submitted with an application for continuation of SAS or CAS periodic payments beyond age 18.

Definition of Financial Support for the Purposes of Adoption Assistance

If 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 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption/Permanency	Effective Date: May 1, 2012
	Section 20: Administrative Review for Adoption Assistance	Version: 1

POLICY

[NEW]

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 \(SF54348\)](#) 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 \(SF54348\)](#) must be submitted to the DCS Permanency and Practice Support Division, 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 \(SF54348\)](#) 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 form \(PRI\)](#) and [Request for Administrative Review \(SF54348\)](#) (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 \(SF54348\)](#) form. See separate policy [10.17 Negotiations for Adoption Assistance](#).

The [Request for Administrative Review \(SF54348\)](#) must be submitted to DCS Permanency and Practice Support. The request must be in the format specified in the [Request for Administrative Review \(SF54348\)](#) 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 Permanency and Practice Support 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

obtain a Final Decree of Adoption of the child, without submitting the [Request for Administrative Review \(SF54348\)](#). Negotiation of a periodic payment amount under the SAS agreement may commence upon a determination by DCS that periodic payment funding is available, and this policy will apply at that time to determine a negotiated payment amount. See separate policies [10.16 Funding for Adoption Assistance](#) and [10.17 Negotiations for Adoption Assistance](#).

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 \(SF54348\)](#) must be submitted to DCS Permanency and Practice Support 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 Continuances, 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 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 \(SF 54348\)](#) must be submitted to DCS Permanency and Practice Support. Administrative reviews of DCS decisions to terminate or administratively suspend adoption assistance will be conducted by DCS Permanency and Practice Support. 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 \(SF54348\)](#) must be submitted to DCS Permanency and Practice Support. 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 Permanency and Practice Support.

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 Permanency and Practice Support 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 \(SF54349\)](#) can be pursued, if applicable. Any review decisions regarding periodic payment amounts will be approved by both the DCS Deputy Director of Permanency and Practice Support and 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 \(SF54349\)](#) to DCS Hearings and Appeals. The [Request for Administrative Hearing \(SF 54349\)](#) 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 Deputy Director of Permanency and Practice Support, 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 \(SF54348\)](#) 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 \(SF54348\)](#) to DCS CEU for issues involving eligibility, continuation, or termination;
4. Appoint a qualified person on the DCS central office staff in the Permanency and Practice Support 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 Deputy Director of Permanency and Practice Support, or designee, and 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 Permanency and Practice Support 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 \(SF54349\)](#) form, if applicable.

DCS Permanency and Practice Support 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 \(SF54348\)](#)
4. [Request for Administrative Hearing \(SF54349\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 10: Adoption	Effective Date: May 1, 2012
	Section 21: Administrative Appeals for Adoption Assistance	Version: 1

POLICY

[NEW]

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 \(SF54349\)](#) form. If the parent(s) is dissatisfied with the results of the administrative review, the parent(s) may submit the [Request for Administrative Hearing \(SF54349\)](#) form to the DCS Hearings and Appeals within 30 calendar days after service of the [Notice of Final Administrative Review Decision](#), 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 Permanency and Practice Support 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 Local Office 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](#) – Available via CEU
3. [Request for Administrative Hearing \(SF54349\)](#)
4. [Notice of Administrative Review Decision](#)- 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: July 1, 2012
	Section 1: Independent Living Services	Version: 4

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will make available Chafee Independent Living (IL) services to eligible Child in Need of Services (CHINS) and probation youth aged 16 to 21 and eligible former foster youth aged 18 to 21.

DCS will assure that all CHINS and probation youth receive IL services beginning at age 16. For youth placed in DCS licensed foster homes, relative homes, non-licensed court approved homes, or on a Trial Home Visit (THV) a referral should be made to a Chafee IL provider. For youth placed in residential facilities, group homes, Licensed Child Placing Agency (LCPA) foster homes, or other similar placement IL services are provided by the placement agency.

[REVISED] DCS will ensure that all CHINS and probation youth age 16 and over who are in out-of-home placements receive a credit report from each of the three Credit Reporting Agencies each year until the youth is discharged from care. Chafee IL service providers are required to provide this service as part of their service standards. FCMs or Probation Officers will obtain the report if the youth is not participating in IL services. The youth will receive assistance in interpreting and resolving any inaccuracies in the reports, if applicable.

Code References

[42 USC 677: Chafee Foster Care Independence Program](#)

PROCEDURE

The Family Case Manager (FCM) or Probation Officer will:

1. Complete and submit a referral for Chafee IL services for CHINS or probation youth aged 16 to 21 placed in county foster care homes, relative homes, or non-licensed court approved placements;

Note: All referrals for probation youth must include a [Delinquency Case Plan SF54780](#) indicating the need for IL services.

2. Complete and submit a referral for Chafee IL services for youth placed in LCPA foster homes, group homes, residential facilities, in a Transitional Living Placement (TLP), or on a THV;
 - a. At age 17 years and six (6) months if their case will be dismissed at age 18, OR
 - b. Six (6) months prior to case dismissal if the youth remains in care past age 18.
3. **[REVISED]** Ensure that all youth age 16 and over in out of home placement receive yearly credit reports from all three major credit reporting agencies, and assist in correcting any inaccuracies. See Practice Guidance;

4. Ensure that an Independent Living/Transition Plan is developed for all youth starting at age 15 years and six (6) months. See separate policy, [11.6 Independent Living/Transition Plan](#);
5. Ensure a copy of the each Ansell-Casey Life Skills Assessment (ACLSA) is obtained for the youth's case file; and
6. Ensure that the youth's ACLSA and progress reports are obtained on all CHINS and probation youth aged 16 to 21 receiving IL Services through residential facilities, group homes, private agency foster homes, and Chafee IL service providers.

The Chafee IL service provider, residential facility, group home, private foster care agency, or other placement agency will:

1. Ensure that all eligible CHINS and probation youth referred for services, starting at age 16, complete the ACLSA within 30 days of referral and every 12 months during service provision and provide a copy of each assessment to the referring worker;
2. Participate in the development of the Independent Living/Transition Plan with the youth including input from the referring worker and others involved in the youth's case based on the strengths and needs as determined by the ACLSA and update the plan following each assessment;
3. Participate in all invited Child and Family Team (CFT) Meetings, court hearings, and case conferences held with the youth, the youth's FCM or Probation Officer, and others in the youth's life as decisions are made regarding the youth's future;
4. Provide monthly progress reports to the referring worker as determined by the agency's contract. Reports will be submitted through the DCS NYTD portal. All questions concerning NYTD web submissions should be submitted to DCSNYTD.DCS@dcs.in.gov;
5. Ensure youth complete the Chafee assessment at the closure of services to the youth (close of wardship, Voluntary Service Agreement referral, etc.). The Chafee assessment is available online at http://www.chafee.org/pages/assess/assess_chafee.htm. Provide the completed document to the youth's FCM, Probation Officer, or the IL Specialist as appropriate; and
6. **[REVISED]** Ensure that all youth age 16 and over in out-of-home placement receive yearly credit reports from all three major credit reporting agencies, and assist in correcting any inaccuracies.

The IL specialist will assure that all former eligible youth requesting Voluntary IL services have eligibility determined, their application signed and forwarded to the Chafee IL service provider in a timely manner. See separate policy, [11.7 Voluntary Chafee Independent Living Services](#).

PRACTICE GUIDANCE

Assessment Required

All youth referred for services must complete the ACLSA at www.caseylifeskills.org. The ACLSA is the only assessment tool approved for use for youth in Indiana. Resource material may be downloaded from www.caseylifeskills.org to meet all identified needs of youth being assessed.

[REVISED] 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 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.

[NEW] 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. [Delinquency Case Plan SF54780](#)
2. [Independent Living Plan](#) – Examples available at www.caseylifeskills.org
3. **[NEW]** [Annual Credit Report Request Form](#)

RELATED INFORMATION

Frequently Asked Questions


Frequently Asked Questions I, II, and III on the Chafee Foster Care Independence Program and Education and Training Voucher Program are available at <http://www.nationalfostercare.org> or www.caseylifeskills.org. These documents are very helpful in understanding the Chafee Foster Care Independence Program.

Voluntary IL Services

All youth aging out of foster care at 18 or older are eligible for Voluntary IL Services, including Room and Board assistance and the Education and Training Voucher Program. See separate policies, [11.2 Eligibility for Chafee Independent Living Services](#), [11.7 Voluntary Chafee Independent Living Services](#), [11.8 Chafee Room and Board Services](#), and [11.10 Education and Training Voucher Program](#).

Chafee IL News Bulletin

The [Chafee IL News Bulletin](#) is produced bi-monthly or on an as needed basis and is made available to all of the Indiana Child Welfare Information System users and Chafee IL service providers. This is an excellent tool to keep apprised of IL activities and other information necessary for those serving foster youth.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: August 1, 2009
	Section 2 : Eligibility for Chafee Independent Living Services	Version: 2

POLICY

[REVISED] The Indiana Department of Child Services (DCS) has determined the following youth meet the eligibility requirements for Chafee Independent Living (IL) Services:

1. Youth ages **16-21 who are in foster care**¹ as a Child in Need of Services (CHINS) or adjudicated a delinquent with a [Case Plan \(SF2956\)](#) establishing the need for IL services. Referral for IL services is based on the type of placement of the youth. See separate policy, [11.1 Independent Living Services](#); or
2. Youth age **18-21 who were formerly in foster care** for a minimum of six (6) months as a CHINS or adjudicated a delinquent after age 16 under the supervision of DCS and:
 - a. Had a [Case Plan \(SF2956\)](#) establishing the need for independent living services, or
 - b. 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.

See separate policy, [11.8 Chafee Room and Board Services](#) for eligibility.

Code References

[42 USC 677: Chafee Foster Care Independence Program](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Determine whether eligible youth should be referred for Chafee services based on type of placement;
2. Determine eligibility for all CHINS and probation youth aged 16 to 21 in foster care and youth previously in foster care; and
3. Determine eligibility for youth aged 16 to 21 in relative care through an Interstate Compact for the Placement of Children (ICPC) when requested.

The Probation Officer will prepare and submit the IV-B referral form and [Delinquency Case Plan SF54780](#) for eligible probation youth to DCS when requesting Chafee IL services.

PRACTICE GUIDANCE

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.

Placement Type Determines Eligibility for Chafee IL Services

Chafee funding provides IL services for CHINS and probation youth in foster care, relative foster care, or other court approved placements, and for youth formerly in out-of-home care who have been reunified with the youth's parents and remain under the jurisdiction of the court and remain a CHINS or probation case.

Eligible youth in any placement type are eligible for Chafee IL transition services (See separate policy, [11.6 Transition Planning and Services](#)) at age 17 years and six (6) months and older for youth "aging" out of foster care. These services are to assist the youth in locating housing and employment prior to the youth's case being dismissed.

Interagency Agreement


DCS staff and Probation staff should be familiar with the [Interagency Agreement](#) regarding each agency's responsibilities related to probation wards.

FORMS AND TOOLS

1. [Service Referral Form](#) – Available in the Indiana Child Welfare Information System
2. [Case Plan \(SF2956\)](#)– Also available in the Indiana Child Welfare information System
3. [Delinquency Case Plan SF54780](#)
4. [Chafee Independent Living Service Standards](#)
5. [Interagency Agreement](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: July 1, 2006
	Section 3: Emancipation Goods and Services	Version: 1

POLICY **[NEW]**

The Indiana Department of Child Services (DCS) will make available funds up to \$1,000 per youth to purchase needed goods and services for:

1. Youth ages 16 to 21 who are receiving Chafee Independent Living (IL) services; and
2. Youth ages 18 and 21 previously in foster care who are receiving Chafee IL voluntary services.

DCS will make available the [Application for Emancipation Goods and Services \(SF52690\)](#) to DCS local offices and Chafee IL service providers.

DCS will assure that Emancipation Goods and Services (EG&S) funds are made available in every county and included in Chafee IL service provider contracts subject to the availability of funds.

Code References

[42 USC 677: Chafee Foster Care Independence Program](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Make requests for funds for eligible Child in Need of Services (CHINS) or probation youth prior to case dismissal for goods and/or services such as a State ID, personal copy of the youth's birth certificate, tutoring, college application fees, driver's training, and work related items as needed;
2. Obtain approval or denial from the DCS Local Office Director or his or her designee for all EG&S requests that are received on behalf of a referred youth;
3. Approve only items named on the EG&S list and approve other items only with written approval from the IL Specialist attached; and
4. Maintain a copy of each [Application for Emancipation Goods and Services \(SF52690\)](#) that is approved or denied in the youth's case file and monitor expenditures for each youth.

The Chafee IL service provider will:

1. Make requests for funds for eligible youth prior to case dismissal 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;
2. Make requests for goods and services for items identified on the [Application for Emancipation Goods and Services \(SF52690\)](#) for eligible youth receiving voluntary services as needed to expedite permanency;
3. Request approval from the IL Specialist for any goods and services not identified on the [Application for Emancipation Goods and Services \(SF52690\)](#) to determine if the item is

an appropriate Chafee expenditure prior to making a request of the DCS local office. Written approval for items not on the list must be included with the request; and

4. Ensure that 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.

The IL Specialist will:

1. Provide timely response to requests for goods and services not indicated on the [Application for Emancipation Goods and Services \(SF52690\)](#); and
2. Authorize additional funds in excess of \$1,000 when extenuating circumstances exist.

PRACTICE GUIDANCE

Emancipation Goods and Services

EG&S is a funding source to provide one-time goods and services that a youth may need as they become independent of the system. EG&S is not an ongoing funding source that may be accessed numerous times. Community resources should be considered when needs arise after the initial start-up assistance. There are many items available through community agencies at no cost, such as items for expectant mothers. Food pantries are also available in most communities and should be accessed when needed. Application for services through the Department of Family Resources should be encouraged when the situation warrants.

Approval Process

DCS will designate one or more persons approved to sign the [Application for Emancipation Goods and Services \(SF52690\)](#) and track expenditures to assure that funds expended for EG&S do not exceed \$1,000 per youth from the first request to age 21 (twenty-one). Giving approval for items not on the form without prior approval of the IL Specialist will become an expense to the provider and will not be paid through Chafee 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

Medical expenses, cell phones, car purchases and payments, or repairs on a vehicle not in the youth's name are items that may not be paid through Chafee funds. Post-secondary education items are not eligible to be funded through EG&S since they are available through the Education and Training Voucher program. See separate policy, [11.10 Education and Training Voucher Program](#).

Length of Approval


Approval 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.

FORMS AND TOOLS

[Application for Emancipation Goods and Services \(SF52690\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: July 1, 2009
	Section 4: State Youth Advisory Board	Version: 2

POLICY

The Indiana Department of Child Services (DCS) will fund one Indiana Youth Advisory Board (YAB) for Child in Need of Services (CHINS) and Probation youth aged 16 to 21 in foster care and former foster youth aged 18 to 21 who were in foster care for a period of six (6) months with a case plan identifying the need for independent living (IL) services. See [Youth Advisory Board Service Standard](#) for more information.

Note: Youth receiving Education and Training Voucher (ETV) funds may serve on the YAB until age 23.

DCS will assure that one (1) eligible youth is selected from each of the 18 regions to participate on the YAB.

Note: If a region is unable to identify a YAB representative, an additional member from another region may be selected to maintain adequate YAB membership levels. The selection of all members is the responsibility of the YAB.

The following youth are eligible for membership on the State YAB:

1. Youth ages 16-21 who are in foster care as a CHINS or adjudicated a delinquent with a case plan establishing the need for IL services;
2. Youth ages 16-21 who were formerly in foster care as a CHINS or adjudicated a delinquent between the ages of 16-18 that were returned to their own homes and remain a CHINS or adjudicated a delinquent with a case plan establishing the need for IL services;
3. Youth ages 18-21 who were formerly in foster care for a minimum of six (6) months as a CHINS or adjudicated a delinquent between the ages of 16-18 under the supervision of DCS and had a case plan establishing the need for IL services;
4. Youth ages 18-21 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; or
5. Youth ages 16-21 who were adopted at or after age 16 and were wards of DCS prior to adoption.

Code References

[42 USC 677: Chafee Foster Care Independence Program](#)

PROCEDURE

The Family Case Manager (FCM), Probation Officer, and/or Chafee IL contracted service provider 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 \(IYOU010901App\)](#); and
2. Complete the recommendation section on all [Indiana Youth Advisory Board Application \(IYOU010901App\)](#) or assist the youth in obtaining a recommendation from a service provider or current member of YAB.

The youth must submit their completed [Indiana Youth Advisory Board Application \(IYOU010901App\)](#) to the YAB Adult Facilitator. The YAB will make a decision about whether to accept any youth who submits an application.

Note: If the DCS Local Office Director has a concern about any youth who has submitted a [Indiana Youth Advisory Board Application \(IYOU010901App\)](#) he or she must contact the DCS Permanency Manager to express the concern. A youth may be excluded from participation based on the concerns of the DCS Local Office Director.

PRACTICE GUIDANCE

Youth Development

The YABs are designed to provide a forum for youth aged 16 to 21 to develop an agenda related to services and areas of interest that 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.

Meetings, Transportation, Stipends, and Childcare

Meetings will be held at least six (6) times annually. Meetings will be held during overnight stays on the evening prior to conferences in which the youth will participate or on Saturdays. See [Youth Advisory Board Service Standard](#) for details.

Childcare will be available for any participating YAB member that requires assistance. Financial stipends of \$25 will be provided to each YAB member participating in meetings as well as hotel accommodations and meals for overnight stays. The state mileage rate of \$.44 per mile will be made available for transporting the youth to the meetings. Hotel accommodations and meals will be provided for the youth's caregiver, Chafee service provider, or other adult chosen by the youth (e.g. - spouse, boyfriend or girlfriend, relative, etc) for overnight stays with the youth. Financial stipends of \$25 will also be made available for the person transporting the youth to the YAB meetings.

Participation in the State IL Youth Conferences

The YABs will collaborate annually with the contracted agency developing the State IL Youth Conferences to review and discuss topics of interest and provide input into the conference session and activities. The YAB members will provide assistance to the contracted agency during the conferences in areas of interest and proficiency.

The YAB will participate in one (1) conference per year as a board. The conference they attend will be of the board's choosing. Youth will be encouraged to participate in other conferences or DCS event throughout the year. Other conferences in which the YAB members may participate include Children Our Best Investment and the State Foster Parent Conference.

FORMS AND TOOLS

[Indiana Youth Advisory Board Application \(IYOU010901App\)](#)

RELATED INFORMATION


Benefits of Participation

It is expected that participation on the YAB will:

1. Balance youth need for support and empowerment;
2. Accommodate a broad range (type, intensity) of youth participation;
3. Demonstrate clear, concrete, sincere appreciation of youth contributions;
4. Provide preparation to 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 development of personal responsibility;
7. Initiate opportunities for youth leadership and service development;
8. Develop coordination with the Workforce Investment Act Youth Councils;
9. Provide an opportunity to learn from youth what is really important to them;
10. Improve the quality of IL services by obtaining direct input and feedback from youth members that are receiving services; and
11. Assist with the opportunity to develop or change public policy.

YAB Adult Facilitator

DCS will contract with an outside agency to have an individual serve as the YAB Adult Facilitator. The YAB Adult Facilitator must hold a master's degree in social work or a comparable human service field and have experience in case work and group work. The YAB Adult Facilitator is responsible for collecting all [Indiana Youth Advisory Board Application \(IYOU010901App\)](#) and facilitating all aspects of the YAB. The 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.

	INDIANA DEPARTMENT OF YOUTH SERVICES YOUTH WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: July 1, 2006
	Section 5: Driver's Training and Driver's License	Version: 1

POLICY	OLD POLICY: 404.53
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Indiana statute does not permit the Indiana Department of Child Services (DCS) to **authorize** any youth in out-of-home care to apply for a driver's license or permit. However, DCS does not prohibit youth in out-of-home care from participating in driver's education and/or obtaining a driver's license.

DCS assumes no responsibility for any injury or damage caused by a minor while driving.

DCS will allow responsible youth aged 16 years of age and older who are Child In Need Of Services (CHINS) or probation youth to participate in driver's training with court approval when there is an appropriate adult willing to sign an authorization assuming financial liability for the youth. Youth aged 18 and older must have court permission to sign for themselves while they are wards of the court.

DCS will fund driver's training for responsible youth between the ages of 17 years and six (6) months to 21 through Emancipation Goods and Services (EG&S) funds.

Code References

[42 USC 677: Chafee Foster Care Independence Program](#)

PROCEDURE

The Family Case Manager (FCM) and/or the Chafee Independent Living (IL) contracted service provider will:

1. Assist the youth's caregiver in locating driver's training if the youth's legal parent or legal guardian is willing to sign authorization for the youth to participate in driver's training and accept liability;
2. Request approval for EG&S funds for youth aged 16 years of age and older who have permission to participate in driver's training;
3. Request approval for EG&S funds for youth aged 18 to 21 years who are receiving voluntary IL services when requested by the youth; and
4. Obtain documentation of any youth receiving driver's training and maintain in the youth's case file.

The IL Specialists will assist the FCM and Chafee IL contracted service provider in locating driver's training programs throughout the state.

PRACTICE GUIDANCE

Can a Resource (including Relative) Parent Assume Liability for a Youth to Participate in Driver's Training?

Resource parents may sign for a youth to participate in driver's training, however by doing so, they are assuming full financial responsibility for any damage or injuries caused by the youth while driving.

Can a Resource (including Relative) Parent Sign an Application for a Driver's License or Permit?

Indiana law allows for any adult to sign an application for a driver's license or permit, thus a resource (including relative) parent can legally sign an application. However, the resource parent must understand that by signing the application process he or she must assume full responsibility both for authorizing the child to receive driver training and for providing full insurance coverage for the youth. Furthermore, in accordance with [IC 9-24-9-3](#), any person signing a minor's application is accepting joint responsibility for any injury or damage caused by the minor.

Can the Youth's Legal Parent or Legal Guardian Sign an Application for Driver's Training, a Driver's License, or Permit?

