Mission
The DCS Ombudsman Bureau effectively responds to complaints concerning DCS actions or omissions by providing problem resolution services and independent case reviews. The Bureau also provides recommendations to improve DCS service delivery and promote public confidence.

Guiding Principles

- A healthy family and supportive community serve the best interest of every child.
- Independence and impartiality characterize all Bureau practices and procedures.
- All Bureau operations reflect respect for parents’ interest in being good parents and DCS professional’s interest in implementing best practice.

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The Honorable Michael R. Pence, Governor
The Honorable Speaker and President Pro Tem
Mary Beth Bonaventura, Director, Indiana Department of Child Services
Jessica Robertson, Commissioner, Indiana Department of Administration

In accordance with my statutory responsibility as the Department of Child Services Ombudsman, I am pleased to submit the 2015 Annual Report for the Indiana Department of Child Services Ombudsman Bureau.

This report provides an overview of the activities of the office from January 1, 2015 to December 31, 2015 and includes information regarding program administration, case activity and outcomes. Included as well is an analysis of the complaints received, recommendations provided to the Department of Child Services and the agencies responses to the Department of Child Services Ombudsman Bureau.

I would like to express my appreciation for the leadership and support of Governor Pence, Department of Child Services Director Bonaventura, Commissioner Robertson and the Indiana State Legislature. Appreciation is also extended to the staff of the Department of Child Services and their diligent efforts to support the mission of the Department of Child Services Ombudsman Bureau in 2015. Their commitment to Indiana’s family and children and their willingness to work to strengthen the delivery of child welfare services in the State of Indiana is greatly acknowledged! It is such support that has enabled the DCS Ombudsman Bureau to grow and improve since its inception. I am truly honored to serve the citizens of Indiana as the Department of Child Services Ombudsman.

Respectfully,

Alfreda D. Singleton-Smith, MSW LSW
Director, DCS Ombudsman Bureau
# Table of Contents

**Executive Summary** .............................................................................................................. 1  
  Introduction ........................................................................................................................... 1  
  Authority ............................................................................................................................... 1  
  Activity Overview .................................................................................................................. 1  
  Administration ....................................................................................................................... 1  
  Program Development .......................................................................................................... 2  
  Collaboration with DCS ......................................................................................................... 4  
  Other ..................................................................................................................................... 4  

**Complaints** ........................................................................................................................... 5  
  The Process Overview .......................................................................................................... 5  
  Information and Referral Inquiries ....................................................................................... 5  
  Assists .................................................................................................................................. 6  
  Cases .................................................................................................................................... 7  
  Referral Source .................................................................................................................... 8  
  Complaint Source ............................................................................................................... 9  
  Complaint Topics ................................................................................................................. 10  
  Complaints by Region ......................................................................................................... 10  
  Response Categories ........................................................................................................... 11  
  Complaint Validity .............................................................................................................. 13  
  Outcomes ............................................................................................................................ 13  

**Recommendations and DCS Responses** ................................................................................. 15  
  Case Specific Recommendations ......................................................................................... 15  
  Systemic Recommendations ............................................................................................... 26  

**Reflections and Future Initiatives** ....................................................................................... 30  

**Acknowledgements** .......................................................................................................... 31  

**Attachments**  
  A  DCS Ombudsman Bureau Staff  
  B  Rules of Engagement  
  C  How We Work/Complaint Process Flow Chart  
  D  DCS Regional Map  
  E  Contact Information
Executive Summary

Introduction

The DCS Ombudsman Bureau has experienced substantial program growth in 2015. Following significant staff turnover experienced in 2013 and 2014, the agency’s 2015 efforts were focused on ensuring the continued stability of the agency’s goals of:

- effectively responding to constituent complaints in a timely manner;
- enhancing and developing program practices and guidelines;
- increasing the number of constituent responses;
- expanding outreach initiatives.

Authority

The Department of Child Services (DCS) Ombudsman Bureau was established during 2009 by the Indiana Legislature to provide DCS oversight. IC 4-13-19 gives the Department of Child Services Ombudsman the authority “to receive, investigate, and attempt to resolve a complaint alleging that the Department of Child Services, by an action or omission occurring on or after January 11, 2005, failed to protect the physical or mental health or safety of any child or failed to follow specific laws, rules, or written policies.” The law also provides the DCS Ombudsman Bureau the authority to evaluate the effectiveness of policies and procedures in general and provide recommendations.