The youth's legal parent or legal guardian can sign an authorization assuming liability for the youth as long as the court approves this decision. The parent or guardian assumes full financial responsibility for the youth.

FORMS AND TOOLS


N/A

RELATED INFORMATION

Driver's Training Schools

There are private driver's education programs all over the state and programs through high schools in which foster youth can participate in classroom instruction and in-car observation time prior to turning 18. That portion of the program may not require a financial responsibility signature. There are training programs willing to work with youth who are wards of the state. Once a youth turns 18, the youth can sign the financial responsibility forms and complete the driving portion of the program.

Insurance companies identify teens as one of the highest risk drivers for accidents. Providing youth with driver's training is one way that DCS can assist the youth in developing driving skills and also help to lower the youth's auto insurance rates. EG&S can be used to fund driver's education training for youth in foster care. Approval must be obtained from the DCS Local Office Director or designee prior to authorization of driver's training expenditures.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2012
	Section 6: Independent Living/Transition Plan	Version: 7

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will ensure that an [Independent Living/Transition Plan](#) is developed for all youth in out-of-home placement at age 15 years and six (6) months and should continue until the youth leaves care. The plan shall be:

1. **[REVISED]** 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);
2. As detailed as the youth elects;
3. **[REVISED]** 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 [Independent Living/Transition Plan](#) 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 [Independent Living/Transition Plan](#). 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 [Independent Living/Transition Plan](#) for probation youth.

[REVISED] If the youth refuses to participate in the CFT Meeting process, the FCM or the 3CM must document that a Case Plan Conference was held with the youth.

[REVISED] DCS will ensure that a referral for Older Youth Services 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: Chafee Foster Care Independence Program](#)
2. [IC 31-25-2-21: Transitional Services Plan](#)
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](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. **[REVISED]** Convene an IL/Transition Plan Meeting, which includes the youth beginning at age 15 years and six (6) months, to develop the [Independent Living/Transition Plan](#);

Note: The [Independent Living/Transition Plan](#) 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. 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. **[REVISED]** Ensure that eligible youth in out-of-home placement as a "ward of another state" are receiving Older Youth services as requested by the sending state of the Interstate Compact for the Placement of Children (ICPC) and an [Independent Living/Transition Plan](#) is prepared following the schedule outlined below.

[REVISED] The FCM or 3CM will:

1. Hold follow-up meetings every six (6) months until case closure to review and update the [Independent Living/Transition Plan](#). 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 refuses to participate in the CFT process.

[REVISED] Independent Living/Transition Plan Schedule

At age 15 years and six (6) months, 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 [Independent Living/Transition Plan](#). 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. **[REVISED]** Convene an IL/Transition Plan meeting to review the initial [Independent Living/Transition Plan](#) and update the goals as needed;
2. **[REVISED]** Make a referral for Older Youth Services 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 Older Youth Services should be staffed with a member of the Older Youth Initiatives Team to determine if a referral for Older Youth Services 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. **[REVISED]** Convene an IL/Transition Plan meeting to focus on goals to be achieved before the youth leaves out-of-home placement, including post-secondary options, employment, and housing;
2. **[REVISED]** Invite a member of the Older Youth Initiatives Team to attend the IL/Transition Plan 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 Chafee 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).

4. Ensure that the youth and the caregiver have signed the [Acknowledgement of Receipt of Information about Various Educational Programs \(ACRCPT070901FRM\)](#). Give the youth and caregiver a copy and place the original in the child's case file.

[NEW] At age 17, a member of the Older Youth Initiatives Team will:

1. Attend the youth's IL/Transition Plan 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. **[REVISED]** Convene an IL/Transition Plan 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. **[REVISED]** Make a referral for Older Youth Services 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. **[REVISED]** If the youth leaves care at age 18 or older, 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.

[NEW] At age 17 years and six (6) months, the 3CM will:

1. Attend the youth's IL/Transition Plan 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.

[REVISED] 90 days before age 18, the FCM or 3CM will:

1. Convene an IL/Transition Plan meeting/Case Plan Conference to complete the Transitional Services Plan portion of the [Independent Living/Transition Plan](#); 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

[REVISED] 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.

[REVISED] Lifebooks

At age 16, at the CFT Meeting, each youth should begin developing an Independent Living 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), IL Specialist, or Older Youth Services 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 15 years and six (6) months 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 [Independent Living/Transition Plan](#) 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.

FORMS AND TOOLS [REVISED]

1. [Independent Living/Transition Plan](#)
2. [Chafee IL Voluntary Services Application and Service Agreement \(SF 52692/ CW 2114\)](#)
3. [Tool 11.A: Budget Worksheet](#)
4. [Acknowledgement of Receipt of Information about Various Educational Programs \(ACRCPT070901FRM\)](#)
5. [Advance Directives packet](#)- Available in hard copy
6. [IL Timeline](#)

RELATED INFORMATION


Independent Living/Transition Plan

The [Independent Living/Transition Plan](#) 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 [Independent Living/Transition Plan](#) must include information and specific options relating to the following:

1. Education and training;
2. Employment services and work force supports;
3. Housing;
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. **[REVISED]** 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. **[REVISED]** Arrangements for the youth to participate in CC for a youth who is seventeen (17) and six (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.

[REVISED] 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: July 1, 2006
	Section 7: Voluntary Chafee Independent Living Services	Version: 1

POLICY	OLD POLICY: N/A
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The Indiana Department of Child Services (DCS) has determined the following youth meet the eligibility requirements for voluntary case management services:

1. Youth ages **18 to age 21 who were formerly in foster care** after the age of 16 for a period of six (6) months while a Child in Need of Services (CHINS) or probation youth or a “ward or in the custody of another state” and had a case plan identifying the need for Independent Living (IL) services; or
2. Youth ages **16 to age 21 who were formerly in foster care** for a minimum of six (6) months as a CHINS or probation youth between the ages of 16-18 who have been adopted or placed in a guardianship from foster care and were receiving IL services prior to the dismissal of their case.

DCS will assure that voluntary services are available through contracted Chafee IL service providers in every county in the state for youth who meet the eligibility criteria above.

DCS will assure that when youth engage in violent or other serious criminal behavior or are consistently non-compliant with the terms of the [Chafee IL Voluntary Services Application and Service Agreement \(SF 52692\)](#), the Chafee IL service provider shall have the option of immediate termination of the agreement with notification to the IL Specialist.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM)/Probation Officer will refer all eligible youth as identified under policy above for Chafee case management services.

The IL Specialist will:

1. 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;
2. Provide follow-up with the Chafee IL service providers to assure that appropriate services are being provided to youth who request voluntary services, but who are no longer CHINS or Probation youth between the ages of 18 and 21; and
3. Provide assistance to all Chafee IL service providers regarding eligibility for youth referred for voluntary case management services.

The contracted Chafee IL Service Provider will:

1. Assure that all eligible youth receiving voluntary IL services participate directly in designing their program activities, accept personal responsibility for achieving independence, and have opportunities to learn from experiences/failures;
2. Assure that all eligible youth receiving services complete the Ansell-Casey Life Skills Assessment (ACLSA) at <http://www.caseylifeskills.org> within 30 days of receiving a referral. A paper copy of the completed assessment will be kept in the youth's file and a copy will be sent to the Voluntary Services caseworker serving the area; and
3. Develop an IL plan with the youth based on information provided by the assessment and provide services as identified by the plan through regular contact with the youth.

PRACTICE GUIDANCE

Closure of Voluntary Services Cases

Voluntary services will end when:

1. The youth has achieved independence 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 21 years of age.

Moving From One County to Another

If the youth moves to a county other than the county where he or she was a CHINS or probation youth and chooses to re-enter services, the youth must contact the DCS local office in his or her current county of residence and request that a referral be made. The county of residence must request verification of eligibility from the IL Specialist prior to making a referral if verification is not possible through Indiana Child Welfare Information System (ICWIS).

Terminating the Voluntary Service Agreement

For youth who are already on a voluntary agreement for services and are not meeting the terms of their agreement or wish to voluntarily terminate the agreement, the Chafee IL service provider will inform the youth in writing that he or she has 90 days to come back into compliance with the terms of the agreement or to renegotiate the terms of the agreement. The youth will also be informed that he or she has the option of scheduling a meeting with the Chafee IL service provider to discuss the terms of the agreement. If an agreement cannot be mutually agreed upon, services will be discontinued.

Reinitiating Services

Youth who have been previously discharged from voluntary case management services either voluntarily or involuntarily may contact their previous Chafee IL service provider to reinitiate services without a new application. When services are reinitiated the youth must sign a new [Chafee IL Voluntary Services Application and Service Agreement \(SF 52692\)](#), complete the ACLSA and participate in developing a plan of service.

FORMS AND TOOLS

1. [Chafee IL Voluntary Services Application and Service Agreement \(SF 52692\)](#)
2. [Referral to Medicaid Foster Care Independence Program \(SF 53241\)](#)


RELATED INFORMATION

Services Available

Youth ages 18-21 that 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 [Chafee Foster Care Independence Program Service Standards](#).

Voluntary Participation

Youth leaving foster care or former foster youth requesting IL services must participate on a voluntary basis and sign the [Chafee IL Voluntary Services Application and Service Agreement \(SF 52692\)](#) with the service provider for case management services. 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 plan must include an operational plan describing how the young adult is going to assume responsibility once assistance ends.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: July 1, 2006
	Section 8: Chafee Room and Board Services	Version: 1

POLICY

OLD POLICIES: 404.48, 404.481, 404.482, 404.483

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 [Chafee Foster Care Independence Program Service Standards](#) for details of services):

1. A youth who turns 18 years of age while placed in foster care¹; or
2. A youth who turned 18 years of age in foster care, who was a “ward or in the custody of another state” and had a case plan identifying the need for Independent Living (IL) services; or
3. A youth age 18 to 21 who was on a trial home visit on his or her 18th birthday or in runaway status with an open Child in Need of Services (CHINS) or probation youth case.

DCS will assure that all youth receiving R&B services also receive case management.

DCS will assure that R&B funds are not expended for youth under 18 years of age.

DCS will assure that R&B funds are not expended for a youth to reside with his or her biological family or legal parent.

DCS will assure that R&B payments are made only through a contracted service provider that is providing IL case management services to youth referred for services.

Code References

[42 USC 677: Chafee Foster Care Independence Program](#)

PROCEDURE

The Family Case Manager (FCM) will sign the [Chafee IL Voluntary Services Application and Service Agreement \(SF52692\)](#) for eligible youth, who meet the criteria described in the policy statement above, for R&B services when requested.

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.

The IL Specialist will:

1. Verify eligibility of youth described in number three (3) on page one (1) of this document, provide eligibility information to the requestor, and approve the [Chafee IL Voluntary Services Application and Service Agreement \(SF52692\)](#) for eligible youth; and
2. Provide assistance to Chafee IL service providers regarding eligibility for all youth applying for R&B services.

The contracted Chafee IL Service Provider will:

1. Assure that eligible youth referred for R&B services are assisted in locating affordable, safe housing and employment to meet their financial needs;
2. Assure that case management services are provided to all youth receiving R&B services;
3. Assure that R&B funds are expended for the referred youth's rent and utility expenses only and that rental payments are made to landlords and utility payments are made to the utility company;
4. Assure that a case file is maintained with tracking of expenditures for all youth being provided R&B services;
5. Assure that youth who receive R&B funds begin to take responsibility incrementally for rent and utility payments beginning in the second month and take full responsibility by the sixth month; and
6. Request approval from the DCS Permanency Manager for additional assistance in cases where the youth is unable due to extenuating circumstances to accept full responsibility for payment of rent and utilities in the sixth month.

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.

Case Conference for Transition Planning

When a youth is within six (6) months of turning 18 years old in foster care and his or her case being dismissed or is over 18 and is within six (6) months of his or her case being dismissed, the youth's FCM should hold a case conference involving the youth and those involved in the youth's case including their placement case worker, Court Appointed Special Advocate (CASA)/ Guardian ad Litem (GAL), parents, counselor/therapist, etc.

This conference provides the opportunity for the youth to explain future plans regarding secondary education or moving out and locating employment. [Tool 11.A: Budget Worksheet](#) should be reviewed with the youth to determine if the youth has a viable plan based on possible earnings and expenses. Guidance should be provided by those involved in the conference to assist the youth in carrying out their decision.

Once the youth has identified the county in which he or she desires to live after the case is dismissed, the [Service Referral Form](#) for transition services should be made to a contracted agency in the county of choice if the youth is not currently receiving Chafee services. The

period of time between the beginning of transition services and case dismissal allows time for the youth to develop a relationship with a contracted agency worker who will assist the youth with locating suitable employment and affordable housing. The agency worker may continue to assist the youth if the youth chooses to continue voluntarily when the case is dismissed.

Voluntary Services Application at Case Dismissal

Once the youth's CHINS or Probation case is dismissed, the [Chafee IL Voluntary Services Application and Service Agreement \(SF52692\)](#) must be completed by the youth, signed by the DCS FCM managing the case and submitted to the Chafee IL contracted service provider that will then be signed by the agency.

Room and Board Services

R&B funds are for the payment of rent deposits and payments and utility deposits and payments only. R&B services include a lifetime maximum of \$3,000 for assistance through age 21. R&B payments will only be made through a contracted service provider who is also providing independent living case management services to the youth. Youth may access this assistance as long as the youth continues to participate in case management services and participate in a full time schedule of work, or part time work and part time school. Requests for additional funds will be considered on a case-by-case basis by DCS Central Office Staff only, based on availability of funds.

Because stability of youth can be unpredictable, it is possible that a youth may become homeless due to a job loss, eviction, or other reason despite the fact that they were self-sufficient through the fifth month of receiving R&B assistance. In the event this occurs, the youth may request assistance again provided they have not expended the maximum funds allowed as identified above and have not reached the age of 21.

Housing Options

Potential housing options may include host homes, resource family homes, youth shelters, shared houses/apartments, single room occupancy units, boarding houses, semi-supervised apartments, subsidized housing, scattered site apartments, and transitional group homes. The monthly room and board assistance should be based on need and should be determined using [Tool 11.A: Budget Worksheet](#).

Payment for R&B Services

If the youth is already 18, the housing deposit can 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.

Most youth leaving placement have not had the opportunity to be employed and will most likely not have employment or any monetary savings. Youth will need housing as they leave their placement which should be located with the deposit and first month's rent paid even though the youth is not employed at the time. Most landlords will work with the Chafee IL service provider as long as the landlord is assured that the agency will continue to work with the youth in obtaining employment and providing case management to ensure the rent will be paid.

Once a youth's case is dismissed and the youth is not employed, seeking employment must be a priority to ensure that the youth can begin to take some responsibility for the second month's rent and gradually increase the youth's responsibility for his or her own expenses.

Employment is a requirement of the youth receiving R&B assistance so this issue needs to be addressed at the first meeting with the youth. The youth also must be informed of the requirement to accept responsibility for the entire rent payment and utility bills within six (6) months of the beginning of assistance. This assistance is intended to temporarily supplement the youth's efforts, not as a means of on-going supplemental support.

Required Activities for Youth Prior to Receiving R&B Assistance

The following activities are to be conducted by the Chafee IL service provider with youth prior to receiving R&B services:

1. Arrange an interview and visit with apartment complex managers to allow the youth to understand the leasing process and view apartments or other housing options in more than one location;
2. Assist the youth in developing a budget to determine the amount of rent he or she is able to pay based on income and other expenses;
3. Provide education on tenant rights and responsibilities and the importance of following rules and regulation policies of the apartment complex or landlord;
4. Assist the youth in obtaining a free annual credit report from all three (3) agencies (<http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre34.shtm>) to ensure poor credit will not be an obstacle to renting;
5. Explore with the youth the option of other housing arrangements such as [Tool 11.B: Host Home Agreement](#) with current or former resource parents or relatives (not to include legal or biological parents) and shared housing with other foster youth;
6. Arrange a visit with the youth to utility companies (electric, gas, water, phone) to gather information regarding the requirements of the company related to hook up charges, deposits, and the monthly cost of services;
7. Arrange visits with local homeless shelters, mental health day shelters, food pantries, and other services that are available in the event that the youth should ever become homeless; and
8. Provide education on the purpose of credit, the use of credit, maintaining good credit, and how credit can affects many facets of their adult life.


FORMS AND TOOLS

1. [Service Referral Form – Available in ICWIS](#)
2. [Chafee IL Voluntary Services Application and Service Agreement \(SF52692\)](#)
3. [Tool 11.B: Host Home Agreement](#)
4. [Tool 11.A: Budget Worksheet](#)

RELATED INFORMATION

Use of Chafee and Education And Training Voucher Program For Housing Assistance

Youth may not access housing assistance from both the Chafee 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: July 1, 2006
	Section 9: Host Home	Version: 1

POLICY [REVISED]
OLD POLICY: 404.482

The Indiana Department of Child Services (DCS) will allow a youth whose case has been dismissed to make living arrangements via “host home” arrangements.

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) or Probation Officer will:

1. Assure that all youth who have their 18th birthday while in foster care are given the option of locating a possible host home if desired by the youth when their case is dismissed including youth placed in a relative home through an Interstate Compact for the Placement of Children (ICPC);
2. Determine if a 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 to remain in the foster home as a boarder, or
 - b. The youth's relatives, other than the his or her legal or biological parents, and the youth mutually agree for him or her to become a boarder in their home, or
 - c. The youth has an appropriate adult (e.g. a neighbor, coach, fellow church member, etc.), in their life in which the adult and the youth mutually agree for him or her to become a boarder in the home.
3. Refer eligible youth requesting a host home arrangement to the Chafee Independent Living (IL) service provider for room and board (R&B) service. See [Chafee Foster Care Independence Program Service Standards](#) for details.

The Chafee IL Contracted Service Provider will assist the relative, other appropriate adult, or resource parent in developing a reasonable mutually agreed upon [Tool 11.B: Host Home Agreement](#) between the host home and the youth.

PRACTICE GUIDANCE
Definition of a Host Home

A host home living arrangement is one where a youth rents a room in a family or single adult's home, shares basic facilities, and agrees to basic rules while being largely responsible for his or her own life. Host homes are a great solution in rural areas where apartment buildings are

scarce and house rentals may be cost prohibitive. 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. Host home living arrangements provide an opportunity for a youth to develop skills prior to becoming independent and living on their own.

A host home can be a former resource parent, teacher, coach, relative, or church member with whom the youth has a positive relationship. In this environment, the youth would be able to come and go as he or she chooses and be expected to manage his or her time, money, school, work, and appointments without oversight from the host home. The youth is expected to follow the rules of the home as with any other renting situation.

Determining the Appropriate Rent for a 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 host home should include:

1. The amount 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.

Host Homes When Receiving Education and Training Voucher (ETV) Assistance

Youth may access funding for a host home through the ETV program while attending college or trade/vocational programs. [Tool 11.B: Host Home Agreement](#) may be developed between the youth and the host home with the assistance of the Chafee IL service provider prior to receiving ETV funding or may be developed with the assistance of the youth's FCM. The signed [Tool 11.B: Host Home Agreement](#) must be provided to the ETV program in order for the host home to receive financial compensation from this program.

FORMS AND TOOLS

[Tool 11.B: Host Home Agreement](#)


RELATED INFORMATION

Room and Board Payments

Room and Board payments will only be made through a contracted service provider who is providing IL case management services to the youth.

Housing Assistance

Youth may not access housing assistance from both the Chafee room and board 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: July 1, 2006
	Section 10: Education and Training Voucher Program	Version: 1

POLICY [REVISED]	OLD POLICY: 404.57
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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 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 General Equivalency Development (GED), Vocational Certificate, or has a high school diploma;
2. A youth who turns age 18 while placed in foster care;
3. A youth adopted or placed in a guardianship from foster care after his or her 16th birthday;
4. A probation youth, adjudicated delinquent in foster care (out-of-home placement, other than detention, ordered by the juvenile court) on his or her 18th birthday and had a case plan identifying Independent Living (IL) needs;
5. A youth participating in the ETV program on his or her 21st birthday 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 towards that degree or certificate.

Code References

[42 USC 677: Chafee Foster Care Independence Program](#)

PROCEDURE

The Family Case Manager (FCM) and the Chafee IL service provider will:

1. Assure that all youth age 16 and older in foster care are provided with information about the ETV program and encouraged to consider post-secondary education through college, vocational, or trade schools;
2. Assist foster youth in applying for the Twenty-First Century Scholars program and with the appeal process if needed; and
3. Assure that all youth age 17 and older being provided with Chafee IL services who intend to pursue post-secondary education:
 - a. Are aware of College Goal Sunday (<http://www.collegegoalsunday.org/>) and assist the youth in participating in this program,

- b. Are informed of the deadline for applying for state grants and scholarships (<http://www.in.gov/ssaci/>),
- c. Submits a Free Application for Federal Student Aid (FAFSA) at <http://www.fafsa.ed.gov/> prior to applying for ETV assistance, and
- d. Are provided with the ETV website (<http://indianaetv.org/>) address and are assisted in submitting an application on the website.

The IL Specialist 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 not residing in Indiana for post-secondary education reasons; and
5. Maintain email contact with all ETV recipients 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 \$5,000.00 per 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 their education. Eligible Indiana youth may receive this assistance while attending in-state and out of state schools

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 if the youth has not received a computer through the State Computer Camp program;
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. The youth may request funds for **student health insurance** by providing the completed school insurance form to the contracted service provider's office. Payment will be sent to the insurance carrier;
5. **Childcare expenses** will be paid to a licensed child care provider. Checks will be made out to the child care provider and sent to the youth;
6. At the beginning of each semester, funding for books may be requested by providing a list of the **books and supplies** needed with the cost. Funding will cover between \$350 and \$450 per semester as long as funds are available. Funds will be provided to the school or bookstore, or the youth may be reimbursed if books are purchased directly and receipts are provided. Youth not receiving initial funding at the beginning of each semester may access up to \$100 per month for school supplies;

7. Youth may access up to \$200 per month for **living expenses**, if funds are available; and
8. Youth may access up to \$100 per month for **transportation** costs, if funds are available.