Activity Overview

During 2015, the primary activity of the office was to respond to complaints, determine findings, provide case specific and systemic recommendations, and monitor DCS responses. When case findings were determined to have systemic implications, policies and procedures were reviewed and general recommendations were provided. This year the DCS Ombudsman Bureau responded to 669 Information and Referral (I & R) inquiries, conducted 113 Assists, opened 251 Cases and closed 225 Cases with 25 pending closure in the First Quarter of 2016, provided Case Specific Recommendations in 34 cases, and 4 General Recommendations to Systemic Issues.

Administration

Location: The DCS Ombudsman Bureau is an independent state agency housed in the Indiana Department of Administration (IDOA). IDOA provides office space, furnishings, equipment and utilities.

Staff/Resources: The DCS Ombudsman Bureau consists of the Director and two full-time Assistant Ombudsmen. (Attachment A – Staff Biographies) Legal consultation is provided as needed by a Deputy Attorney General. Technical assistance is provided by the IDOA MIS Director. It should be noted that one Assistant Ombudsman position was vacant during the months of November and December 2014. Despite the vacancy, the DCS Ombudsman Bureau
was successful in meeting program goals during the three month period and Assistant Ombudsman Jessica Stier’s efforts in this regard are applauded! The vacant position was filled on January 5, 2015 when the DCS Ombudsman Bureau welcomed Jamie Anderson to the position of Assistant Ombudsman. The agency experienced no staff turnover for the duration of 2015.

**Budget:** The Bureau was appropriated $215,675 for the 2014/2015 fiscal year, which is allocated from the general fund. The majority of the expenditures are for personnel, with the remainder devoted to supportive services and supplies. Due to the significant program growth experienced in 2013 and 2014, the DCS Ombudsman Bureau requested funding to support staff and/or salary increases during the coming biennium. Additional funding to support outreach efforts was requested as well. Approvals for those matters were pending at the end of 2014 and approved during the 2015 Legislative Session. The DCS Ombudsman Bureau was appropriated $313,807 in 2015, which is an increase of $98,132 from the previous fiscal year. This increase will allow the DCS Ombudsman Bureau to continue efforts to address staffing and outreach challenges.

**Program Development**

**Policies and Procedures:** The *Procedures and Practices Guidelines* for the DCS Ombudsman Bureau is posted on the agency’s website. The manual continues to be a viable resource for sharing information regarding the policies and practices of the DCS Ombudsman Bureau. The manual serves as an important mechanism for guiding the operations of the bureau pursuant to statute (Indiana Code (IC) 4-13-19-5 (a) (5)) and informing constituents of the agency’s policies and practices.

**Website Enhancements:** The DCS Ombudsman Bureau continues to monitor the website to ensure that it is functioning properly and that information provided remains relevant to meet the needs of Indiana constituents.

**Tracking and Reporting:** This office continues to compile quarterly reports to document complaint/case activity each quarter and to track responses to recommendations. The quarterly reports are shared with DCS and serve as a working document for their agency as well. The information from the quarterly reports is used to compile basic information for the Annual Report.

**Outreach:** In an effort to increase public awareness of the office in 2015 pursuant to IC 4-13-19-5 (a) (5), the DCS Ombudsman Bureau developed several strategies. Educational presentations continue to be available to the public and can be requested via the website. In 2015, the DCS Ombudsman Bureau participated as an exhibitor at the Indiana Youth Institute’s Kids Count Conference to disseminate educational material and network with child welfare and other child and family serving professionals. In an effort to develop public awareness among individuals and agencies working directly with children and families impacted by DCS, the DCS Ombudsman Bureau staff presented workshops at the Court Appointed Special Advocates
DCS Ombudsman Bureau brochures and posters are available to all local DCS offices, and the public. The Director of the DCS Ombudsman Bureau is an appointee to the Indiana Supreme Court Committee on Underrepresented Litigants. The DCS Ombudsman Bureau Director serves as a statutory member of Indiana’s Statewide Child Fatality Review Team, a multidisciplinary team charged with reviewing child fatalities. The DCS Ombudsman Bureau will continue to develop strategies designed to reach constituents, specifically those individuals that are least likely to access DCS Ombudsman Bureau services. These include but are not limited to parents, grandparents and other relatives and service providers.