Email Address and Bank Accounts

Youth must have their own personal email address for correspondence and must check their email weekly. Youth receiving ETV checks must have a personal checking account to cash the ETV checks that are received for services.

Students Responsibility for Receiving ETV Funding

1. A youth must reapply every year at <http://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 ETV his or her transcript every semester and maintain a 2.0 grade point average (GPA) to remain in good standing with the program. Otherwise:
 - a. If the youth's GPA is between 1.0 and 1.99, he or she will be placed in the Academic Excellence Program and given one (1) semester to improve his or her GPA,
 - b. If the youth's GPA is .99 or lower, funding for the next semester is at the discretion of the State, and
 - c. If the youth lost ETV funding because his or her GPA was too low, the youth may stay in school and pay for his or her own expenses, raise his/her GPA, and reapply for ETV funding.
3. A youth must notify ETV if he or she drops any classes; if not, future funding will be in jeopardy;
4. If grades are not provided, funding must be put on hold until the youth provides his or her grades and continued eligibility can 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 a 2.0 GPA.

Academic Excellence Program

When youth drops below the required 2.0 GPA, the youth will be given one (1) semester to bring his or her GPA back up to 2.0 or above in order to remain eligible for ETV funding. This program is intended to help the youth learn to:

1. Manage time wisely;
2. Study effectively and access resources such as study groups, math and writing labs, campus mentors, and teaching assistants;
3. Become a good test-taker; and
4. Communicate with professors.

The youth must submit his or her plan for improving grades; identify student support services he or she will be accessing; identify one (1) major goal for the semester; explain how he or she plans to use time wisely; and provide ideas about how he or she will improve study habits and test taking skills.

FORMS AND TOOLS

[Application for ETV Funds](http://indianaetv.org/) – Available at <http://indianaetv.org/>

RELATED INFORMATION

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 and spring semesters. Each youth may access up to \$5000, not to exceed the cost of attendance. 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, 3/4 time, 1/2 time, or less than 1/2 time);
2. Room and Board (on campus, off campus in own apartment or shared housing, off campus with parents);
3. Books/Supplies;
4. Personal (including clothes, personal items-each university figures this differently);
5. Transportation (each university figures this differently);
6. Day care and computers are not automatically included but can be allowed. Students have to ask for this to be included;
7. Student Health Insurance (not always included); and/or
8. Expected family contribution or is the student independent (foster youth).

Standards amounts regarding where the youth is living is 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, computers, or student health insurance are needed, the student must check to see if these items were included in the cost of attendance. If not, the youth can request that the items be included which could raise the cost of attendance for the youth which could increase the amount of funds available for the youth.

Frequently Asked Questions

Answers to frequently asked questions are available at <http://www.nationalfostercare.org>. These documents are very helpful in understanding the Chafee Foster Care Independence Program and ETV Program.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: July 1, 2006
	Section 11: Chafee Foster Care Independence Program Data Reporting	Version: 1

POLICY [REVISED]	OLD POLICY: 404.56
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The Indiana Department of Child Services (DCS) will require that outcome measures be collected for all youth being provided Chafee Independent Living (IL) services.

DCS will compile data submitted by Chafee IL contracted service providers.

Code References

[42 USC 677: Chafee Foster Care Independence Program](#)

PROCEDURE

The Chafee IL contracted service provider will:

1. Assure the assessment for Child in Need of Services (CHINS) or Probation youth is completed by:
 - a. Providing the means for the CHINS or Probation youth to complete the Youth in Care Assessment at <http://www.caseylifeskills.org/pages/assess/whatis.htm>, or
 - b. Completing the Adult Reporter for Youth in Care Assessment if the youth is not available or cannot be located; and
2. Assure the assessment for emancipated youth is completed by:
 - a. Providing the means for all youth receiving voluntary services to complete the Emancipated Young Adult or Youth Adult in Aftercare Assessment at <http://www.caseylifeskills.org/pages/assess/whatis.htm>, or
 - b. Completing the Adult Reporter for Emancipated Young Adult or Young Adult in Aftercare Assessment will be completed by the service provider, if the youth is not available or cannot be located to complete the assessment personally.

The DCS Permanency Manager will:

1. Obtain data pulls from the <http://www.caseylifeskills.org/pages/assess/whatis.htm> quarterly; and
2. Compare reported information to information provided by the [Discharge Summary \(SF53247\)](#) in the Indiana Child Welfare Information System.

PRACTICE GUIDANCE

When to Complete the Assessment

The Chafee IL contracted service provider must have the assessment completed following six (6) months of service provision to the referred youth and at the dismissal of service provision to the

youth. The service provider will make every effort to have the assessment completed by the youth.

Accessing the Assessment Websites

Most contracted agencies have been assigned an agency code to identify the region and county from which the youth was referred and the agency providing services. Agencies without assigned agency codes must develop a code for each region and county served using the following information: **IN + Region + County + Your Own Agency ID**. When new agency codes are developed, the new codes must be provided to the State IL Coordinator. Examples of agency codes are as follows:

1. **IN0145DCS, Region 1, Lake County, Agency Name;**
2. **IN1831DCS, Region 18, Harrison County, Agency Name; and**
3. **IN1148DCS, Region 11, Madison County, Agency Name.**

When a youth begins an assessment or an agency worker is completing an assessment as an Adult Reporter, a youth ID must be established to identify the youth's assessment. Each assessment will be identified by the youth's ID and the agency ID. This will allow for comparison of the initial assessment at six (6) months with the closure assessment to determine outcomes based on the services provided.

Each agency may register on the website in order to obtain data pulls of each type of assessment that has been completed for their agency in a given time period. This will also allow DCS to obtain data pulls to gather information across the State regarding the outcomes of youth being provided Chafee IL services.

Providing the Assessment to DCS

The assessment may be automatically emailed to the Family Case Manager (FCM) or the Probation Officer for all CHINS and Probation youth by entering the worker's email address on the initial page of the assessment. The assessment that is completed by youth receiving voluntary services is to be emailed to the IL Specialist.


FORMS AND TOOLS

1. All assessment tools are available at <http://www.caseylifeskills.org/pages/assess/whatis.htm>.
2. [Discharge Summary \(SF53247/CW 3347\)](#) – Available in the Indiana Child Welfare System.

RELATED INFORMATION

Outcome Measures Report

Entry into this website replaces the paper Outcome Measures Report that was previously required by all Chafee IL contracted service providers.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: July 1, 2006
	Section 12: Discharge Summary	Version: 1

POLICY [CLARIFIED]	OLD POLICIES: 404.50, 404.51
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The Indiana Department of Child Services (DCS) will assure that all open Child in Need of Services (CHINS), Probation IV-E , or Juvenile Delinquent/Juvenile Status (JD/JS) Place and Pay cases in the Indiana Child Welfare Information System of youth who are receiving Independent Living (IL) Services have a [Discharge Summary \(SF53247\)](#) completed.

DCS will assure that all open cases in IL County managed by an IL Specialist of youth receiving voluntary services will have a [Discharge Summary \(SF53247\)](#) completed.

Code References

[42 USC 677: Chafee Foster Care Independence Program](#)

PROCEDURE

Prior to case closure for all CHINS and probation youth cases (for youth between ages 16-21), the Family Case Manager (FCM) will:

1. Complete the [Discharge Summary \(SF53247\)](#) (located in the Interview Module in the Indiana Child Welfare Information System) with information provided by the youth; or
2. Complete the [Discharge Summary \(SF53247\)](#) on information known about the youth or information provided by the youth's Chafee IL contracted service provider if the youth refuses to meet with the FCM or the youth's whereabouts are unknown.

Prior to case closure for all CHINS and probation youth cases (for youth between ages 16-21) and voluntary services cases (for youth between ages 18-21), the Chafee IL contracted service provider will:

1. Complete the [Discharge Summary \(SF53247\)](#) with each referred CHINS youth and Probation ward being provided services upon case closure or complete the tool based on information known about the youth based on service provision if the youth refuses to meet or the youth's whereabouts are unknown and provide to the youth's FCM; and
2. Complete the [Discharge Summary \(SF53247\)](#) with each referred former foster youth upon case closure or complete the tool based on information known about the youth based on service provision if the youth refuses to meet or the youth's whereabouts are unknown and provide to the IL Specialist.

The Probation Officer will complete the [Discharge Summary \(SF53247\)](#) with each Probation youth being provided services upon case closure or complete the tool based on information known about the youth based on service provision if the youth refuses to meet or the youth's whereabouts are unknown and provide to the FCM responsible for the case in ICWIS.

The Voluntary Services Caseworker (VSC) will:

1. Complete the [Discharge Summary \(SF53247\)](#) (located in the Interview Module in the Indiana Child Welfare Information System) with information provided by the youth; or
2. Complete the [Discharge Summary \(SF53247\)](#) on information known about the youth or information provided by the youth's Chafee IL contracted service provider if the youth refuses to meet with the FCM or the youth's whereabouts are unknown.

PRACTICE GUIDANCE

Obtaining Needed Documents


The Chafee IL service provider will provide assistance with obtaining a copy of the youth's birth certificate, social security card, a State ID card if unable to obtain a valid driver's license, and other necessary documents such as school and medical records prior to dismissal of wardship. These documents may be available in the youth's DCS case file.

FORMS AND TOOLS

[Discharge Summary \(SF53247\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: July 1, 2010
	Section 13: Transitional Living Placement	Version: 1

POLICY [NEW]

DCS will assure that Child in Needs of Services (CHINS) or probation youth aged 17 and older have a determination regarding the ability to be placed in a Transitional Living Placement (TLP). TLP may be defined as semi-supervised apartments, a youth's own apartment, or scattered site apartments. Youth cannot be placed in a TLP directly from a facility that is licensed as a child caring institution or private secure facility. Youth may be moved from group homes into a TLP. A TLP cannot occur before the youth turns 17 and six (6) months and placement should not last longer than six (6) months. Exceptions to this timeframe may only be made by the DCS Permanency Manager.

DCS has determined that the following youth are eligible for a TLP:

1. DCS CHINS or probation youth at least 17 years and six (6) months of age;
2. Youth whose DCS case will be closed within six (6) months;
3. Have a case plan goal of Another Planned Permanent Living Arrangement (APPLA);
4. Successfully participating in his or her [Independent Living/Transition Plan](#); and
5. Actively participating in an educational or vocational program and/or employed.

Code References

1. [42 USC 677: Chafee Foster Care Independence Program](#)
2. [IC 31-25-2-21: Transitional Services Plan](#)
3. [42 USC 675\(5\)\(H\): Transition Plan for Children Aging Out of Foster Care](#)

PROCEDURE

The Family Case Manager (FCM) or Probation Officer will:

1. Make a determination regarding a TLP for all youth at age 17 with a case plan goal of APPLA, who are expected to remain in out-of-home care until age 18;
2. Document the determination in the [Independent Living/Transition Plan](#);
3. Outline the goals and expectations that youth will work on while preparing to move to a TLP in the [Independent Living/Transition Plan](#);
4. Work with youth to identify a TLP provider;
5. Make referral to TLP provider;
6. Follow all steps for placing a child in out-of-home care;
7. Make required monthly contacts with youth. See separate policy, [8.10 Minimum Contact](#); and
8. Refer all youth to Chafee Voluntary Independent Living Services as they prepare to transition out of TLP.

The TLP provider will provide services and accommodations according to the Transitional Living Placement Service Standards.

The TLP provider will:

1. Secure appropriate housing for the youth, with youth's input, which includes a minimum of the following:
 - a. Twin bed and bedding,
 - b. Personal hygiene items,
 - c. Equipped kitchen with dishes, pots, pans, etc., and
 - d. Appropriate furnishings (i.e., living room couch/love seat, kitchenette table, dresser, lamps if needed).
2. Provide oversight of placement including the following:
 - a. Case management which includes no less than two (2) face-to-face meetings per week, and
 - b. Independent Living skills preparation based on the Ansell-Casey Life Skills Assessment (ACLSA).
3. Provide monthly reports indicating progress on Independent Living skills to the referring FCM or Probation Officer;
4. Abide by all Service Standards for TLP;
5. Assist youth in continuing with employment, schooling, and/or vocational training;
6. Have a copy of the youth's key for emergency purposes; and
7. Notify the FCM or Probation Officer within 24 hours of a missed face-to-face contact and no contact with the youth for 24 hours.

PRACTICE GUIDANCE

Youth Appropriate for TLP

Youth who may be deemed appropriate for a TLP are those who:

1. Voice an interest in a TLP;
2. Demonstrate progress in IL skills as indicated on their ACLSA;
3. Demonstrate progress in educational and vocational pursuits;
4. Exhibit mental health stability;
5. Exhibit the ability to learn the skills necessary to live independently within six (6) months;
6. Demonstrate an ability to maintain stable employment; and
7. Have a positive recommendation from the Child and Family Team involved in the youth's case.

A TLP shall be arranged through a licensed agency. Payment for the TLP is made through a per-diem for out-of-home care to the licensed agency supervising and monitoring the youth's placement. The per diem will be used by the licensed agency to pay for the following:

1. Rent and deposits;
2. Utilities (not including cable or cell phone bills) and deposits;
3. Food;
4. Clothing;
5. Living expenses; and
6. Case management, including Life Skills based upon the results of the ACLSA.

Purpose of Transitional Housing

The purpose of transitional housing is to:


1. Allow youth to experience living independently while continuing in care with supportive services;
2. Allow youth to develop the independent living skills required to live self-sufficiently;
3. Prepare the youth to transition out of foster care;
4. Determine post foster care housing options based on potential earnings;
5. Locate post foster care housing with youth's input; and
6. Promote a smooth transition towards post wardship termination.

FORMS AND TOOLS

[Independent Living/Transition Plan](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: July 1, 2006
	Section 14: ICWIS Requirements for Independent Living	Version: 1

POLICY [CLARIFIED]	OLD POLICY: N/A
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The Indiana Department of Child Services (DCS) will assure that all Children in Need of Services (CHINS) and probation youth placed in out-of-home care are entered in the Indiana Child Welfare Information System (ICWIS).

DCS will assure that all youth receiving Chafee Independent Living (IL) voluntary services are entered into ICWIS in IL County. See separate policy, [11.7 Voluntary Chafee Independent Living Services](#).

Code References

N/A

PROCEDURE

The Family Case Manager (FCM) will:

1. Identify the youth's IL needs in the IL module on the Case Plan Tool Bar in Case Management by Need Type and Need Subtype as determined on the youth's Ansell-Casey Lifeskills Assessment (ACLSA);
2. Identify objectives and activities on the youth's case plan for needed IL services that are determined on the youth's ACLSA;
3. Enter a Juvenile Delinquency/Juvenile Status (JD/JS) Place and Pay service case for Probation Youth who are not IV-E eligible and enter the youth's placement and complete the case plan from information provided on the [Delinquency Case Plan SF54780](#) that is provided by the Probation Officer;
4. Complete a [Discharge Summary \(SF 53247\)](#) with the youth's input at the case closure. See separate policy, [11.12 Discharge Summary](#); and
5. Enter placement information in ICWIS for all youth in an Independent Living Placement, which may include scattered site apartments or other out-of-home semi-independent living arrangements paid through a county out-of-home care per-diem.

The Probation Officer will complete the [Delinquency Case Plan](#) for all youth in out-of-home care who are not IV-E eligible and provide the plan to the FCM who is managing the youth's case in ICWIS.

The IL Specialists will:

1. Enter an intake in ICWIS IL County and submit for approval for all youth receiving voluntary services;
2. Maintain a case in ICWIS on all youth receiving voluntary services and enter contacts with the youth and related to services provided to the youth;

3. Identify the youth's IL needs in the IL module on the Case Plan Tool Bar in Case Management by Need Type and Need Subtype as determined on the youth's Ansell-Casey Lifeskills Assessment (ACLSA); and
4. Complete a [Discharge Summary \(SF 53247\)](#) at case closure for all youth entered into ICWIS.

The IL Specialist will:

1. Assist the Chafee IL contracted service providers in checking eligibility in ICWIS for youth who apply for voluntary services, and
2. Monitor ICWIS IL County to approve intakes and approve case closures.

PRACTICE GUIDANCE

CHINS and Probation Youth Receiving IL Services

An IL case should **not** be created for a CHINS or probation youth receiving IL services. Instead, the needed services are to be entered into the IL module and objectives and activities are to be entered into the case plan.

Opening an IL Case

An IL case is only opened by the IL Field Specialists when youth are receiving voluntary services following the dismissal of their cases in ICWIS.

FORMS AND TOOLS


1. [Delinquency Case Plan \(SF54780\)](#)
2. [Discharge Summary \(SF 53247\)](#)

RELATED INFORMATION

Child Data Summary

The Child Data Summary (CDS) is a report in ICWIS that opens up in an Excel spreadsheet. The CDS includes every case on the FCM's caseload and includes the youth's date of birth, Social Security number, court case number, placement type, name of placement, and other information related to the youth's case. This is an excellent tool to assist FCMs in monitoring their caseloads and to determine when a youth should be referred for IL services based on age and placement type. This tool also helps Supervisors monitor the cases of all the FCMs under their supervision.

The CDS can be located by clicking on Reports on the top tool bar in ICWIS, then scrolling down to Child Data Summary. Highlight Child Data Summary, and then click on the Print/Preview button at the bottom of the page. A screen will pop up allowing the FCM to select his or her name in the list, click ok and the information will feed to the Excel spreadsheet. The spreadsheet can be sorted by any column.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Independent Living	Effective Date: July 1, 2012
	Section 15: Post-Secondary Education	Version: 3

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will assure that all youth receiving Independent Living (IL) services are aware of the options available for post-secondary education.

DCS will encourage all youth to take the Preliminary SAT (PSAT) and prepare for taking the SAT.

DCS will ensure that DCS wards in 7th through 12th grade are enrolled in the Twenty-First Century Scholars program.

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

1. Pell grants;
2. Chafee grants;
3. Federal supplemental grants;
4. The Free Application for Federal Student Aid (FAFSA); 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: Eligibility for Twenty-First Century Scholars Program for Foster Care Youth](#)
3. [IC 31-25-2-21: Transitional Services Plan](#)
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 [REVISED]

The Family Case Manager (FCM) will:

1. Ensure that youth in 7th through 12th grade who have not already enrolled in the Twenty-First Century Scholars program submit an application. Applications for the Twenty-First Century program may be obtained by calling toll free 1-888-528-4719, by visiting www.scholars.in.gov, or through the youth's school. Applications for students in grades 9th through 12th must also be accompanied by [Twenty-First Century Scholars Program Enrollment Letter](#). The application process requires the FCM to:
 - a. Assist the youth in completing the application, and
 - b. Sign the application to verify the youth is in foster care.
2. Update the youth's address with Twenty-First Century Scholars annually;
3. Ensure that the youth signs the Twenty-First Century Scholars Affirmation Statement during their senior year of high school. See <http://www.in.gov/ssaci/2384.htm> for more information;

4. Provide youth with information regarding Pell grants, Chafee grants, federal supplemental grants, and the FAFSA at the Child and Family Team (CFT) Meeting held at age 17. See separate policy, [11.6 Independent Living/Transition Plan](#);

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 \(ACRCPT070901FRM\)](#). 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 by **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 they understand the meaning of this term and that youth in foster care do not have to provide information about their biological parents, foster parents, or guardians to their college of choice or on their FAFSA.
10. Assist the youth in applying for the Education and Training Voucher (ETV) Program:
 - a. Ensure the youth has all needed information to complete the ETV application (i.e., FCM contact information, IL 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 to develop a plan for emotional support and guidance the youth can rely on once they are in college.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Acknowledgement of Receipt of Information about Various Educational Programs \(ACRCPT070901FRM\)](#) – Available in the Indiana Child Welfare Information System
2. [Twenty-First Century Scholars Program Enrollment Letter](#)

RELATED INFORMATION [REVISED]

Twenty-First Century Scholars Program

The Twenty-First 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 the following criteria may apply for the Twenty-First 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;
2. Be a student in the 7th or 8th grade;
3. Meet program income guidelines or be in foster care;

Note: Children in grades 9 -12 who are in foster care are also eligible for the program. Applications for children in foster care must be accompanied by the [Twenty-First Century Scholars Program Enrollment Letter](#).

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 General Education Development (GED) Certificate;
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, foster parents, guardian, or anyone else's financial information on the FAFSA. 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>.

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 <http://www.ed.gov/programs/fpg/index.html>.

Post-Secondary Educational Support Programs

The Education Successes Program (ESP!) offers assistance to any current or former foster youth attending any college in Marion County. Visit <http://www.uwci.org/index.asp?p=194> for more information. This voluntary program serves youth until age 24 and offers support in the following areas:


1. Admission and financial aid information;
2. College Application;
3. College tours and visits;
4. Educational advocacy while in school; and
5. Scholarship research assistance.

Individual Development Accounts (IDA)

An IDA is a 4-year 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 or call 1-317-232-7777 for county specific information.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2012
	Section 18: Eligibility to Participate in Collaborative Care (CC)	Version: 1

POLICY [NEW]

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 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 18 or 19 years of age and have not yet reached 20 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 the month prior to 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) do not qualify for CC. Indiana wards placed out of state and who do not intend to reside in Indiana upon turning 18 are also ineligible for CC.

3. Must 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; and
4. Have signed a [Voluntary Collaborative Care Agreement](#) that covers his or her specialized [Independent Living/Transition Plan](#). See separate policy, [11.22 Voluntary Collaborative Care Agreement](#).

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 Local Office Attorney who may file a motion to dismiss jurisdiction.

Code References

1. [IC 31-28-5.8-4: Older Youth](#)
2. [IC 31-28-5.8-5: Eligibility; Petitions](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Invite members of the Older Youth Initiative Team to the Transitional/IL Planning meeting corresponding to the youth's 17th birthday; and
2. Begin preparations for the youth to transfer to a 3CM 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. Only 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 accept referrals from FCMs who have identified a youth who is interested in participating in CC. An informational meeting will be held to determine if the youth is eligible for CC. If the youth chooses to participate in CC, a transition meeting will be held, including the youth, FCM, 3CM, and any other relevant persons. These team members will work with the DCS Local Office Attorney to submit the completed [Voluntary Collaborative Care Agreement](#) 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 can 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 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 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. [Voluntary Collaborative Care Agreement](#)- Available in hard copy
4. [Independent Living/Transition Plan](#)

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 aged 17.5 to 20 years, and JD youth aged 18 to 20 years, 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 or social capital.

Collaborative Care Agreement

The [Voluntary Collaborative Care Agreement](#) 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](#) with the potential youth. The Local Office 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 Living Arrangement.


These permanency options are recognized in a court of law.

IV-E Eligibility

In order to be IV-Eligible 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.

¹ Samuels, G. (2008). *A Reason, A Season, A Lifetime: Relational Permanence Among Young Adults with Foster Care Backgrounds*. Retrieved from http://www.chapinhall.org/sites/default/files/old_reports/415.pdf.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2012
	Section 19: Entry into Collaborative Care (CC) for Previously Discharged Older Youth	Version: 1

POLICY **[NEW]**

The Indiana Department of Child Services (DCS) will make Collaborative Care (CC) available to older youth who are 18 or 19 years of age, but not yet 20 years of age, and who were:

1. Formerly in out-of-home placement through an Indiana court order the month prior to their 18th birthday;
2. Wish to participate in CC; and
3. Meet the eligibility criteria. See separate policy, [11.18 Eligibility to Participate in 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 emergency 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 48 hours 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 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 in order 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 should 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 so that a 3CM or designee can be immediately 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 48 hours 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 IL services, the 3CM may complete the Voluntary Independent Living (IL) Services Referral, with the youth's permission.

- b. If the older youth is **eligible** to participate in CC the 3CM shall set up a meeting with the older youth to discuss CC, which should take place within two (2) business days of the youth's initial inquiry to DCS,
 - c. Regardless of eligibility status, the 3CM will inform the older youth about local resources that the youth may need to access prior to the time the youth re-enters out-of-home placement such as homeless shelters, food banks, or medical clinics.
3. Ensuring the following are completed during the initial meeting (different from the initial call):
 - a. Explain 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. Give the older youth a copy of the [Voluntary Collaborative Care Agreement](#) form and discuss emergency and long-term placement options (see separate policy, [11.22 Voluntary Collaborative Care Agreement](#)), and
 - e. Complete a Voluntary IL Services Referral with the older youth who is not interested in participating in CC, but is eligible for and not receiving Voluntary IL Services.

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. A 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, a letter will be sent from the 3CM Supervisor to the youth within 48 hours of receipt regarding the determination and any subsequent appeal rights administered through an Administrative Appeal.

The Older Youth Initiatives Manager (or designee) is responsible for:

1. Reviewing the older youth's Request for Administrative Review.
 - a. Review all relevant documentation from the 3CM Supervisor and the older youth to determine whether the 3CM Supervisor correctly determined eligibility for entry into

- Collaborative Care, and
- b. Send 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 Older Youth Initiatives Manager or designee is not subject to further agency review.

PRACTICE GUIDANCE

Eligible older youth in out-of-home placement for at least one (1) day during the month before the youth's 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 may include: how to access community services such as homeless shelters or food banks; 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; or, availability of services specific to former foster youth such as Voluntary IL Services or Medicaid.

FORMS AND TOOLS

[Voluntary Collaborative Care Agreement](#)- Available in hard copy

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2012
	Section 20: Youth Adjudicated as Juvenile Delinquents Accessing Collaborative Care (CC)	Version: 1

POLICY **[NEW]**

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 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 JD case must close;
2. A [Voluntary Collaborative Care Agreement](#) 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 Agreement](#)); and
3. A CC petition must be filed on the same day as JD case closure.

The [Voluntary Collaborative Care Agreement](#) and petition to open the CC case shall be filed with the court of jurisdiction by the DCS Local Office 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 Independent Living (IL)/Transition Planning Meeting held by the PO. See separate policy, [11.6 Independent Living/Transition Plan](#). If the youth chooses to participate in CC, a transition meeting will be held, including the youth, PO, and 3CM. These team members will work with the DCS Local Office Attorney to submit the completed [Voluntary Collaborative Care Agreement](#) and petition to open a CC case immediately after the JD case is closed. See separate policy, [11.22 Voluntary Collaborative Care Agreement](#).

The 3CM Supervisor will:

1. Identify a 3CM for the case;
2. Identify the appropriate Local Office Attorney for the case¹; and
3. Assign the 3CM the CC case in the Management Gateway for Indiana's Kids (MaGIK) within 48 hours of the case transition meeting.

¹ Contact the Practice Development Supervisor Attorney if unsure which Local Office Attorney to contact.

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](#) with the youth at the transition meeting;
3. Attend the court hearing in which the [Voluntary Collaborative Care Agreement](#) 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 IL/Transition Planning meetings that took place prior to the CC case opening. At these meetings the youth and the 3CM 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 [Independent Living/Transition Plan](#).

FORMS AND TOOLS

1. [Voluntary Collaborative Care Agreement](#)- Available in hard copy
2. [Independent Living/Transition Plan](#)

RELATED INFORMATION

Collaborative Care Agreement

The [Voluntary Collaborative Care Agreement](#) 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](#) with the potential youth. The Local Office 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 Agreement](#).

Transition Meetings

If possible, transition meetings may take place during the youth's IL/Transition Planning meeting. Both the PO and 3CM (or a supervisor/delegate) 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 IL/Transition plan;
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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2012
	Section 21: Collaborative Care (CC) Case Transfers	Version: 1

POLICY **[NEW]**

All youth under the care and supervision of the Department of Child Services (DCS) at the age of 17 years and six (6) months who plan to either voluntarily enter Collaborative Care (CC) or remain under a Child in Need of Services (CHINS) case and participate in CC, will have their case transferred to a Collaborative Care Case Manager (3CM) who will manage their cases until case closure. The 3CM and Family Case Manager (FCM) should 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:

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 Independent Living Services.

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, and any other relevant persons.

The transition meeting can be held concurrently with the youth's IL/Transition Planning Meeting that occurs when the youth turns 17.5 years of age. See separate policy, [11.6 Independent Living/Transition Plan](#).

Code References

[IC 31-28-5.8-7: Periodic Reviews by Court; Notice; Participation, Orders](#)

PROCEDURE

The FCM will:

1. Invite a member of the Older Youth Initiatives Team (3CM Supervisor) to the Child and Family Team (CFT) Meeting to discuss the following for youth who are at least **17 years of age:
 - a. National Youth in Transition Database (NYTD) survey,
 - b. Permanency goal, and
 - c. CC.
2. Arrange an additional CFT Meeting if the youth expresses interest in CC with a member of the Older Youth Initiatives Team three (3) months after the above listed CFT Meeting to cover the following:
 - a. Confirm youth's interest in entering CC, and
 - b. Prepare for case transfer.

3. Ensure all parties to the case (i.e., the youth's Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL)) are notified of the youth's interest in entering CC;

Note: If youth does not want to enter CC at this point, the FCM will continue to offer CC, if appropriate, every six (6) months at the scheduled CFT Meetings. See separate policy, [11.6 Independent Living/Transition Plan](#), for additional details on the Transitional Planning Process.

4. Ensure all case information is entered into Management Gateway for Indiana's Kids (MaGIK) and up-to-date (see related information);
5. Document the following in the case file:
 - a. Court reports (i.e., if the court hearing is within 10 business days of the transfer, the FCM would be responsible for this report, unless negotiated otherwise at the transition meeting),
 - b. Notices, and
 - c. The [Independent Living/Transition Plan](#).
6. Schedule a transition CFT Meeting and invite all identified necessary participants (e.g. youth, informal supports, substitute caregivers or resource parents, and Older Youth Service Providers, etc.) within 15 calendar days of the case transfer (should occur as close to youth turning 17 and six (6) months old as possible);

Note: Case transfer cannot occur prior to youth turning 17 and six (6) months old.

7. Document contacts in MaGIK that all parties were notified of the transition meeting; and
8. Notify the DCS Local Office Attorney and the youth's CASA or GAL of the case transfer, if applicable.

The FCM Supervisor will:

1. Ensure that the FCM continues to be responsible for attending all court hearings and monitoring the youth's safety and well-being until the case is transferred to a 3CM;
2. Assign the case to the 3CM Supervisor at the time of case transfer;
3. Ensure that the youth's pertinent information is up-to-date in MaGIK prior to the case transfer occurring;

Note: If information is incomplete or missing after the case has been transferred, the FCM Supervisor shall work with the 3CM Supervisor and FCM to ensure that the FCM completes the data input.

4. Work with the Collaborative Care Case Manager Supervisor to ensure that any missing or incomplete information from the youth's electronic or hard copy is completed.

The 3CM Supervisor will:

1. Identify and assign the case to a 3CM in MaGIK within 48 hours of the case transfer meeting;
2. Ensure MaGIK has all pertinent information and is up-to-date upon case transfer;

Note: If information is incomplete or missing it is the 3CM Supervisor's responsibility to work with the FCM Supervisor to ensure that 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 MaGIK;
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. Establishing a primary health care provider, dentist, ophthalmologist, gynecologist (if applicable), etc.,
 - d. Therapeutic treatment and care, and
 - e. 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;
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 IL/Transition Planning 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, 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

[Independent Living/Transition Plan](#)

RELATED INFORMATION

Transfer Meetings

If possible, transfer meetings may take place during the youth's IL/Transition Planning meeting. Both the FCM and 3CM (or a supervisor/delegate) 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. Needs that may arise in the near future, especially with the case transfer;
3. What supports are currently in place to support those needs;
4. What support will need to be in place after the case transfer;
5. Review and update the youth's IL/Transition plan;
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 case transfer;
8. Steps to address what could go wrong with any plans that are created; and
9. Visitation arrangements, as applicable.


Case File

Prior to transferring the hard case file or the case in MaGIK, 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. IL/Transition Plan;
7. Demographic information;
8. Information entered in the NYTD (education, services, survey);
9. Contacts;
10. School information and other related education information (Individualized Education Plan);
11. Medicaid Number;
12. Health Information (medical and dental health issues, current treatment);
13. Indiana Support Enforcement Tracking System (ISETS) interface, if appropriate;
14. Court Reports;
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 [CC Supervisor Map](#) can be utilized to contact a member of the Older Youth Initiatives Team (3CM Supervisor).

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2012
	Section 22: Voluntary Collaborative Care (CC) Agreement	Version: 1

POLICY **[NEW]**

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](#) 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](#) 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 (see separate policy, [11.22 Voluntary Collaborative Care Agreement](#)); and
3. A CC petition must be filed on the same day as CHINS or JD case closure.
 - a. If the youth has a current open CHINS or JD case and will reside in the county of wardship, then the [Voluntary Collaborative Care Agreement](#) and the CC petition should be filed in the county of wardship,
 - b. If the youth has a current open CHINS or JD case and will reside in a different county from the county of wardship, then the [Voluntary Collaborative Care Agreement](#) 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, or
 - c. If the youth has been previously discharged from care and wishes to enter CC, then the [Voluntary Collaborative Care Agreement](#) and the CC petition should be filed in the county in which the youth resides.

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 an IL/Transition Planning meeting at the child's 17th birthday;
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](#) 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](#) with the youth.

2. Request that the DCS Local Office Attorney submit the completed [Voluntary Collaborative Care Agreement](#) to the court of proper jurisdiction;
3. Attend the court hearing in which the [Voluntary Collaborative Care Agreement](#) is reviewed;
4. Monitor the case to ensure DCS and the youth are actively participating in the development of the youth's case plan 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 Local Office 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](#) 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](#) with the Court, if applicable.

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

1. [Voluntary Collaborative Care Agreement](#)- Available in hard copy
2. [Case Plan](#)- Available in the Management Gateway for Indiana's Kids (MaGIK)

RELATED INFORMATION

Voluntary Collaborative Care Agreement

The [Voluntary Collaborative Care Agreement](#) 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](#) with the youth. The DCS Local Office 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2012
	Section 23: Collaborative Care (CC) Court Hearings	Version: 1

POLICY **[NEW]**

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](#) (see separate policy, [11.22 Voluntary Collaborative Care 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 31-38-5.8-7: 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 Hearing to Youth](#);
2. Provide a Progress Report to the court with the following information attached:
 - a. The youth's current [Case Plan](#),
 - b. The youth's current [Independent Living/Transition Plan](#),
 - 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, and
4. Enter court hearing data in Management Gateway for Indiana's Kids (MaGIK);
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. [Voluntary Collaborative Care Agreement](#)- Available in hard copy
2. [Case Plan](#)- Available in MaGIK
3. [Independent Living/Transition Plan](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2012
	Section 24: Providing Notice of Collaborative Care (CC) Hearings to Youth	Version: 1

POLICY **[NEW]**

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](#) (see separate policy, [11.22 Voluntary Collaborative Care 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 [6.4 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 Local Office 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 Local Office 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 \(SF 48997/CW0002\)](#)- Available in the Management Gateway for Indiana's Kids (MaGIK)
2. [Voluntary Collaborative Care Agreement](#)- Available in hard copy

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2012
	Section 25: Collaborative Care (CC) Host Homes	Version: 1

POLICY **[NEW]**

The Department of Child Services (DCS) will offer a Host Home placement option for eligible youth in Collaborative Care (CC).

Host Home Adults must be at least 21 years of age. A waiver may be requested by the Collaborative Care Case Manager (3CM) and approved by the Older Youth Initiatives Manager or designee for potential Host Home Adults under the age of 21, but who are at least the age of 18.

The Host Home option is not required to be licensed and will be monitored by the 3CM. 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

[IC 31-28-5.8-3: Host Home](#)

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. Complete face-to-face visits with the Host Home adult, at a minimum, every other month; and
4. 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 Ansell-Casey Life Skills Assessment (ACLSA) as a caregiver and the youth completing the ACLSA as a youth. This also includes the Host Home Adult assisting the older youth in developing interdependence in the community and positive social connections

PRACTICE GUIDANCE

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](#) (see separate policy, [11.22 Voluntary Collaborative Care 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.

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 ACLSA as a caregiver and administer the ACLSA to the youth. These tools will be utilized to assist the youth to remain in accordance with the youth's [Independent Living/Transition Plan](#). 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 Independent Living 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.

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. [Ansell-Casey Life Skills Assessment](#)- Available in hard copy
4. [Independent Living/Transition Plan](#)
5. [Voluntary Collaborative Care Agreement](#)- Available in hard copy


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 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2012
	Section 26: Minimum Contact for Collaborative Care (CC) Placements	Version: 1

POLICY **[NEW]**

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, court, etc).

During critical case junctures involving the youth or resource family (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 critical episode has been stabilized.

The 3CM will have face-to-face contact with resource families, at a minimum, every other month. The 3CM will communicate and partner with the resource family, 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 Services 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 critical 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 [Independent Living/Transition Plan](#);
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 Management Gateway for Indiana's Kids (MaGIK) within one (1) business day; and

5. Determine if a Child and Family Team Meeting should be convened to assess whether a critical case juncture warrants continued weekly visits.

Note: If contact cannot be made, the 3CM will document in the MaGIK 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 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. [Visitation checklist \(SF53557\)](#)- Available in MaGIK
2. [Case Plans \(SF2956/DCS0046\)](#)- Available in MaGIK
3. [Independent Living/Transition Plan](#)

RELATED INFORMATION

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 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 Plans \(SF2956/DCS0046\)](#) for children and families served by DCS; and
2. Monitor progress and revise service plans, as needed.

¹ Samuels, G. (2008). *A Reason, A Season, A Lifetime: Relational Permanence Among Young Adults with Foster Care Backgrounds*. Retrieved from http://www.chapinhall.org/sites/default/files/old_reports/415.pdf.

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; and
4. Discuss the youth's thoughts and feelings about living on his or her own or with the resource family, if applicable.
5. Discuss social connections and interactions for optimal functioning as an adult.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 11: Older Youth Services	Effective Date: July 1, 2012
	Section 27: Permanency for Older Youth in Collaborative Care (CC)	Version: 1

POLICY [NEW]

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.

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: Permanency Plans Prohibited if Household Contains Certain Individuals; Exceptions](#)

PROCEDURE

The Collaborative Care 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 [Family Network Diagram](#) 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; and
4. Make a referral for the Youth Connections Program if the youth cannot identify a supportive adult or connection.

PRACTICE GUIDANCE

While youth and young adults are still 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.

Another Planned Living Arrangement (APPLA) is a federal permanency option, but it is to be used sparingly and only in very limited situations.

FORMS AND TOOLS

[Family Network Diagram](#) – Available in the Management Gateway for Indiana’s Kids (MaGIK)

RELATED INFORMATION

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 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:

1. Reunification,
2. Adoption,
3. Guardianship,
4. Fit & Willing Relative, and
5. Another Planned Permanent Living Arrangement.

These permanency options are recognized in a court of law.

¹Samuels, G. (2008). *A Reason, A Season, A Lifetime: Relational Permanence Among Young Adults with Foster Care Backgrounds*. Retrieved from http://www.chapinhall.org/sites/default/files/old_reports/415.pdf.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 1: Authority To License	Version: 2

POLICY [REVISED]

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 Licensing \(SF 10100\)](#). See separate policy, [12.3 Initial Licensing Packet](#).

[REVISED] 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 a 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 31-27-4-16: Duration of license; limitations; renewal](#)
8. [IC 31-27-2-1: Duties of department of child services](#)
9. [IC 31-27-4-1: License required for operation](#)
10. [IC 31-27-4-9: Licensing of applicants providing care and supervision to relatives](#)

PROCEDURE **[REVISED]**

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 family homes.

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 a LCPA foster family home.

PRACTICE GUIDANCE

[NEW] If a potential foster family home caring for related children 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 Licensing \(SF 10100\)](#)

RELATED INFORMATION

Resource family 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, [12.2 Responding to Initial Inquiries](#).

[REVISED] Foster Family Home

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.

[REVISED] 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


[REVISED] 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 Placement Support and Compliance, 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 2: Responding to Initial Inquiries	Version: 2

POLICY **[REVISED]**

[REVISED] 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

1. [IC 31-27-4-9: Licensing of applicants providing care and supervision to relatives](#)
2. [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 \(SF53204\)](#) form; and/or
2. **[REVISED]** 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, [12.3 Initial Licensing Packet](#) , [12.5 Pre-Service Training Requirements](#) and [12.7 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. Casey Foster Family Assessments (<http://fosterfamilyassessments.org/>);
5. Family matters to consider in foster parenting; and
6. Practical matters:
 - a. Licensing requirements,
 - b. **[REVISED]** Responsibilities of the foster parent, including their 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 \(SF53204\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 3: Initial Licensing Packet	Version: 2

POLICY **[REVISED]**

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.

[REVISED] 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 Boarding Homes for Children](#)

PROCEDURE

[REVISED] The licensing worker¹ 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 [12.2 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 **[REVISED]**

1. [IAC Title 465, Article 2, Rule 1](#) (Licensing of Boarding Homes for Children);
2. [Application for Foster Family Home License \(SF10100\)](#);
3. [Medical Report for Caregivers \(SF45145\)](#);
4. [Medical Report for household Members \(SF 45144\)](#);
5. [Request for Child Protection Service \(CPS\) History Check \(SF 52802\)](#);
6. [Foster / Adoptive Family Inventory \(SF54607\)](#);
7. [Resource Parent Role Acknowledgement \(SF54642\)](#);
8. [Water Agreement \(SF54612\)](#);
9. [Application for Criminal History Background Check \(SF53259\)](#);
10. [Child Care Plan \(SF54608\)](#);

¹ The licensing worker refers to the DCS Regional Foster Care Specialist or the Licensed Child Placement Agency worker

11. [Record of Child Placement \(SF54610\)](#);
12. [Residential Pool Requirements / Body of Water Safety Plan \(SF54609\)](#);
13. [Initial Licensure Checklist for Foster Family Homes \(SF53153\)](#);
14. [Vendor Information \(SF53788\)](#) (attach mock completed Vendor Information form and instructions);
15. [Resource Family Home Physical Environment Checklist \(SF53186\)](#);
16. [Claim for Support of Children Payable from Family and Children Funds \(SF28808\)](#) (attach mock completed Claim form and instructions).

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 can be added in the comment section of state forms or documented in the licensing file. State forms cannot be altered.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 5: Pre-Service Training Requirements	Version: 3

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will require all applicants to successfully complete Pre-Service Training.

DCS will require applicants for a foster family home to successfully complete 10 hours of Pre-Service Training prior to initial licensure.

[REVISED] DCS will require all applicants to complete 20 hours of Pre-Service Training for a therapeutic certificate. The training must include:

1. 10 hours of Pre-Service Training to be licensed as a foster parent; and
2. 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 can be used in obtaining the license. A waiver can 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 2-1-16: Foster parent training](#)

PROCEDURE

[REVISED] For DCS licensed foster homes, after Resource and Adoptive Parent Training 1 (RAPT) , the Regional Foster Care Specialist (RFCS) will inform the RAPT Coordinator of the applicant's completion of the RAPT sessions.

[REVISED] Following the completion of the RAPT sessions, the RAPT coordinator will (for DCS licensed homes):

1. Obtain from the RAPT trainer any written feedback regarding the applicant's training experience using the [Pre-Service/In-Service Evaluation of Trainee \(SF52760\)](#);
2. Evaluate feedback for any concerns;
3. Submit the written feedback to the licensing worker¹; and
4. Place a copy in the applicant's file.

Following the completion of the Pre-Service Training, the licensing worker will:

¹ The licensing worker refers to the Regional Foster Care Specialist (RFCS) or the LCPA worker.

1. Verify that all Pre-Service Training has been completed by each person being licensed; and
2. Ensure training hours are documented in the Indiana Management Gateway for Indiana's Kids (MaGIK).