**Training:** The DCS Ombudsman Bureau continues to participate in educational programs specific to the ombudsman role and child welfare practice. The Child Welfare Chapter of the United States Ombudsman Association is available telephonically for consultation, support and education. The DCS Ombudsman Bureau staff also participated in trainings at conferences hosted by DCS, Indiana Youth Institute, IARCA, Statewide Child Fatality Review Committee, Kids Count Indiana, and a variety of webinars, books, and articles with information of interest to this office. The DCS Ombudsman Bureau also became a member of the newly formed National Collaboration of Children’s Ombudsman Programs. This group, formed in July 2015, seeks to identify resources and provide support to child welfare ombudsman programs across the country.

**Metrics:** The DCS Ombudsman Bureau continues to track the turnaround time for responses to complaints, completions of reviews, and investigations. The metrics indicate that the DCS Ombudsman Bureau continues to exceed the goals established for best practice related to response to constituents as defined below.

<table>
<thead>
<tr>
<th>Identified Task</th>
<th>Goal</th>
<th>2014 Metric (Average)</th>
<th>2015 Metric (Average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days From Inquiry to Response</td>
<td>1 day</td>
<td>.18 days</td>
<td>.23 days</td>
</tr>
<tr>
<td>Days Case Remains Open</td>
<td>30-60 days</td>
<td>26.14 days</td>
<td>29.1 days</td>
</tr>
<tr>
<td>Days Investigation Open</td>
<td>60-90 days</td>
<td>71.98 days</td>
<td>95 days</td>
</tr>
</tbody>
</table>
Collaboration with DCS

Communication: The Director of the DCS Ombudsman Bureau meets with Doris Tolliver, DCS Chief of Staff and Jane Bisbee, DCS Deputy Director, Field Operations to discuss individual complaints, investigations, agency policies, programs, practice and recommendations. All specific case reviews and/or investigations are initiated by contacting the Local Office Director, and Regional Manager who assists the agency by ensuring that the DCS Ombudsman Bureau is provided all requested information and/or facilitates staff interviews.

Information Access: DCS has provided the DCS Ombudsman Bureau with access to all records on the MaGIK Casebook system and MaGIK Intake, in addition to the DCS reports available on the DCS intranet. The DCS Ombudsman Bureau also has the opportunity to review case files and interview DCS staff as necessary.

Fatalities/Near Fatalities: To ensure this office is aware of child fatalities/near fatalities with DCS history the Hotline forwards all such reports to the DCS Ombudsman Bureau to track and/or assess for further review. In addition, the DCS Ombudsman Bureau participates in the Peer Review process on the cases that meet the criteria. The DCS Ombudsman Bureau participated in a number of Peer Reviews during 2015 and was able to provide feedback regarding system strengths and challenges.

Other

The DCS Ombudsman Bureau is unable to draw any conclusions about the general status of children in Indiana pursuant to IC 4-13-19-10(b) (2), as the focus of the bureau has been on the complaint process. It is noted, however, that the Indiana Youth Institute annually publishes Kids Count in Indiana, a profile in child well-being data book, which provides data on the general status of children in Indiana. The 2015 Data Book Executive Summary is available in the office of the DCS Ombudsman Bureau and the full Indiana Data Book is available at no cost at www.iyi.org/databook.
Complaints

The Process Overview

The DCS Ombudsman Bureau receives many telephone and email inquiries that do not result in an open case, but require an information and/or referral response. To track this service, pertinent information about the contact is recorded in the Information and Referral (I & R) contact log database. Some inquiries require assistance with a resolution, but do not necessitate opening a case file. This level of response is referred to as an Assist; the pertinent information about the Assist is tracked and recorded in the Assist database. A case is opened when a complaint form is received. The complainant is notified of the receipt of the complaint and an intake process is initiated to determine the appropriate response. DCS is notified of the complaint following the intake assessment, after which a variety of responses are possible. The DCS Ombudsman Bureau may initiate an investigation, resolve and/or refer after a thorough review, refer the case back to DCS, refer to Child Protection Team (CPT), file a Child Abuse/Neglect Report, decline to take further action, or close the case if the complainant requests to withdraw the complaint. Following a review the complainant and DCS are informed in writing in a letter as to the outcome. If a case is investigated, a detailed report is completed and forwarded to DCS and the complainant if they are a parent, guardian, custodian, Court or Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL). Other complainants receive a general summary of the findings. If a complaint was determined to have merit, recommendations are provided to address the issue, and DCS provides a response to the recommendations within 60 days. The flowchart in Attachment C illustrates this process.