The applicant is 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

Resource and Adoptive Parent Training (RAPT)

Pre-Service Training for Resource and Adoptive Parents licensing. RAPT consists of:

RAPT I – three (3) hours - Introduction to DCS

RAPT II – four (4) hours – Effects of Abuse and Neglect. Classes may be taken on-line at <http://www.fosterparentcollege.com/>; cost will be billed directly to DCS for DCS foster parents . Licensed Child Placing Agencies will be responsible for the cost for their foster parents.

RAPT III – three (3) hours – Discipline, Attachment and Effects of Care Giving on the Family

RAPT IV – six (6) hours – Adoption (can be taken at a later date for in-service training hours; see separate policy, [12.14 In-Service Training Requirements.](#))


[NEW] Note: Exceptions to Adoption Training Requirement for Relative Resource

DCS may provide an exception 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 “Permanency for Children” training required for licensed relative resource homes can be waived in the DCS Local Office Director (LOD) approves the exception in writing. The approved written exception should be placed in the child’s case file.

[REVISED] The Resource and Adoptive Parent Training Curriculum

Incorporates 10 hours of training both in person and online and focuses on the concepts of 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 6: Medical Training Requirements	Version: 2

POLICY

The Indiana Department of Child Services (DCS) will require a licensee to complete a Cardiopulmonary Resuscitation (CPR), First Aid, and Universal Precautions training prior to initial licensure. Additionally, each certification must be current in order to maintain a foster family home license.

Code References

N/A

PROCEDURE

[REVISED] The licensing worker¹ will ensure that training accepted for credit meets the minimum requirements of these guidelines:

1. Cardiopulmonary Resuscitation (CPR) must be completed at least every two (2) years. The program must be certified in pediatric CPR and pediatric airway obstruction under the [American Heart Association guidelines](#). On-line, internet based courses are **not** acceptable;
2. 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. On-line, internet based courses are **not** acceptable; and
3. 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.

The foster family home applicant or licensee will submit a copy of the certificate of completion to the licensing worker.

Exception: Prior medical training received as part of applicant's profession (e.g. Medical Doctor (M.D.), Registered Nurse (R.N.), paramedic, etc) may replace the training requirements upon approval by the Central Office Licensing Unit. See separate policy, [12.20 Variances](#).

The licensing worker will:

1. Ensure documentation of the completed medical training is entered in the Management Gateway for Indiana's Kids (MaGIK); and

¹ The licensing worker refers to the Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

2. Maintain copies of certificates and documentation supporting completion of training.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

1. [American Heart Association guidelines](#)
2. [American Red Cross Learning Center](#)

RELATED INFORMATION

[NEW] DCS has a contract with the Red Cross to offer instructor led classroom courses for foster parents licensed by DCS. The courses offered are Standard First Aid with CPR for Adults, Children, and Infants. The Blood-borne Pathogens/Universal Precautions Training is only offered on-line. These courses will be billed directly to DCS. Registration is to be completed on-line at the [American Red Cross Learning Center](#). A coupon code must be obtained from the RFCS prior to registering for direct billing. The Red Cross contract is only valid for DCS foster homes and does not include homes licensed by LCPAs.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: November 1, 2012
	Section 7: Licensing Home Visits	Version: 2

POLICY **[REVISED]**

[REVISED] The Indiana Department of Child Services (DCS), its designee, or a licensing worker will conduct a minimum of 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.

[REVISED] 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

[REVISED] The licensing worker will:

1. Ensure that 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, [12.3 Initial Licensing Packet](#);
2. Schedule the first home visit concurrently with the Pre-service Training phase;
3. Define the goals of the visit prior to meeting with the foster family based on the [Casey Foster Family Assessments](#) and other indicators of the family's readiness to foster;
4. 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.

[REVISED] 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.

5. Discuss family member feelings (attitudes, expectations, concerns) about resource parenting;
6. Discuss the family's [Child Care Plan \(SF54608\)](#);
7. Conduct an assessment of the physical environment of the home, documenting findings on the [Resource Family Home Physical Environment Checklist \(SF53186\)](#);
8. Discuss any concerns about the physical environment of the home with the applicant;
9. Verify the identify of all household members. See separate policy, [2.9 Verifying Identity](#);
10. Verify marriage and divorce status, if applicable;
11. Complete [Financial Profile](#), included in the [Foster / Adoptive Family Inventory \(SF54607\)](#);
12. Ensure that appropriate background checks have been completed. See separate policy, [12.19 Conducting Background Checks for Foster Family Home Licensing](#).
13. Request a waiver from the Central Office Foster Care Licensing Unit for the home to be dually licensed. See separate policy, [12.19 Waivers](#).

[REVISED] 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 [REVISED]

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 children'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 being 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 can 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 be sent the following information when evaluating 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 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 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 and note if there are any concerns regarding the daycare license.

FORMS AND TOOLS [REVISED]

1. [Resource Parent Role Acknowledgement \(SF54642\)](#);
2. [Child Care Plan \(SF54608\)](#);
3. [Initial Licensure Checklist for Foster Family Homes \(SF53153\)](#);
4. [Casey Foster Family Assessments](#)
5. www.childcarefinder.in.gov

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 8: Receipt of Application	Version: 2

POLICY **[REVISED]**

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.

[REVISED] 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.

[REVISED] 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.

[REVISED] 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 Management Gateway for Indiana's Kids (MaGIK) 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: Applying for license](#)

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 MaGIK;
2. Determine if all required documentation has been provided by the agency or individual;

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

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
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 MaGIK; 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 MaGIK.

If a license is being denied or revoked, see separate policies:

1. [12.18 License Denials](#)
2. [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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 11: Resource Family Preparation Assessment	Version: 3

POLICY

The Indiana Department of Child Services (DCS) will require all foster family home studies to be prepared using the [Resource Family Preparation Assessment](#) summary outline. For foster family homes licensed by a local DCS office, the [Casey Foster Family Assessments](#) should be utilized to support the summary. Licensing Child Placement Agencies (LCPAs) should use the [Child Behavioral Health Challenges](#) to support their summary.

The family preparation assessment summary must be completed within 30 business days of the final home visit. An addendum will be completed when any significant changes occur within the foster family home.

Code References

1. [IC 31-19-8-5: Agency report and recommendation; filing requirements; waiver of report](#)
2. [IC 31-9-2-51: "Hard to place child" or "hard to place children"](#)
3. [IC 31-19-8-6: Contents of report](#)

PROCEDURE

[REVISED] The licensing worker¹ will complete the [Resource Family Preparation Assessment](#) summary outline by:

1. Incorporating feedback from prospective foster family interviews completed during the first and second licensing home visits, information from the training feedback form, and information from other required forms and the [Casey Foster Family Assessments](#);
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 [Resource Family Preparation Assessment](#) summary, the licensing worker will:

1. Meet with the applicant to have the applicant review the summary, submit any feedback; and
2. Complete the [Resource Family Preparation Assessment Cover/Signature Page \(SF 52795\)](#) for the recommendation of the summary following a team or supervisory staffing.

[REVISED] The [Resource Family Preparation Assessment](#) summary must be updated by completing an addendum when any significant changes occur within the foster family home, such as but not limited to:

1. Change in address;

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

2. Change in employment or finances of the home;
3. Additional household members being added or deleted from the family composition; and
4. Changes to the living environment that affect the structure of the home.

PRACTICE GUIDANCE


The Resource Family Home Preparation process is essential to provide the family with the information and skills required to meet the needs of the child in placement and, therefore, to avoid placement disruptions. The Resource Family Preparation Process consists of submission of the application, completion of background checks, and gathering data, sharing information about the children, the agency, and policies, and mutually assessing the applicant's willingness and ability to foster a certain type of child. During home visits, the licensing worker will guide the process and gather appropriate data. The result of this process is a written summary (home study) prepared by the licensing worker and signed by the foster parents.

FORMS AND TOOLS

1. [Resource Family Preparation Assessment \(SF 52795\)](#) - Cover page/Signature page
2. [Resource Family Preparation Assessment](#) Summary Outline
3. [Casey Foster Family Assessments](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 12: Foster Family Home Capacity	Version: 2

POLICY [REVISED]

[REVISED] 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 as a foster family home for more than:

1. Five (5) individuals, each of whom is either:
 - a. Less than 18 years of age, or
 - b. At least 18 years of age and is receiving care and supervision under an order of a juvenile court.
2. Four (4) of the five (5) individuals are children less than six (6) years of age.

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 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 care for a therapeutic child.

DCS may grant a child specific exception to capacity when it is determined that:

1. The placement of siblings in the same foster family home is desirable;
2. A foster child has an established, meaningful relationship with the foster family; and/or
3. It is otherwise in the foster child's best interest.

DCS may grant a general exception for the foster family home when it is in the best interest of the foster children.

A foster family home that has a therapeutic foster child placed with them may not accept a non-related child who is not therapeutic unless it is in the best interest of the child being placed. An exception must be granted for non-siblings.

Code Reference

1. [IC 31-27-4-1: License required for operation](#)
2. [IC 31-27-4-8: Supervision and care limits](#)

PROCEDURE

[REVISED] Prior to requesting initial capacity for a foster family home or an exception to capacity, the licensing worker¹ 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 [Foster 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. If an exception is required, submit an exception request **prior** to placing children in the home (see practice guidance section).
 - a. For emergency placements occurring during business hours, submit an **urgent** email to the Foster Care Licensing Unit including the resource ID number and the required information below
 - b. If an emergency occurs after business hours or over the weekend, submit all required information the next business day.
5. Request an exception in the Management Gateway For Indiana's Kids (MaGIK).

Note: Once the exception is no longer needed, a request to reduce capacity should be submitted via MaGIK.

The Central Office Licensing Unit Manager or designee will:

1. Print the approved license reflecting the capacity; and
2. **[REVISED]** 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

[NEW] 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), in the home, 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

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

- 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, or
 - c. any specific training they have received to meet the needs of the children in their home.
 8. An explanation of the following:
 - 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.

[NEW] Below is a list of necessary information needed for the Central Office Foster Care Licensing Unit to evaluate a request for a **general** 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), in the home, 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, their age, sex, category of supervision, and a brief summary of their behavioral, emotional and physical needs;
3. A description of the foster family's support system;
4. A description of the foster parents' work schedules and their child care plan;
5. The experience of the foster family:
 - a. number of years fostering,
 - b. areas of expertise, or
 - c. any specific training they have received to meet the needs of the children in their home.
6. An explanation of why the foster family should be granted an exception and why it is in the foster child's best interest for this family to be granted an exception.

FORMS AND TOOLS

[Foster 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 13: Licensing Recommendation and Approval Process	Version: 2

POLICY [REVISED]

[REVISED] The Indiana Department of Child Services (DCS) will process all recommendations received by the licensing worker¹ 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 Management Gateway For Indiana's Kids (MaGIK) when a change occurs.

Code Reference:

[IC 31-27-4-16: Duration of license; limitations; renewal](#)

PROCEDURE

The licensing worker must process the request for licensure in MaGIK within five (5) business days of the completion of the Resource Family Home Assessment. 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 MaGIK.

When processing the licensing recommendation, the licensing worker will:

1. Process the request for licensure in MaGIK; 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 their 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 MaGIK. See separate policy, [12.18 License Denials](#).

For LCPAs, the Central Office Licensing Unit will process the licensure approval or denial in MaGIK. 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 MaGIK 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.

[REVISED] 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

[REVISED] 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.

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 14: In-Service Training Requirements	Version: 3

POLICY [REVISED]

[REVISED] 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 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.

The applicant is in applied status until the effective date of their license. 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.

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 (online trainings, books, videos, etc.)

Note: CPR, First Aid and Universal Precautions cannot 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 Family Home; licenses](#)
3. [IC 31-27-4-3: Special Needs Foster Family Home; licenses](#)

PROCEDURE

[REVISED] 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 licensing worker 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 licensing worker.

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 Licensed Child Placing Agency (LCPA) office;
2. Log in-service training records, including dates of completion, in the foster family's case file and the Management Gateway For Indiana's Kids (MaGIK);
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

[REVISED] 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 Staff Development Supervisor. Training hours will not be given, nor will they be accepted, if they are not on the [Approved Alternative In-Service Training](#) list. For foster homes licensed by an LCPA, credit for alternative training will be approved by the LCPA.

All requests for additions to the [Approved Alternative In-Service Training](#) document list should be sent to the Staff Development Supervisor for review and approval. 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.

[REVISED] Alternative Training

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 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.

[REVISED] Web Based Courses

There are currently only two approved websites for on-line trainings:

1. www.fosterparents.com
2. www.fosterparentcollege.com

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 worker¹ for verification and documentation. Fees may be charged by the website, www.fosterparents.com, for utilizing this method. Payment of fees are the responsibility of the foster parent choosing to utilize this option. DCS will pay for four (4) out of the eight (8) alternative training hours for DCS foster parents through www.fosterparentcollege.com. These fees are directly billed to DCS if foster parents choose to take the additional on-line training. LCPAs are responsible for all fees related to on-line training.

[REVISED] College Courses

Some college courses 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 Resource and Adoptive Parent Training (RAPT) Supervisor or LCPA.

[REVISED] 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 Supervisor or LCPA after careful review of the information regarding the banquet activities.

[REVISED] 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 or RAPT Supervisor to determine if there is a training component suitable for awarding in-service training

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker


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 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.

[REVISED] 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. However, if the provider is training the foster parent in a one-on-one situation and documents that contact, then that time can be used as in-service training hours (i.e. being trained on medical equipment).

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 a statement is received from that professional indicating the date, length of time spent, topic covered, and the reason for the session. 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 15: Annual Review	Version: 3

POLICY

[REVISED] The Indiana Department of Child Services (DCS) requires that each licensed foster family home be visited annually by the licensing worker 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.

[NEW] 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 worker¹ 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

[REVISED] 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.

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

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 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 [12.14 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, [12.29 Conducting Background Checks for Foster Family Home Applicants](#);
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;

Note: If there are safety concerns (i.e., background checks are not completed) 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 (MaGIK).

See separate policies, [12.22 Licensing File Requirements](#) and [12.16 Foster Family Home Relicensure](#).

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 \(SF53214\)](#)
8. [Annual Review Checklist for Foster Family Homes \(SF53154\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 16: Foster Family Home Relicensure	Version: 3

POLICY **[REVISED]**

[REVISED] 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 relicensure, 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 (i.e. background checks not completed), 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

[REVISED] 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 Management Gateway For Indiana's Kids (MaGIK) as the application date.

Ninety days prior to the license expiration, the licensing worker¹ will:

1. Communicate with the foster parents about the relicensing timeframes and inquire if they wish to be relicensed;
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.

[REVISED] 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:
 - 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/Adoption 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, [12.29 Conducting Background Checks for Foster Family Home Applicants](#);
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 recommendation with Supervisor;
5. Update MaGIK with the date each requirement was completed; and
6. Process the licensure recommendation in MaGIK.

See separate policies, [12.13 Licensing Recommendation and Approval Process](#), [12.30 Evaluation of Background Checks for Foster Family Home Licensing](#), [12.18 License Denials](#), and [12.26 Withdrawing from the Foster Family Home Program](#).

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

PRACTICE GUIDANCE


N/A

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. [Foster Family/Adoptive Home Preparation Assessment Summary](#)
5. [Annual Report Regarding Resource Family Home \(SF53213\)](#)
6. [Application for Criminal History Background Check \(SF53259\)](#)
7. [Foster / Adoptive Family Inventory \(SF54607\)](#)
8. [Resource Parent Role Acknowledgment \(SF54642\)](#)
9. [Water Agreement \(SF54612\)](#)
10. [Medical Report for Caregivers \(SF45145\)](#)
11. [Medical Report for Household Members \(SF45144\)](#)
12. [Initial Licensure Checklist for Foster Family Homes \(SF53153\)](#)
13. [Licensing Staff Inquiry Regarding Foster Family Home \(SF53214\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 17: Probationary Status	Version: 3

POLICY [REVISED]

[REVISED] 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 Management Gateway for Indiana's Kids (MaGIK) 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 worker¹ should initiate a placement hold in MaGIK.

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 MaGIK;
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 MaGIK,
 - 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:
 - 1) Approve or deny the request for licensure reinstatement within 30 business days; and
 - 2) 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 MaGIK. 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 voluntarily relinquish his or her license, the licensing worker must submit a recommendation to revoke to the LOD. See separate policy, [12.21 Revocations](#).

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

[Corrective Action Plan \(SF53171\)](#)


RELATED INFORMATION

[REVISED] Examples of the use of a plan of correction without probation:

1. Lack of training hours;
2. Licensing paperwork not completed; and/or
3. Licensing complaints.
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 MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 18: License Denials	Version: 3

POLICY **[REVISED]**

[REVISED] The Indiana Department of Child Services (DCS) and its licensing workers¹ 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, [12.29 Conducting Background Checks for Foster Family Home Licensing](#) and [12.30 Evaluation of Background Checks for Foster Family Home 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.

[REVISED] If a denial is based on a report of abuse or neglect that was substantiated prior to October 15, 2006, the DCS Local Office Director (LOD) or Regional Manager (RM) should review the substantiation prior to the licensing worker requesting the denial. The applicant can also request this review at any time in the process.

Code References

1. [IC 31-27-4-5: Applying for license; criminal history checks](#)
2. [IC 31-27-4-6: Grounds for denial of license applications](#)
3. [IC 31-27-4-13: Denial of license](#)
4. [IC 31-27-4-16: Duration of license; limitations; renewal](#)
5. [465 IAC 2-1.5: Licensing of Boarding Homes for Children](#)

PROCEDURE

[REVISED] 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, [12.30 Evaluation of Background Checks for Foster Family Home Licensing](#);
2. The current home environment; and
3. The ability of the prospective foster parent to provide for the child's safety and well-being.

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

[REVISED] For all denials, the licensing worker will:

1. Develop a denial recommendation letter containing the following:
 - a. Any specific statute or rule with which the foster family home is not in compliance, and
 - b. A general description of the circumstances which constitute the non-compliance or other grounds for denial, referencing the documentation or observations supporting the decision.
2. Ensure each denial recommendation letter is signed by the following persons:
 - a. DCS LOD, DCS Local Office Attorney, and DCS licensing worker (for DCS Licensed Foster Family Homes), or
 - b. LCPSA licensing worker, LCPSA Director or designee (for LCPS Licensed Foster Family Homes).
3. Provide a hard copy of the denial recommendation letter and supporting documents to the Central Office Licensing Unit, including a Child Abuse Prevention and Treatment Act (CAPTA) verification form if the denial is based on a substantiation which occurred on or after October 15, 2006; and
4. Enter the denial request and reason for denial into the Management Gateway for Indiana's Kids (MaGIK) and submit to the Central Office Licensing Unit for approval. Ensure the denial recommendation letter is also uploaded into MaGIK.

Upon receipt and **agreement** with the recommendation to deny, the Central Office Licensing Unit Manager will:

1. Send a certified letter to the applicant advising the individuals of:
 - a. The fact that the application for a foster family home license is being denied effective upon the receipt of the letter,
 - b. The nature of the allegation(s) of non-compliance,
 - 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,
 - d. The right to appeal the decision within 30 days of receipt of the letter,
 - e. The statutory authority of DCS to license resource family homes, and
 - f. The civil and criminal penalties for operating without a license.
2. Send a copy of the certified letter denying the license to the licensing worker for their file.

[REVISED] Upon receipt and **disagreement** 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 on the guidance from Central Office.

[REVISED] If the denial is based on a substantiated report of abuse or neglect that occurred prior to October 15, 2006, the LOD where the assessment took place must review the substantiation prior to the request for denial being sent to Central Office.

PRACTICE GUIDANCE

N/A


FORMS AND TOOLS

N/A

RELATED INFORMATION

Denial Appeals

If the foster family home appeals, the DCS Local Office Attorney will be required to represent the DCS local office or LCPA at all Administrative Appeal Hearings. Hearings and appeal staff will schedule and notify the local office attorney and the foster family home of the hearing date.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 19: Waivers	Version: 2

POLICY

[REVISED] 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

[REVISED] 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.

[REVISED] To request a waiver, the licensing worker¹ must:

1. Process the waiver request, including the documentation narrative, in the Management Gateway for Indiana's Kids (MaGIK); 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 The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

1. Review the request and ask for additional information, if applicable;
2. Approve or deny the request; and
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

[NEW] 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.

FORMS AND TOOLS

N/A


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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 20: Variances	Version: 2

POLICY

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

[REVISED] 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 worker¹ must:

1. Process the variance request, including the documentation narrative, in the Management Gateway for Indiana's Kids (MaGIK); 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

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

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 MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2008
	Section 21: Revocations	Version: 2

POLICY

The licensing worker will recommend revocation of a resource family home license if the licensee, **[NEW]** household member, the licensee's employee, or volunteer who has regular and continuous direct contact with children supervised by the licensee has:

1. Disqualifying criminal history identified by the Department of Child Services (DCS) Central Office Background Check Unit. See separate policy, [12.29 Evaluation of Background Checks for Foster Family Home Licensing](#);
2. A conviction for a felony and all request for disqualification exemption have been denied;
3. Made false statements on the application or the records required for licensure;
4. Failed to meet requirements of the Indiana licensing laws and rules, federal regulations, or county housing and residential code requirements; or
5. **[NEW]** Been named as a perpetrator in a substantiated report of child abuse or neglect. See separate policy, [12.23 Investigation for Negative Licensing Action](#).

The licensing worker will submit revocation requests to the DCS Local Office Director who **may** consider revoking a resource family home license if:

1. Any individuals living in the home, other than the licensee or DCS wards, have disqualifying criminal history;
2. Any individuals living in the home, other than the licensee or DCS wards has Child Protection Services (CPS) history;
3. **[NEW]** The home fails to meet state fire and health codes;
4. The licensee or household members violate DCS policies applicable to licensed resource family homes; or
5. The licensee fails to meet the terms of the probationary corrective action plan within 12 months.

DCS will not allow a licensee to voluntarily relinquish their foster care license or transfer to another Licensed Child Placing Agency (LCPA) once the revocation process has begun.

DCS will not place children in a resource family home whose license is pending revocation or has been revoked.

An indicated finding is not a basis for revocation.

Code References

1. [465 IAC 2-1: Licensing of Boarding Homes for Children](#)
2. [470 IAC 1-4: Administrative Appeals](#)
3. [IC 31-27-4-22: Notice of enforcement actions; informal meetings](#)
4. [IC 31-27-4-23: Administrative hearings](#)
5. [IC 31-27-4-24: Procedure for administrative hearings](#)
6. [IC 31-27-4-25: Issuance of decisions](#)

7. [IC 31-27-4-30: Notice](#)
8. [IC 31-27-4-32: Grounds for revocation of license](#)
9. [IC 31-27-4-33: Compliance with rules; disciplinary sanctions; revocation of license](#)

[NEW] PROCEDURE

If a licensed individual has been named as a perpetrator in a substantiated report of Child Abuse and/or Neglect (CA/N) see separate policy, [12.23 Investigation for Negative Licensing Action](#)) then:

1. A recommendation to revoke must be submitted by the licensing worker to the DCS Local Office Director;
2. Ensure any Child Abuse Prevention and Treatment Act (CAPTA) appeals are complete prior to applying for a waiver. See separate policy, [2.5 Administrative Appeal Hearings](#);
3. The DCS Local Office Director will review and submit the recommendation to the waiver review team within five (5) days of receipt;
4. The waiver review team will review the recommendation and determine whether to grant a waiver allowing the applicant to receive a license (see separate policy, [12.19 Waiver](#)) and notify the Central Office Licensing Unit Manager of the determination.

Note: Every substantiation of a licensee must be reviewed by the waiver review team before a license will be given.

If the recommendation to revoke is approved, the Central Office Licensing Unit Manager will:

1. Forward the recommendation to the DCS Central Office Legal Department for review;
2. Send a certified revocation letter to the resource family home when the decision is made to revoke the license. The revocation letter should include the following:
 - a. The effective date of the license revocation,
 - b. The allegation(s) of non-compliance,
 - c. The right to request, within 10 days after receipt of the certified notice, an informal meeting with the DCS Local Office Director of the county in which the home is located,
 - d. The right to appeal the decision within 30 days of receipt of the letter,
 - e. The statutory authority of DCS to issue and revoke licenses, and
 - f. Civil and criminal penalties for operating a resource family home without a license.
3. Send a copy of the revocation letter to licensing worker for their files;
4. Each revocation letter must be signed by the following persons for an LCPA home:
 - a. DCS Local Office Director,
 - b. DCS Local Office Attorney, or
 - c. The LCPA Director or their designee.

Note: Each revocation letter must be signed by the DCS Local Office Director and DCS Local Office Attorney for a DCS licensed home.

5. Instruct Family Case Manager (FCM) to remove all the children under the care and supervision of DCS and notify any other local DCS offices with children in the home that the children are being removed.

As a result of an approved recommendation to revoke the resource family home license, the DCS Office of General Counsel will:

1. Notify any other agency responsible for supervision of the child in the home that the license has been revoked; and
2. Notify the prosecuting attorney in the county where the home is located and the Attorney General of Indiana if the home does not cease operation.

If the resource family home appeals, the Office of General Counsel will be required to represent the DCS local office or LCPA at all Administrative Appeal Hearings.

If the resource family home appeals, hearing and appeal staff will schedule and notify the following of the hearing:

1. DCS Local Office Attorney;
2. Central Office Licensing Unit Manager; and
3. Resource family home.

If the recommendation to revoke a resource family home license is denied and/or the waiver is granted, the Central Office Licensing Unit Manager will:

1. Send notification of the denial to the licensing agency; and
2. Require the licensing agency to discuss and address areas of concern with the resource family home.

If the licensee does not appeal, or upon the final decision approving the revocation through the administrative hearing process and the home has not ceased operation, the Central Office Licensing Unit Manager 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 any other agency responsible for supervision of children in the home that the license has been revoked.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

[NEW] RELATED INFORMATION

If the DCS local office staff question the substantiation determination based on previous substantiation history, the licensing file will need to be reviewed by the Regional Manager.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 22: Licensing File Requirements	Version: 2

POLICY **[REVISED]**

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.

The Central Office Licensing Unit will conduct random reviews of DCS local office and LCPA licensing files. The Central Office Licensing Unit will also conduct field audits of LCPA licensing files.

DCS is ultimately responsible for the licensing file as a public record.

Code Reference

[IC 31-27-4-20: Cooperation by licensees](#)

PROCEDURE

The licensing worker¹ 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 licensure. These may also be used for supervisory review;
2. Log dates of completed forms and other materials in the Management Gateway for Indiana's Kids (MaGIK); and
3. **[REVISED]** 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 their license:
 - a. Completed [Application for Foster Family Home License \(SF10100\)](#),
 - b. [Resource Family Home Physical Environment Checklist \(SF53186\)](#) completed annually,
 - c. [Water Agreement \(SF54612\)](#) and documentation of results or statement of city water,
 - d. Original approved [Resource Family Preparation Assessment \(SF52795\)](#), including [Cover Page with signatures](#),
 - e. Original signed [Resource Parent Role Acknowledgment \(SF54642\)](#) and each subsequent signed agreement at licensure and re-licensure,
 - f. Completed [Annual Report Regarding Resource Family Home \(SF53213\)](#),

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

- g. Updated [Resource Family Preparation Assessment \(SF52795\)](#), including [Cover Page with signatures](#) (at every relicensure) incorporating annual reports,
- h. 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,
- i. Verification that the foster parent(s) has met the pre-service training requirement (copy of training records),
- j. Completed [Pre-Service / In-Service Evaluation of Trainee \(SF52760\)](#),
- k. Verification of the required annual in-service training hours (copy of training records),
- l. Verification of Cardiopulmonary Resuscitation (CPR), first aid, and universal precautions training (copy of training records) at initial and re-licensure,
- m. Completed [Application for Criminal History Background Check \(SF53259\)](#) at initial, annual, and re-licensure,
- n. Results of background checks at initial and relicensure. Results of criminal history checks at annual review. See separate policy, [12.30 Evaluation of Background Checks for Foster Family Home Licensing](#),
- o. Copy of supporting documentation for the waiver or variance, if applicable. See separate policies, [12.19 Waivers](#) and [12.20 Variances](#),
- p. A copy of [Medical Report for Caregivers \(SF45145\)](#) for each applicant at initial and re-licensure,
- q. A copy of [Medical Report for Household Members \(SF45144\)](#) for each household resident at initial and relicensure ,
- r. Four (4) [Request for Personal Reference Statement for Foster Family Home License Applicants \(SF53203\)](#),
- s. Completed [Foster/Adoptive Family Inventory \(SF54607\)](#),
- t. Completed [Family Network Diagram Guide](#),
- u. Completed [Child Behavioral / Health Challenges \(SF53199\)](#),
- v. Completed [Child Care Plan \(SF54608\)](#),
- w. Verification of applicant(s) or licensee(s) birth (birth certificates or other forms of verification),
- x. Verification of applicant(s) 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 \(SF53154\)](#), and
- bb. Completed [Re-Licensure Checklist for Foster Family Homes \(SF53155\)](#).

[REVISED] 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. LCPA 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 total 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 LCPA;
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 that two week (2) period will not be reviewed as part of the QAR and will be noted as an error or omission. The licensing worker will provide the

requested information in hard copy to the Central Office Licensing Unit via mail or scanned into email;

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 LCPA and DCS local office within 60 days of the QAR completion.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS [REVISED]

1. [Application for Foster Family Home License \(SF10100\)](#)
2. [Resource Family Home Physical Environment Checklist \(SF53186\)](#)
3. [Water Agreement \(SF54612\)](#)
4. [Resource Family Preparation Assessment \(SF52795\)](#), including Cover Page with signatures
5. [Resource Parent Role Acknowledgment \(SF54642\)](#)
6. [Annual Report Regarding Resource Family Home \(SF53213\)](#)
7. [Licensing Staff Inquiry Regarding Foster Family Home \(SF53214\)](#)
8. [Application for Criminal History Background Check \(SF53259\)](#)
9. [Request for a Child Protection Service \(CPS\) History Check \(SF 52802\)](#) on all household members
10. [Medical Report for Caregivers \(SF45145\)](#)
11. [Medical Report for Household Members \(SF45144\)](#)
12. [Request for Personal Reference Statement for Foster Family Home License Applicants \(SF53203\)](#)
13. [Foster/Adoptive Family Inventory \(SF54607\)](#)
14. [Family Network Diagram Guide](#)
15. [Child Behavioral / Health Challenges \(SF53199\)](#)
16. [Child Care Plan \(SF54608\)](#)
17. [Initial Licensure Checklist for Foster Family Homes \(SF53153\)](#)
18. [Annual Review Checklist for Foster Family Homes \(SF53154\)](#)
19. [Re-Licensure Checklist for Foster Family Homes \(SF53155\)](#)


RELATED INFORMATION

Additional Information

Due to accreditation standards, the licensing agency may require additional documentation. This information can be added in the comment section of state forms or documented in the licensing file. State forms cannot 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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 23: Assessment for Negative Licensing Action	Version: 2

POLICY **[REVISED]**

[REVISED] 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 worker¹ 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 2-1-3\(a\): Foster family; full-time care; health; income; adult boarders; records and reports](#)
2. [465 IAC 2-1-8 \(a\) Personal care of child in boarding home for full-time care of children; supervision; education; religion](#)
3. [IC 31-27-4-17: Probationary status; duration; expiration; extension](#)
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](#)
7. [IC 31-27-4-33: Compliance with rules; disciplinary sanctions; revocation of license](#)

PROCEDURE

[REVISED] 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 Local Office Attorney for review;

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

2. Process the recommendation for probationary or negative action in the Management Gateway for Indiana's Kids (MaGIK). See separate policies, [12.17 Probationary Status](#) and [12.21 Revocations](#);
3. Submit written recommendations to the Central Office Licensing Unit for approval;
4. Cooperate with the Central Office Licensing Unit by providing necessary records, documentation, and witnesses upon the request of the Central Office Licensing Unit.

[REVISED] 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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 26: Withdrawing from the Foster Family Home Program	Version: 2

POLICY **[REVISED]**

[REVISED] 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 worker¹ 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 Management Gateway for Indiana's Kids (MaGIK); 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 **[NEW]**

[NEW] 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.

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker


Revoking a foster parent license means that the license is forcibly closed and is not considered in good standing.

FORMS AND TOOLS

[Voluntary Withdrawal of Application for Licensure or Relinquishment of Foster Family Home License and Exit Survey \(SF53237\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: November 1, 2012
	Section 27: Transferring a Foster Family Home License	Version: 3

POLICY [REVISED]

[REVISED] 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 Foster Family/Adoptive Home Preparation Assessment Summary (home study). The remainder of the licensing file must be copied and sent by the originating agency to the new agency. It is best practice to send the old home study with the file so the new licensing agency has all historical information on the family. The new licensing worker¹ will be required to complete a new home study.

Note: For purposes of this policy, the “licensing file” is defined as those documents which are required by Indiana code to license a resource home. See separate policies, [12.3 Initial Licensing Packet](#) and [12.11 Family Preparation and Summary](#).

A foster family home license can only be transferred if the home is in good standing with the agency (i.e. no corrective or disciplinary action) unless prior approval is granted by the Central Office Licensing Unit.

Code Reference

N/A

PROCEDURE [REVISED]

[REVISED] When a foster family home licensed by a Licensed Child Placing Agency (LCPA) is transferring their license to another agency or DCS the following procedures must be followed:

1. The foster parent will give the originating agency a signed letter of intent indicating a request to transfer;
2. If the resource is in good standing, the originating agency will fill out the [Resource Home License Transfer \(SF54781\)](#) and send it to the receiving agency;
3. If the resource is NOT in good standing the originating agency will contact the receiving agency to let them know the transfer cannot be completed unless Central Office approval is obtained;
4. If there are children currently placed in the home, the originating agency will obtain statements from all FCMs, who have children in the home, stating they are supportive of the resource transferring to a different agency;

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

5. The receiving agency will review the Resource Home License Transfer (SF54781) for consideration of the transfer;
6. The receiving agency will send a letter to the originating agency regarding whether or not they are willing to accept the transfer;
7. The originating agency has 14 business days to send the licensing file to the receiving agency once the letter of intent to accept the transfer has been obtained;
8. Both agencies will coordinate a transfer date if all parties agree to accept the licensure transfer;
9. The receiving agency will conduct an initial home visit and complete the Resource Family Home Physical Environment Checklist (SF53186) and the Foster Family Preparation Assessment Summary;
10. The originating agency will maintain all licensing responsibilities for the resource home until the transfer occurs;
11. The originating agency will go into MaGIK and click "Edit" on the "Resource Bar" and change the "Supervising Agency" and the "Assigned Worker" information. IMPORTANT: This needs to be completed prior to or on the agreed upon date of the transfer. Once this has been done, the originating agency will no longer be able to complete anything in MaGIK pertaining to the resource so it is imperative to have all licensing information entered in the system prior to changing the supervising agency and licensing worker;
12. The receiving agency will go into 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. NOTE: It is important to double check the dates entered on the Transfer Checklist as corrections cannot be made if entered incorrectly. The receiving agency will upload a new home study and update any other licensing information prior to submitting the resource for approval in MaGIK;
13. The Central Office licensing Unit will approve the transfer request in MaGIK and ensure the following are completed:
 - a. Each recommendation for transfer is reviewed, including one from the originating agency and one from the receiving agency,
 - b. Approval or denial of each recommendation for the transfer is entered in MaGIK,
 - c. The approved license reflecting the transfer is printed and the licensure dates from the original license remain the same, and
 - d. A copy of the new license is sent to the receiving agency's licensing worker to be filed and maintained. The receiving agency has the responsibility to send the license to the foster parent.
14. The originating agency will send the new hard copy license to the resource family home once it is received from Central Office Licensing Unit;
15. The Family Case Manager (FCM) will complete a new Individual Child Placement Referral (ICPR) once the transfer is completed; and
16. If the Central Office Licensing Unit denies the transfer, they will contact the originating and receiving agencies to notify each of the reasons for denial.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

1. [Foster Family/Adoptive Home Preparation Assessment Summary](#)
2. [Resource Family Home Physical Environment Checklist \(SF53186\)](#)
3. [Request for Personal Reference Statement for the Foster Family Home License Applicants \(SF53203\)](#)
4. [Resource Home License Transfer \(SF54781\)](#)

RELATED INFORMATION

No fees may be charged for transfer of documents.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 28: License Reinstatement	Version: 2

POLICY **[REVISED]**

[REVISED] If a license is closed and it has been four (4) years or less since the date of original license issuance, Indiana Department Child Services (DCS) requires an individual to meet all annual review requirements, including, but not limited to:

1. 15 hours of in-service training prior to obtaining a foster home license; or
2. 20 hours of in-service training prior to obtaining a therapeutic foster home certification.

Note: The expiration date of the reinstated license will be the same expiration date as the original license.

If a license is closed or expired and it has been more than four (4) years since the date of original license issuance, the individual would be treated as a new applicant. DCS will require the individual to meet all initial licensing requirements, including attending new pre-service training. See separate policy, [12.5 Pre-Service Training Requirements](#).

This policy does not apply to licenses that have been revoked.

Code References

[465 IAC 2-1-16: Foster parent training](#)

PROCEDURE

Upon receipt of a license reinstatement request, the following needs to occur:

1. If four (4) years or less has lapsed, upon receipt of a license reinstatement request, the licensing worker¹ will:
 - a. Verify all (annual review) requirements have been completed,
 - b. Open the existing resource in the Management Gateway for Indiana's Kids (MaGIK) and update applicable information, and
 - c. Submit recommendation in MaGIK for approval.
2. If more than four (4) years has lapsed, upon receipt of a license reinstatement request, the licensing worker will:
 - a. Verify all initial application verifications have been met. See separate policies, [12.3 Initial Licensing Packet](#), [12.5 Pre-Service Training requirements](#), [12.6 Medical Training Requirements](#), [12.8 Receipt of Application](#), and [12.29 Conducting Background Checks for Foster Home Applicants](#),
 - b. Open the existing resource in MaGIK and update applicable information, and

¹ The licensing worker refers to the Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency (LCPA) worker.

- c. Submit recommendation in MaGIK for appropriate approval.

PRACTICE GUIDANCE


N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: July 1, 2012
	Section 29: Conducting Background Checks for Foster Family Home Licensing	Version: 3

POLICY **[REVISED]**

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 and have or will have direct contact, 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; fingerprints and LEA are required within 30 days of his/her 18th birthday; and National Sex Offender Registry checks are required within 30 days of his/her 14th birthday; or
3. New employees 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 National Criminal History Check (Fingerprint-Based Check);
2. Child Protection Services (CPS History Check) History Check;
3. Sex Offender Registry Check; and
4. Local Law Enforcement Agency (LEA) 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 Worker 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. Sex Offender Registry Check in every state where the subject of the check has lived during the last five (5) years, and
 - d. LEA Records Check in every local police/sheriff jurisdiction where 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. 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 0 -13 years, a CPS History Check in every state where the subject of the check has lived during the last five (5) years.

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 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 (all ages);
3. Sex Offender Registry (age 14 and older); and
4. LEA Records Checks (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 would include but are not limited to Scouting, Youth Groups, School Parties, Sleepovers, Roller Skating parties, and Birthday parties. See

separate policy, [8.23 Extracurricular Activities](#). Discretion should be used when deciding whether CPS History Checks, Sex Offender Registry Checks and/or LCH Checks are needed.

Child Care

Background checks have already been completed by the Indiana Division of Family Resources for licensed 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, grocery store or other similar activities. Discretion should be used when deciding whether CPS History Checks, Sex Offender Registry Checks and/or LCH Checks are needed.

Unlicensed out-of-home 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 (all persons regardless of age);
2. Sex Offender Registry Checks in every state where the subject of the check has lived during the last five (5) years-(Ages 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 or volunteer of the foster family home and the background checks required for an employee or volunteer of the home (Fingerprint-Based Check, CPS History Check, Sex Offender Registry Check and a LEA Records Check) should be completed. Examples of regular and continuous 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: Definition of Criminal History Check](#)
3. [IC-34-18-6.1: Predisposition Report; Contents](#)
4. [IC 31-26-5: Family Preservation Services](#)
5. [IC 31-34-20-1.5: Placement in Household with Certain Individuals Prohibited; Exceptions; Criminal History Checks](#)
6. [240 IAC Article 6: Criminal History Record Information](#) Indiana State Police Department

PROCEDURE [REVISED]

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 \(SF53259\)](#):
 - 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 providing 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 which 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 email to the DCS local office or LCPA contact person handling all background check material and inform them of the Fingerprint-Based Check status:
 1. If fingerprints are rejected, follow the instructions on the Reprint Notice. A 'reprint' appointment must be scheduled. Do not start a new registration or 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
 2. For all other results, see separate policy, [12.30 Evaluation of Background Checks for Foster Family Home Licensing](#).
4. Conduct a Sex Offender Registry Check for all persons age 14 years and older and print the results via the Dru Sjodin National Sex Offender Public website at <http://www.nsopw.gov/Core/Portal.aspx>. If a match is found, please refer to separate policy, [12.30 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:

a. For Indiana:

1. As the requesting agency, the licensing worker will complete Section A of the Indiana [Request for Child Protection Service \(CPS\) History Check \(SF52802\)](#);
2. Have the subject of the check, or representative if a minor, complete Section B; and
3. Complete a search of the Management Gateway for Indiana's Kids (MaGIK) System, and hardcopy files if available, and reflect the results in Section C;

Note: LCPAs are unable to access this information and will need to send a copy of the Indiana [Request for Child Protection Service \(CPS\) History Check \(SF52802\)](#) to DCS COBCU or the DCS local office.

- 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.cclid.ca.gov/AdamWalsh/2609.htm>. Click on "[List of Contacts For Other State's Child Abuse and Neglect Registries](#)",
- c. If the person has CPS history in any state, refer to separate policy, [12.30 Evaluation of Background Checks for Foster Family Home Licensing](#), for further action required.

6. Conduct LEA Records Checks:

- a. Request a records check from the local or county LEA with jurisdiction of the subject's home address utilizing the [Application for Criminal History Background Check \(SF53259\)](#), Section titled "For Law Enforcement Use Only",
- b. Request searches from the appropriate LEA for ALL other residential addresses the subject of the check has resided during the past five (5) years,
- c. Upon receiving the results of each check, see separate policy, [12.30 Evaluation of Background Checks for Foster Family Home Licensing](#).

Note: It is the responsibility of the applicant to cover any fees for out-of-state CPS history.

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.

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, 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 if additional guidance is needed.

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 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
6. A psychologist licensed under IC25-33.

Searching CPS History

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

FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF53259\)](#)
2. [Request for a Child Protection Services \(CPS\) History Check \(SF52802\)](#)
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 Placement Support and Compliance 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 emailing the COBCU at background.checkunit@dcsh.in.gov.

Limited Criminal History (LCH)

A 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 email background.checkunit@dcsh.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 MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: July 1, 2012
	Section 30: Evaluation of Background Checks for Foster Family Home Licensing	Version: 4

POLICY [REVISED]

The Indiana Department of Child Services (DCS) Central Office Background Check Unit (COBCU) will evaluate the results of all 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, [12.29 Conducting Background Checks for Foster Family 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 COBCU will evaluate the results and notify the assigned DCS local office or LCPA contact person by emailing the Fingerprint-Based Check Status Letter.

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

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

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

1. Any misdemeanor related to the health and/or safety of a child;
2. Any felony;
3. Four (4) or more misdemeanor convictions; or
4. A juvenile adjudication for an act that if committed by an adult would be one of the 21 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 Protection Services (CPS) History Checks

The licensing worker will review the completed CPS history results from Indiana, and if applicable, all other states of residency within the past five (5) years to determine if there are reports of any substantiation of abuse and/or neglect for the subject of the check. If there is

substantiated CPS history in Indiana or in another state, the filing and approval of a waiver is required for licensing approval. See below section regarding Waivers.

Note: It is the responsibility of the applicant to cover any fees for out-of-state CPS history.

Sex Offender Registry Check

The licensing worker will evaluate the Sex Offender Registry checks 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.

Local Law Enforcement Agency (LEA) Records Check

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

Waivers

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

1. [Murder \(IC 35-42-1-1\)](#);
2. [Causing suicide \(IC 35-42-1-2\)](#);
3. [Assisting suicide \(IC 35-42-1-2.5\)](#);
4. [Voluntary manslaughter \(IC 35-42-1-3\)](#);
5. [Reckless homicide \(IC 35-42-1-5\)](#);
6. [Battery \(IC 35-42-2-1\)](#) within the last five (5) years;
7. [Domestic battery \(IC 31-27-4-13\)](#);
8. [Aggravated battery \(IC 35-42-2-1.5\)](#);
9. [Kidnapping \(IC 35-42-3-2\)](#);
10. [Criminal confinement \(IC 35-42-3-3\)](#) within the last five (5) years;
11. [A felony sex offense under \(IC 35-42-4\)](#);
12. [Carjacking \(IC 35-42-5-2\)](#) within the last five (5) years;
13. [Arson Class \(IC 35-43-1-1\)](#) within the last five (5) years;
14. [Incest \(IC 35-46-1-3\)](#);
15. Neglect of a dependent ([IC 35-46-1-4\(a\)\(1\)](#)) and ([IC 35-46-1-4\(a\)\(2\)](#));
16. Child selling ([IC 35-46-1-4\(d\)](#));
17. Operating a vehicle while intoxicated ([IC 9-30-5](#));
18. A felony involving a weapon within the last five (5) years under ([IC 35-47](#)) or ([IC 35-47.5](#));
19. A felony relating to controlled substances within the last five (5) years under ([IC 35-48-4](#));
20. An offense relating to material or a performance that is harmful to minors or obscene under ([IC 35-49-3](#)); and/or

21. A felony that is equivalent to a felony listed in subdivisions (1) through (20) for which the conviction was entered in another state.

The licensing worker will immediately recommend denial or revocation of the foster family home license if the background check subsequently reveals that an applicant or licensee or an individual living, working, or volunteering in the licensed foster family home:

1. Has a disqualified history or substantiated CPS history that is not waived by DCS; or
2. Has a disqualified history or substantiated CPS history where a waiver is not being actively pursued.

Note: If the household member voluntarily leaves the home, the denial or revocation will not be necessary.

Code References

1. [IC 31-27-4-5: Applying for license; criminal history checks](#)
2. [IC 31-27-4-6: Grounds for denial of license applications](#)
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. [IC 9-30-5: Operating a Vehicle While Intoxicated](#)

PROCEDURE

The licensing worker will complete the following steps:

1. For a Fingerprint-Based Check, review the Status Letter received from COBCU. Where the status is either conditionally disqualified or disqualified:
 - 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 to determine if the subject of the check is eligible to apply for a waiver. If eligible and the licensing 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. 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 if conditionally disqualified. Provide the requested documentation to the COBCU consultant. Upon reevaluation, 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 licensing worker will give the subject of the check a copy of the completed Indiana Request for a Child Protection Services (CPS) History Check (SF52802/CW2128) form showing substantiated history. See separate policy, [2.6 Sharing of Confidential Information](#), and
 - b. A request for a waiver should be filed within 10 days of receiving the CPS history at initial licensing, relicensure and annual review. (See Waivers

section below.) The request for the waiver must be granted for the home to be licensed or remain licensed.

3. Review the results of the Sex Offender Registry Check for a match to the subject of the check. If there a match for the subject of the check, do not license the home or recommend revocation;
4. Review the results of the LEA Records Checks and contact COBCU within five (5) days of the check for further evaluation if there is a felony, four (4) or more misdemeanors, or a misdemeanor that relates to the health and safety of a child. At any time the licensing worker believes the LEA Records Check may alter the Fingerprint-Based Check Status, the licensing worker will contact the consultant that is listed on the Fingerprint-Based Check Status Letter for further action; and
5. To request a waiver of disqualified criminal history and/or substantiated CPS history submit the below to the COBCU by fax at 317-234-4633 or scan/e-mail at background.checkunit@dcs.in.gov:
 - a. A signed letter from the subject of the check (parent or guardian may write if the subject of the check is a minor and they are unable to write their own letter; however, the minor should sign if able) explaining in detail the situation involving the substantiation or criminal act and addressing:
 1. The length of time since the person committed the offense, delinquent act, or act that resulted in the substantiated report of abuse or neglect;
 2. The severity of the offense of abuse or neglect, including jail or prison time served and whether they are currently on probation or parole;
 3. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan, if applicable; and
 4. The ability of the proposed applicant to provide for the child's safety and well-being.
 - b. A signed letter on agency letterhead or email from the licensing worker explaining:
 1. His or her observation of the subject of the check;
 2. The reasons he or she supports or does not support the waiver request; and
 3. If the child is already been placed in the subject's care as a relative placement.
 - c. An [Indiana Request for a Child Protection Service History \(CPS\) History Check state form 52802](#). If substantiation of abuse and/or neglect is found, there must be a paper 311 included for all substantiations reported on the form above. Also if the subject has resided outside the state of Indiana in the past five years, the other state's CPS search results must also be submitted,
 - d. A screen print of the Sex Offender Registry Check completed from the required National Sex Offender website, if 14 years old or older,
 - e. A copy of the written results of all LEA checks, if 18 years and older, and
 - f. A copy of the fingerprint based status letter which was em-mailed to the DCS local office, if requesting a CPS waiver only. This is required for checks completed for the purpose of relative placement showing the fingerprint based status of qualified if 18 years and older.
6. Place a copy of the results documents for all background checks and any waiver letters in the licensing file and document in the Indiana Child Welfare Information System, if applicable.

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 and notify by e-mail the assigned DCS local office or LCPA contact person regarding the Fingerprint-Based Check status; Re-evaluate history based on the received documentation and issue a new status letter if conditionally disqualified or disqualified provide guidance;
2. For waivers of disqualified criminal history and substantiated CPS history:
 - a. Upon receipt of the complete waiver request packet, the COBCU will summarize, make a recommendation, and submit the request to the Deputy Director of Placement Support and Compliance, or designee.
 - b. The Deputy Director of Placement Support and Compliance, or designee, will submit the recommendation to the Background Check Team for a joint decision.

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

- c. Notify by email the assigned DCS local office or LCPA 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."

- 4 For Exception to Fingerprint request, when the exception is granted, generate the Indiana Limited Criminal History (LCH) check and notify by e-mail the assigned DCS local office or LCPA background check contact person regarding the status.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

[Background Check Matrix for Unlicensed Placements and Foster Care Desk Guide](#)

RELATED INFORMATION

Factors for the Licensing 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 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. Foster parent;
2. Household member; or
3. An employee or volunteer of the home who has or will have direct contact, on a regular and continuing basis, with children who are or will be under the direct supervision of the foster family home.

Conditionally Disqualified Fingerprint Status


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

1. Foster parent;
2. Household member; or
3. An employee or volunteer of the home who has or will have direct contact, on a regular and continuing basis, with children who are or will be under the direct supervision of the 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, an arrest without a disposition or a conviction where additional information on the circumstances of the arrest and conviction are required.

Qualified Fingerprint Status

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

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: October 1, 2012
	Section 31: Financial Verification for Licensure	Version: 1

POLICY **[NEW]**

The Indiana Department of Child Services (DCS) partners with foster family homes to ensure children in foster care are placed in a 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 homes will submit accurate financial information including, but not limited to pay check stubs, tax forms, and monthly expenses on [Foster/Adoption Family Inventory \(SF54607\)](#) as part of the licensure process.

Code Reference

1. [465 IAC 2-1.5: Licensing of Foster Family Homes for Children](#)
2. IC 31-27-2-4 Rules; Establishment of Standards
3. IC 31-27-2-5 Monitoring of Licensed Entities

PROCEDURE

Foster family homes will complete the [Foster/Adoption Family Inventory \(SF54607\)](#) as part of the licensure/re-licensure process. The financial information section will include:

1. Source and amount of any monthly household income; and
2. Source and amount of any monthly expenses and outstanding debts.

The licensing worker¹ will:

1. Evaluate the financial information received on the [Foster/Adoption Family Inventory \(SF54607\)](#) to determine whether the foster family home has adequate income to meet its monthly financial obligations without utilizing foster care payment as income; and
2. 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.

¹ The licensing worker refers to the DCS Regional Foster Care Specialist (RFCS) or the Licensed Child Placing Agency worker

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
4. Veteran Benefits

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 (replacement clothing, repairs, mending, alterations, etc.);
3. Shelter (summer camp, or hotel accommodations during school trips, etc.);
4. Supervision that substitutes for daily supervision (day care/babysitter);
5. School supplies (paper, pens, calculator, etc.); and
6. Child's personal incidentals on an ongoing basis (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

[Foster/Adoption Family Inventory \(SF54607\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 13: : Licensed Residential Agencies and Child Placing Agency	Effective Date: July 1, 2012
	Section 1: Conducting Background Checks for Licensed Residential Agencies and Child Placing Agency	Version: 3

POLICY [REVISED]

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 and/or intern in DCS-licensed agencies if the employee/volunteer/intern has or will have direct contact, on a regular and continuing basis, with child(ren) who are or will be under the direct supervision of the agency;
2. Manager of a DCS-licensed agency; or
3. Licensing applicant of a DCS-licensed agency

Note: Each employee/volunteer/intern for which background checks are required must have a current job description that indicates that the individual has or will have direct contact, on a regular and continuing basis, with children who are under the direct supervision of the agency.

The following background checks will be conducted on DCS-licensed agencies:

1. Fingerprint-Based National Criminal History Check (Fingerprint-Based Check);
2. Child Protection Services History Check (CPS History Check);
3. Sex Offender Registry Check; and

NOTE: Local Law Enforcement Agency (LEA) Records Check is recommended.

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, and
- c. Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years.

Note: For all person 18 years or older, DCS suggests the completion of a LEA Records Checks in every state the subject of the check has lived in the last five (5) years.

- 2. For all persons 17 years of age and under:
 - a. CPS History Check in every state the subject of the check has lived in the last five (5) years, and
 - b. Sex Offender Registry Check in every state the subject of the check has lived in the last five (5) years.

New Hires

Once a DCS-licensed agency has an active license, all background checks must be completed and passed prior to a new employee, volunteer and/or intern having direct contact, on a regular and continuing basis, with child(ren) who are or will be under the direct supervision of the agency.

The DCS-licensed agency will have to complete another background check on the employee/volunteer/intern if the agency license is being renewed and more than one (1) year has passed since the new employee/volunteer/intern was 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 check'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, a non-fingerprint 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 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. Sex Offender Registry Check; and
3. LEA 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 Applying for a Child Caring Institution License](#)
2. [IC 31-27-3-5 Denial of a Child Caring Institution License](#)
3. [IC 31-27-5-4 Applying for a Group Home License](#)
4. [IC 31-27-5-6 Denial of a Group Home License](#)
5. [IC 31-27-6-2 Applying for a Child Placing Agency License](#)
6. [IC 31-27-6-3 Denial of Child Placing Agency License](#)

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 \(SF53259/CW3610\)](#) 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 email to the agency contact person handling all background check material and inform them of the Fingerprint-Based Check status.
 1. If fingerprints are rejected, follow the instructions on the Reprint Notice. A 'reprint' appointment must be scheduled. Do not start a new registration or 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.
 2. For all other results see separate policy, [13.2 Evaluation of Background Checks for Licensed Residential Agencies and Child Placing Agency](#)
4. Conduct a 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/Core/Portal.aspx>. 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 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:
 - a. For Indiana:
 1. The agency will complete Section A of the Indiana [Request for Child Protection Service \(CPS\) History Check \(SF 52802/CW 2128\)](#);
 2. 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 \(SF52802/CW2128\)](#) to the COBCU or 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.cclid.ca.gov/AdamWalsh1_2609.htm. Click on “[List of Contacts For Other State’s Child Abuse and Neglect Registries](#)”
 - c. If the subject of the check has CPS history in any state, refer to separate policy, [13.2 Evaluation of Background Checks for Licensed Residential Agencies and Child Placing Agency](#) for further required action.
6. DCS suggests that the DCS-licensed agency conduct LEA Records Checks for all appropriate age persons working or volunteering by:
- a. Requesting a records check from the LEA that responds to a subject of the check’s current home address utilizing the [Application for Criminal History Background Check \(SF53259/CW3610\)](#), Section titled “For Law Enforcement Use Only.”,
 - b. Requesting searches from the appropriate LEA corresponding to ALL other residential addresses the subject of the check has resided during the past five (5) years,
 - c. Upon receiving the results of each check See separate policy. [13.2 Evaluation of Background Checks for Licensed Residential Agencies and Child Placing Agency](#).

PRACTICE GUIDANCE

Notifying DCS of Arrest, Convictions or Substantiation of Abuse or Neglect

DCS requires the applicant and/or their 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/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 a Indiana LCH. The agency or agency will provide the checks for all other states the subject of the check has resided in the past five 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 IC25-22.5.
2. A physician assistant licensed under IC25-27.5.
3. A physical therapist licensed under IC25-27.
4. An advanced practice nurse licensed under IC25-23.
5. A chiropractor licensed under IC25-10.
6. A psychologist licensed under IC25-33.

FORMS AND TOOLS

1. [Application for Criminal History Background Check \(SF53259/CW3610\)](#)
2. [Request for a Child Protection Services \(CPS\) History Check \(SF52802/CW2128\)](#)
-

RELATED INFORMATION


Special Fingerprinting Issues

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 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 13: Licensed Residential Facilities and Child Placing Agency	Effective Date: July 1, 2012
	Section 2: Evaluation of Background Checks for Licensed Residential Facilities and Child Placing Agency	Version: 3

POLICY [REVISED]

The Indiana Department of Child Services (DCS) will evaluate all 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 Checks

The DCS Central Office Background Check Unit (COBCU) will evaluate the results and notify the assigned DCS-licensed agency contact person via e-mail of the Fingerprint-Based Check status.

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 reevaluate 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, although some may be eligible to file for a waiver (see section on Waivers):

1. Any misdemeanor related to the health and/or safety of a child;
2. Any felony;
3. Four (4) or more misdemeanor convictions; or
4. A juvenile adjudication for an act that if committed by an adult would be one of the 20 felonies listed in the waiver section below.

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

Child Protection Services History Check (CPS History Check)

The DCS-licensed agency will review the completed CPS history results from Indiana, and if applicable, all other states of residency within the past five (5) years and determine if there are reports of any substantiations of child abuse and/or neglect for the subject of the check. If there is a substantiated CPS history in Indiana or the equivalent in another state, a waiver is required for consideration of employment and/or volunteering. (See section on Waivers.)

Sex Offender Registry Check

The DCS-licensed agency will evaluate the Sex Offender Registry Checks to determine if there are any matches. If there is a match the subject of the check cannot be employed or volunteer for the facility. Notify the COBCU immediately. The COBCU will reevaluate the Fingerprint-Based Check Report.

Law Enforcement Agency (LEA) Record Checks

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

Waivers

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

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

17. **[NEW]** Operating a vehicle while intoxicated (IC [9-30-5](#)) within the last five (5) years.
18. A felony involving a weapon within the last five (5) years under ([IC 35-47](#)) or ([IC 35-47.5](#));
19. A felony relating to controlled substances within the last five (5) years under ([IC 35-48-4](#));
20. An offense relating to material or a performance that is harmful to minors or obscene under ([IC 35-49-3](#)); and/or
21. A felony that is equivalent to a felony listed in subdivisions (1) through (19) for which the conviction was entered in another state.

The DCS-licensed agency will immediately remove the subject of the check from the work schedule if the background check subsequently reveals:

1. Disqualified history or substantiated CPS history that is not waived by DCS; or
2. Disqualified history or substantiated CPS history where a waiver is not being actively pursued.

Code References:

1. [IC 31-27-3-3 Applying for a Child Caring Institution License](#)
2. [IC 31-27-3-5 Denial of a Child Caring Institution License](#)
3. [IC 31-27-5-4 Applying for a Group Home License](#)
4. [IC 31-27-5-6 Denial of a Group Home License](#)
5. [IC 31-27-6-2 Applying for a Child Placing Agency License](#)
6. [IC 31-27-6-3 Denial of Child Placing Agency License](#)
7. [IC 9-30-5: Operating a Vehicle While Intoxicated](#)

PROCEDURE

DCS Residential Licensing staff will ensure that the DCS-licensed agency completes the following steps.

1. For a Fingerprint-Based Check, review the results letter received from COBCU. Where the Fingerprint-Based Check Status is 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 DCS-licensed agency supports the waiver, instruct the subject of the check that a request for a waiver must be submitted to the COBCU within ten (10) days of date of the Fingerprint-Based Check Status Letter. (See #5 below regarding applying for a waiver),
 - c. If conditionally disqualified, instruct the subject of the check to contact the COBCU Consultant listed on the Fingerprint-Based Check Status Letter within ten (10) days of the date of the results letter. Provide the requested

documentation to the COBCU Consultant. Upon reevaluation, if the status is disqualified refer to “b” above.

2. Review the results of the CPS History Check;
 - a. If a substantiated CPS history is discovered 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 (SF52802/CW2128) form showing substantiated history. See separate policy, [2.6 Sharing of Confidential Information](#), and
 - b. A request for a Waiver should be filed within ten (10) days of receiving the CPS history at initial licensing, relicensure or hiring . (See Waivers section below The request for the waiver must be granted otherwise the employee or volunteering cannot be hired or volunteer in the DCS-licensed agency. If already hired or volunteering, remove the subject of the check from the schedule immediately.
3. Review the results of the Sex Offender Registry Check for a match to the subject of the check. If there a match for the subject of the check, do not hire or allow the subject to volunteer at the facility. If already employed or volunteering, then remove the subject of the check from the schedule immediately;
4. Review the results of the LEA Record Checks and contact COBCU within five (5) days of the check for further evaluation if there is a felony, four (4) or more misdemeanors, or a misdemeanor that relates to the health and safety of a child. At any time the DCS-licensed agency believes the LEA Record Check report may alter the Fingerprint-Based Check Status, the DCS-licensed agency will contact the COBCU Consultant that is listed on the Fingerprint-Based Check Status Letter for further action;
5. To request a Waiver of a disqualified criminal history and/or substantiated CPS history submit to the COBCU by fax at 317-234-4633 or scan/e-mail at background.checkunit@dcsl.in.gov;
 - a. A signed letter from the subject of the check explaining in detail the situation involving the substantiation or criminal act and addressing:
 1. The length of time since the person committed the offense, delinquent act, or act that resulted in the substantiated report of abuse or neglect;
 2. The severity of the offense of abuse or neglect, including jail or prison time served and whether they are currently on probation or parole; and
 3. Evidence of the person's rehabilitation, including the person's cooperation with a treatment plan, if applicable.
 - b. A signed letter on letterhead or email from the DCS-licensed agency's Executive Director or HR director explaining their observations of the subject of the check as well as the reasons he/she does or does not support the Waiver request. Also submit copies of all other background checks (CPS History Check, Sex Offender Registry Check, Fingerprint-Based Check Status Letter, and LEA Records Check).

Note: DCS will not require a new CPS Waiver annually unless a new substantiation is discovered.

6. Place a copy of the results documents for all background checks and any Waiver Letters in the employee or volunteer's personnel file.

Note: A criminal history or CPS waiver granted for the purpose of employment or volunteering 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 Fingerprint-Based Check Report within five (5) business days of receipt and notify by e-mail the assigned DCS-licensed agency's contact person regarding the Fingerprint-Based check status; and
2. If either conditionally disqualified or disqualified provide guidance, reevaluate history based on the received documentation, and issue a new Fingerprint-Based Check Status Letter when applicable;
3. For waivers of disqualified criminal history and substantiated CPS history:
 - a. Upon receipt of the waiver request letter from the subject of the check and the DCS-licensed agency's Executive Director or HR director, the COBCU will summarize, make a recommendation, and submit the request to the Deputy General Counsel over COBCU, or designee,
 - b. Deputy General Counsel over COBCU or designee will submit the recommendation to the Background Check Team for a joint decision.

Note: The Background Check Review Team is made up of the DCS Local Office Director and Regional Manager located in the county/region in which the facility is/will be located, and the Deputy General Counsel over COBCU and Residential Licensing or designee. The team decision may be made via phone or email.

- c. Notify by email the DCS-licensed agency's assigned contact person of the waiver decision. A decision will be returned in approximately ten (10) working days and the status will be either "waiver granted" or "waiver not granted."
4. For Exception to Fingerprint request, when the exception is granted, generate the Indiana Limited Criminal History (LCH) check and collect any other state's non-fingerprint based checks from the DCS-licensed agency, evaluate and notify by e-mail the DCS-licensed agency assigned contact person regarding the status.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A

RELATED INFORMATION

Factors for the DCS-licensed agency 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 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 facility nor the subject of the check shall receive a copy of the official criminal history transcript that contains criminal history reported by the Federal Bureau of Investigation (FBI) and the Indiana State Police (ISP). 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(n):

1. Applicant for a license;
2. Manager of a DCS-licensed agency; or
3. Employee, volunteer and/or intern in DCS-licensed agency if the employee/volunteer/intern has or will have direct contact, on a regular and continuing basis, with child(ren) who are or will be under the direct supervision of the DCS-licensed agency.

Conditionally Disqualified Fingerprint Status

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


1. Applicant for a license;
2. Manager of a DCS licensed agency; or
3. Employee, volunteer and/or intern in DCS-licensed agency if the employee/volunteer/intern has or will have direct contact, on a regular and

continuing basis, with child(ren) who are or will be under the direct supervision of the 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 an arrest without a disposition, a conviction without the level of the conviction being a misdemeanor or a felony, or a conviction where additional information on the circumstances of the arrest and conviction are required.

Qualified Fingerprint Status

Qualified fingerprint status means that the subject of the check is eligible to be an applicant for a license, a facility manager, or an employee, volunteer and/or intern in DCS licensed agency if the employee/volunteer/intern has or will have direct contact, on a regular and continuing basis, with child(ren) who are or will be under the direct supervision of the agency, as long as the subject of the check passes all other background checks.

 INDIANA DEPARTMENT OF CHILD SERVICES	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 14: Guardianship	Effective Date: July 1, 2012
	Section 1: Guardianship	Version: 3

POLICY

The Indiana Department of Child Services (DCS) will offer guardianship as a permanency option, if it is in the best interest of the child and if other permanency goals (e.g., reunification, adoption, another planned permanent living arrangement, placement with a fit and willing relative) are not feasible.

[NEW] NOTE: This policy section applies to children under DCS care and supervision whose [Application for Guardianship Assistance](#) was received by DCS prior to July 1, 2012.

Code References

1. [465 IAC 2-8-1 to 465 IAC 2-8-12: Assisted Guardianship](#)
2. [IC-29-3-1-6: Definition of a Guardian](#)
3. [IC 29-3-2-1\(b\): Jurisdiction of Probate Court in Guardianships](#)
4. [IC 29-3-2-1\(c\): Jurisdiction of Juvenile Court in Certain Guardianships](#)
5. [IC 31-30-1-1: Exclusive Original Jurisdiction of Juvenile Court in Guardianship of CHINS](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Convene a Child and Family Team (CFT) Meeting or Case Plan Conference to review and discuss guardianship as a permanency goal for the child. The discussion should include information regarding the guardianship process as well as any provisions needed for assistance and supports to the family and the child to help ensure the child's safety and permanence in the home;
2. Get court approval of guardianship as the permanency option if the CFT determines this is the best permanency option for the child;
3. Conduct criminal background checks for the proposed guardians. See separate policy [8.6 Conducting Background Checks for Unlicensed Placements](#);
4. Ensure that a petition for guardianship is filed for each child for whom a guardianship is being sought; and
5. Notify the parents (if their whereabouts are known), the proposed guardians, the minor if he or she is at least 14 years of age by the date, and time of the guardianship hearing.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Notice of Guardianship Hearing](#)
2. [Assisted Guardianship Application](#)
3. [Assisted Guardianship Agreement](#)
4. [Notification of Termination of Assisted Guardianship \(90 day letter\)](#)
5. [Notification of Termination of Assisted Guardianship \(30 day letter\)](#)
6. [Application for Continuation of Assisted Guardianship](#)
7. [Consent Form](#)

RELATED INFORMATION

Assisted Guardianship (AG) is a limited TANF funded program. This program is meant to help families where it has been determined that Guardianship is the best permanency plan for a child or sibling group and due to significant financial need, assistance is required for the child's permanency and well-being. Due to limited funding, the child may be put on a waiting list until an AG slot is available.

FCM's will:

1. Contact the Guardianship Specialist in the Central Eligibility Unit (317-234-5778 or centralized.eligibility@dcs.in.gov) to obtain the Assisted Guardianship Application
2. Complete the Assisted Guardianship Application with the proposed guardian
3. Submit the Assisted Guardianship Application and other appropriate documents to the Guardianship Specialist with the proposed final hearing date for the guardianship hearing.
4. Complete the Assisted Guardianship Agreement if the Guardianship Specialist approves the child for the program.
5. Send the Assisted Guardianship Agreement for signatures by the guardians and the DCS local office director prior to the finalization of the guardianship.
6. Notify the Guardianship Specialist when the guardianship order is issued by the court;
7. Place the original Assisted Guardianship Agreement in the child's foster care file, provide a copy to the guardian and send a copy to the Guardianship Specialist along with a copy of the guardianship order.
8. Open an Assisted Guardianship case in ICWIS (will require entry of the social security number for each guardian) effective as of the date the final guardianship order is entered by the court; ,
9. Close the foster care case in ICWIS as of the same date that the Assisted Guardianship case is opened in ICWIS;


10. Update any address changes in ICWIS if notified by the guardian and notify the Resource Unit so they can send a new vendor information form to update KidTraks;
11. Notify the Guardianship Specialist if there are any changes in the guardianship order or if the AG child ever re-enters foster care, so that they can suspend or terminate the monthly assisted guardianship payment in KidTraks and ICWIS; and
12. Investigate the current situation of the youth and the guardian if requested by the Guardianship Specialist.

Guardianship Specialist with the Central Eligibility Unit will:

1. Determine if the child is eligible for guardianship assistance from the Assisted Guardianship Application submitted by the FCM.
2. Monitor and manage an Assisted Guardianship List to track the number of slots with available funding;
3. Place AG eligible youth on the Assisted Guardianship List for approximately 90 days;
4. Upon notification of finalization of guardianship, validate that:
 - a. the AG case has been opened in ICWIS effective the finalization date of the guardianship,
 - b. the Guardian(s) SSN's have been entered in ICWIS,
 - c. the foster care case is closed in ICWIS effective the finalization date of the guardianship,
 - d. a copy of the final guardianship order is in the CEU eligibility file; and
 - e. a copy of the signed AG agreement is in the CEU eligibility file;
5. Develop, monitor, and manage an Assisted Guardianship Waiting List (a list of finalized guardianships with assistance (AG) but a slot with funding is not available).
6. Place eligible youth on the Assisted Guardianship Waiting List if there are no slots with funding available.
7. Notify the FCM when an additional slot with funding becomes available
8. Input the payment information into KidTraks, begin the AG payment effective the finalization date, and immediately resolve any KidTraks voucher errors;
9. Set the end date of the AG payment in KidTraks the day before the youth's 18th birthday;
10. Transfer the AG case to themselves once the local office has notified that guardianship has been finalized, AG case opened and the foster care case closed;
11. Update address changes in AG in ICWIS and send a [Vendor Information form \(SF5 3788\)](#) to the Guardian when notified of such;
12. Complete the annual re-determination processes for the AG program;
13. Send suspension and termination notifications to the AG Guardian based on any violations of the terms of the Assisted Guardianship Agreement;
14. Send a Notification of Termination of Assisted Guardianship payments to the AG Guardian at their last known address, by certified mail, approximately 90 days

prior to the termination and again 30 days prior to the date the youth will reach age 18;

15. If the guardian provides proof that the youth continues to be a full time student, extend the AG payments to the day prior to the youth's 19th birthday or the date the youth graduates, whichever is earlier;
16. End AG payments in KidTraks and Close the AG case in ICWIS, using the same date, once all payments have ceased regardless of the reason.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 14: Guardianship	Effective Date: July 1, 2012
	Section 2: Guardianship Assistance Program (GAP)	Version: 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) will offer the Guardianship Assistance Program (GAP) as a permanency option, if it is in the best interest of the child and reunification or adoption are not feasible.

Children who are wards of DCS or Juvenile Delinquency/Juvenile Status (JDJS) and meet all of the following criteria will be eligible for GAP:

1. The child is age 13 or older;
2. The child has been placed in a licensed relative placement for at least six (6) consecutive months immediately prior to, and including, the month of the GAP application; and
3. The child has a permanency plan for legal guardianship that is approved by the juvenile court.

Note: Exceptions may be made for a sibling group if at least one (1) eligible child in the sibling group is 13 years of age or older and the siblings are being placed together in the same home and the Executive Manager of Field Operations provides approval. (See Related Information).

Any child eligible for a GAP payment is also eligible for payment of Nonrecurring Expenses associated with obtaining legal guardianship of the child. Children eligible for IV-E GAP are eligible for Medicaid. 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.

Note: Eligible children who are wards of DCS or JDJS and are placed out of state with relatives are also eligible for IV-E GAP.

DCS will assure GAP is discussed with all children age 13 and older who are under DCS care and supervision and have a permanency plan of legal guardianship. See separate policy [5.8 Developing the Case Plan](#).

DCS will assure that any child whose guardianship is finalized on or after his or her 16th birthday is notified of the availability of Chafee Independent Living (IL) Services. Any interested child will be referred for IL services. See separate policies, [11.1 Independent Living Services](#) and [11.2 Eligibility for Chafee Independent Living Services](#).

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 suspended or terminated based on the date the guardian no longer legally or financially supports the child.

Code Reference

1. [IC 29-3-2-1\(b\) in Guardianships: Jurisdiction of Probate Court](#)
2. [IC 29-3-2-1\(c\) in Certain Guardianships: Jurisdiction of Juvenile Court](#)
3. [IC 31-30-1-1 Exclusive Original Jurisdiction](#)
4. [IC 31-9-2-17.8\(1\)\(E\) Authorization for GAP as component of “child services”](#)
5. [IC 29-3-8-9\(f\) Guardian obligation to support child who is GAP beneficiary](#)
6. [42 U.S.C. 673\(d\) GAP eligibility and other conditions for payment under Title IV-E](#)

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 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 all required parties;
3. Change the [Case Plan \(SF 2956 DCS 0046\)](#) goal to legal guardianship and ensure all GAP requirements are completed on the case plan;
4. Obtain Executive Manager of Field Operations approval for exceptions to program eligibility, if applicable. (See Related Information);
5. Get 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 relative caregiver has a valid foster care license. See separate policy, [12.13 Licensing Recommendation and Approval Process](#);
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:
 - 1) Child Protection Services (CPS) for all individuals ages 14 and older;
 - 2) Sexual Offender Registry for all individuals ages 14 and older; and
 - 3) Finger-print based national criminal history check results (I.e. Qualified letter) for all individuals ages 18 and older.

- c. A letter or statement from a licensed physician, psychiatrist, psychologist, or FCM detailing the child's mental, emotional, medical, or physical disabilities (including those that are capable of being inherited) for Medicaid.
8. Verify that the guardian is not disqualified for placement of a child, based on the background check results. See Policy, [12.30 Evaluation of Background Checks for Foster Family Home Licensing](#).
9. Obtain a copy of the petition for each child 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 \(SF 55040\)](#) form and the [Request for Administrative Hearing/ Indiana GAP \(SF 55041\)](#) (if applicable);
11. Provide the DCS Local Office Attorney with the Final Guardianship Eligibility Determination, the unfinalized legal guardianship agreement, the GAP PRI completed and signed by the guardian(s) and any information that may assist him or her in negotiating the GAP periodic payment (See separate policy, [14.5 Negotiations for Guardianship Assistance Program](#));
12. Return the signed legal guardianship assistance 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 Hearing/ Indiana GAP \(SF 55041\)](#) 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

13. Notify any child who entered GAP on or after his or her 16th birthday about the availability of Chafee Independent Living (IL) Services and refer interested youth for IL services. See separate policies [11.1 Independent Living Services](#) and [11.2 Eligibility for Chafee Independent Living Services](#).

The 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(s) and submitted to the DCS CEU;
3. Ensure that the Local Office Attorney has received the completed PRI form and any related documentation; and
4. Ensure that the GAP agreement is signed by all parties prior to the entry of order establishing legal guardianship.

The DCS Local Office Attorney will:

1. Contact the prospective guardian(s) or their 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 their attorney to review the Final Guardianship Eligibility Determination and negotiate the periodic payment amount; and

4. Ensure that the assisted guardianship agreement is signed by all parties prior to the legal guardianship being finalized.

The DCS CEU will:

1. Make the eligibility determination once the GAP application is completed;

Note: Medicaid eligibility determinations for state-funded GAP will be submitted to the Medicaid Eligibility Unit (MEU).

2. Review the case once the signed Guardianship agreement and court order establishing legal guardianship is received to ensure the agreement was signed by all parties 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

N/A

FORMS AND TOOLS

1. [GAP Application](#) – Available via CEU
2. [Case Plan](#) – Available in the Indiana Child Welfare Information System
3. [Payment Request Information \(PRI\) Indiana GAP \(SF 55040\)](#)
4. [Request for Administrative Hearing/ Indiana GAP \(SF 55041\)](#)
5. [Final Guardianship Eligibility Determination](#) – Available via CEU
6. [Explanation of Indiana GAP Program and Background Information](#)

RELATED INFORMATION

For the purpose of GAP the definition of a Relative consist of the following:

1. Grandparents;
2. Great grandparents;
3. Aunts;
4. Great aunts;
5. Uncles;
6. Great uncles;
7. Cousins;

Note: The individuals must be first or second cousins.

8. Adult siblings; and
9. Step parents.

Note: Any of the above relationships to the child may be by blood or by marriage.

Exceptions to GAP Eligibility Requirements

Executive Managers may consider approving a child for GAP who does not meet the eligibility requirements if the child is a member of a sibling group in which at least one (1) child in the sibling group is 13 years of age or older, and the child is placed with the sibling group in the same home.

Temporary Guardianships

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 relative 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 \$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.

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 involves eligible children who are Indiana residents being placed outside of Indiana will be processed by CEU for Medicaid eligibility.

Residency

The child's residency is determined by his/her place of residence prior to being placed under DCS care and supervision.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 14: Out-of-Home Services	Effective Date: July 1, 2012
	Section 3: Administrative Appeals for Guardianship Assistance	Version: 1

POLICY

[NEW]

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](#).

DCS will send notice of the administrative review decision to the guardian or prospective guardian, along with instructions and [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](#).

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 [14.2 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 [14.5 Negotiations for Guardianship Assistance](#), 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 \(PRI\) \(SF55040\)](#) form, in conducting the negotiation or submitting its Final Offer letter based on the factors and information outlined in DCS policy [14.5 Negotiations for Guardianship 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 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 \(GAP\)](#). 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 periodic payment amount for a current agreement and the guardian 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. 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 their Attorney, DCS did not substantially follow the procedures specified in policy [14.5 Negotiations for Guardianship Assistance](#), 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 [14.5 Negotiations for Guardianship Assistance](#); 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 guardianship was finalized.

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 [14.6 Modification 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. [45 C.F.R. 1355.30 Referenced Rules for Title IV-E](#)
3. [45 C.F.R. 205.10 Title IV-E Fair Hearings](#)
4. [42 U.S.C. 673\(d\) Kinship guardianship Assistance Program](#)
5. [IC 29-3-8-9\(f\) Guardian support obligation for assisted guardianship](#)
6. [IC 29-3-12-6\(b\) Continuation of assisted guardianship after age 18](#)
7. [IC 31-9-2-17.8 \(1\)\(E\) Guardianship assistance included in child services](#)

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 Permanency and Practice Support 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](#).

DCS will be represented in administrative appeal hearings by a DCS Central Office Attorney. A DCS Local Office Attorney who was involved in 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 \(SF 55040\)](#)
3. [Request for Administrative Hearing/Indiana GAP \(SF 55041\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 14: Guardianship	Effective Date: July 1, 2012
	Section 4: Administrative Review for Guardianship Assistance Program	Version: 1

POLICY

[NEW]

General Conditions

The Indiana Department of Child Services (DCS) will process a request for administrative review when a prospective guardian disagrees with a decision made by DCS under policy sections [14.5 Negotiations for Guardianship Assistance](#), [14.6 Modification of a Guardianship Assistance Agreement](#), and [14.2 Guardianship Assistance Program \(GAP\)](#). DCS will also process a request for administrative review of a decision concerning the amount payable for nonrecurring guardianship expenses (NRE).

A prospective guardian must submit a written [Request for Administrative Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF55041\)](#) within 30 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.

The [Request for Administrative Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF55041\)](#) must be submitted to the DCS Permanency and Practice Support Division, 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, 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 Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF55041\)](#) from a prospective guardian who has an application pending for guardianship assistance concerning a determination made by DCS under policy sections [14.2 Guardianship Assistance Program \(GAP\)](#), [14.6 Modification of a Guardianship Assistance Agreement](#), or [14.5 Negotiations for Guardianship Assistance](#).

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 guardianship assistance program, DCS will provide the determination, proposed 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 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 agreement. The letter will include information about the availability of an administrative review process and the [Request for Administrative Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF55041\)](#) form. See separate policy [14.5 Negotiations for Guardianship Assistance](#).

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 agreement that includes that amount.
2. Sign the GAP agreement with a condition added or attached to the agreement stating the prospective guardian's disagreement with the periodic payment amount, and return the signed GAP agreement to DCS with a completed Request for Administrative Review form.
3. Submit to DCS a completed Request for Administrative Review form without an accompanying signed Gap agreement.

If the prospective guardian signs and returns the completed GAP agreement, as provided in option (1) or (2) above, DCS will begin payment of the amount as stated in the 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 [14.3 Administrative Appeals for Guardianship Assistance](#)), the final approved payment amount will be implemented by an amended GAP agreement, effective retroactive to the date of the order establishing guardianship.

A prospective guardian who does not elect to sign the agreement may utilize the administrative review procedure provided in this policy. That process, and any available administrative hearing under policy [14.3 Administrative Appeals for Guardianship Assistance](#), should be exhausted before an order establishing guardianship of the child is entered. 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 guardianship 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 Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF55041\)](#) must be submitted to DCS Permanency and Practice Support. The request must be in the format specified in the [Request for Administrative Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF55041\)](#) 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 Permanency and Practice Support 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 guardianship 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 [14.5 Negotiations for Guardianship 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 guardian or otherwise considered by DCS.

DCS will begin payment based on the signed 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 [14.6 Modification of an Guardianship Assistance Agreement](#) and [14.5 Negotiations for Guardianship Assistance](#). 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 agreement under policy [14.6 Modification of an Guardianship Assistance Agreement](#).

If the decision by the DCS local office is unsatisfactory to the guardian, a [Request for Administrative Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF55041\)](#) must be submitted to DCS Permanency and Practice Support within the time 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 agreement was signed, and that those circumstances were not known or anticipated at the time the 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, [14.6 Modification of a 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 agreement should be administratively suspended, DCS may terminate the 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 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 Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF55041\)](#) must be submitted to DCS Permanency and Practice Support.

For DCS to alter its decision at the administrative review concerning the administrative suspension or termination of the 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.

If the decision of DCS CEU concerning continuation of the agreement after the child turns 18 years of age is unsatisfactory to the guardian, a [Request for Administrative Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF55041\)](#) must be submitted to the DCS Permanency and Practice Support.

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 Permanency and Practice Support's 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 \(GAP\) \(SF55041\)](#) may be pursued. Any review decisions regarding periodic payment amounts will be approved by both the DCS Deputy Director of Permanency and Practice Support and the DCS General Counsel 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 \(GAP\) \(SF55041\)](#) to the DCS Hearings and Appeals unit. The [Request for Administrative Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF55041\)](#) 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 [14.3 Administrative Appeals for Guardianship Assistance Program Guardianship](#).

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; 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. [42 USC 673\(d\) Kinship guardianship assistance payments](#)
2. [IC 31-9-2-17.8\(1\)\(E\) Authorization for guardianship assistance program](#)
3. [IC 29-3-12-6\(b\) Continuation of assisted guardianship after age 18](#)
4. [IC 29-3-8-9\(f\) Support obligation of guardian receiving GAP payments](#)

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 Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF55041\)](#) to DCS CEU for issues involving eligibility, continuation, or termination.

The DCS Deputy Director of Permanency and Practice Support, 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 Permanency and Practice Support 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, once approval has been obtained.

Note: The written notification will include instructions concerning the administrative appeal process and include a [Request for Administrative Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF55041\)](#) form, if applicable.

DCS CEU will send a revised 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 Hearing/Indiana Guardianship Assistance Program \(GAP\) \(SF55041\)](#)

RELATED INFORMATION

N/A

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 14: Guardianship	Effective Date: July 1, 2012
	Section 5: Negotiations for Guardianship Assistance Program (GAP)	Version: 1

POLICY	[NEW]
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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.X Guardianship Assistance Program](#). 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.

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 \(PRI\) \(SF 55040\)](#) 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 that may be requested and provided by DCS 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 Local Office 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 Local Office 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.

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 Local Office Attorney will send a \$0 Final Offer letter to the prospective guardian or their designated attorney. The Final Offer letter will include the [Request for Administrative Hearing/Indiana GAP \(SF 55041\)](#) 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](#).

Except for determination of the periodic payment amount, and completion of any other specific information relating to the child or family, the provisions of the guardianship assistance agreement form approved by DCS cannot be altered or amended. Any change of a specified term or condition must be approved by both the DCS Deputy Director for 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 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.

Code References

1. [42 USC 673\(d\)\(1\): Kinship guardianship assistance payments](#)
2. [IC 31-9-2-17.8\(1\)\(E\): Authorization for guardianship assistance program](#)
3. [IC 29-3-8-9\(f\): Support obligation of guardian receiving GAP payments](#)

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. 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 [14.2 Guardianship Assistance Program \(GAP\)](#);
4. Provide information to the guardian about the availability of services that can be requested and provided by DCS;
5. Explain the ability of the prospective guardian to request a change in the periodic payment amount in the event of changed circumstances; and
6. Send the signed guardianship assistance agreement and order establishing legal guardianship to the DCS CEU inbox, centralized.elgibility@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 Local Office Attorney with information necessary to negotiate the appropriate periodic payment amount; and
4. Sign the completed guardianship assistance agreement on behalf of DCS.

The DCS Local Office 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. Send the original agreement to DCS CEU;
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 Hearing/Indiana GAP \(SF 55041\)](#) 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 the form 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 Hearing/Indiana GAP \(SF 55041\)](#) 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](#) – Available via CEU
3. [Request for Administrative Hearing/Indiana GAP \(SF 55041\)](#)


RELATED INFORMATION

Periodic Payment

A monthly per diem amount to be specified in a written guardianship assistance agreement.

Final Offer Letter

The letter sent by the DCS Local Office 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.

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 14: Guardianship	Effective Date: July 1, 2012
	Section 6: Modification of a Guardianship Assistance Agreement	Version: 1

POLICY

[NEW]

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 \(SF 55040\)](#) 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.

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](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Notify the DCS Local Office 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 Local Office 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 Hearing/Indiana GAP \(SF 55041\)](#) 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 Hearing/Indiana GAP \(SF 55041\)](#) 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 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 Hearing/Indiana GAP \(SF 55041\)](#) 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
3. Process amendments of guardianship assistance agreements.

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 \(SF 55040\)](#)
3. [Request for Administrative Hearing/Indiana GAP \(SF 55041\)](#)
4. [Amendment to Guardianship Agreement](#) – Available via CEU
5. [Guardianship Program Status Report](#) – Available via CEU

6. [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.