Information and Referral Inquiries

The office received 669 I & R Inquiries during 2015 which is an increase of 9 inquiries over the number received in 2014. The graphs below illustrate the topics of inquiry and the origin by DCS Region of origin.
The I & R function has proven to be a valued service for constituents. Providing potential complainants with education regarding the DCS process and/or contact information for DCS staff is often the first step to a successful resolution. It is noted that the number of I & R inquiries has progressively increased each year. (See Attachment C for a Regional map.)

**Assists**

Assists occur when a formal complaint is not necessary, but a higher level of involvement is required than an I & R response. Assists are appropriate when communication and/or clarity of specific aspects of a case are the main concerns. During 2014, the DCS Ombudsman Bureau completed 78 Assists. The DCS Ombudsman Bureau completed 113 Assists in 2015. The use of the Assist category continues to demonstrate that communication between complainants and DCS is key to resolving differences between stakeholders. It is also noted that the combined total of Assists (113) and I&R (669) indicates that the DCS Ombudsman Bureau responded to 782 complaints during 2015 which is 48 more than the 734 complaints received in 2014. The following graphs illustrate additional details about the Assists:
During 2015, 251 cases were opened and 225 cases were closed during the course of the year. The cases were generated following the receipt of a formal complaint. While the number of opened cases decreased slightly over the 256 cases opened in 2014, the significant increase of Assists from 78 in 2014 to 113 in 2015 suggests that the DCS Ombudsman Bureau was able to foster greater problem resolution at the onset of the inquiry by actively encouraging communication between DCS and DCS Ombudsman Bureau complainants. As a result, DCS Ombudsman Bureau staff was able to actively focus on complaints that were more complex in nature.
Referral Source

Comparison of 2015 and 2014 data suggests that Website/Brochure/Prior Contact continues to be the largest source of referrals. There has been a slight increase of referrals from Attorney/Public Legal Aide (7%) and other referral sources have remained constant. Unknown reflects those individuals that chose not to identify a referral source during intake discussions with the Bureau or on complaint forms.
**Complaint Source**

Except as necessary to investigate and resolve a complaint, the complainant’s identity is confidential without the complainant’s written consent. The complainant is given the opportunity to provide written consent on the complaint form. During 2015, parents continued to make up the greatest share of complainants followed by grandparents, other relatives, and foster/adoptive parents.
Complaint Topics

During 2015, the three major complaint topics included *Child Safety, DCS Case Plan, and Placement*. There is a continued trend of complaint topics from previous years, as illustrated in the graph below.

![2013-2015 Complaint by Topic](image)

Complaints by Region

As DCS is organized in Regions, the DCS Ombudsman Bureau tracks contacts and cases accordingly. The first graph below illustrates the complaint activity in each of the eighteen regions for 2015. The second graph depicts a comparison from prior years.

![2015 Complaints by Region](image)
Response Categories

When a complaint is filed with the office, a case is opened and a preliminary review is completed to determine the appropriate response. A variety of responses are possible depending on case specifics. Following is a description of each type of response:

**Review/Refer or Resolve:** This type of response involves a comprehensive review of the case file and documentation provided by the complainant. The local office provides additional documentation requested and responds to questions from the DCS Ombudsman Bureau. Other professionals are contacted for information as needed. While the review is thorough, the focus is on providing a resolution or a strategy that can assist with a resolution. Depending on the circumstances in each case, some cases that are reviewed receive a validity determination and others do not. In either case, the complainant and DCS are notified of the findings in writing. A major portion of the complaints received fall into this category.

**Investigate:** An investigation also involves a review of the case files and documentation provided by the complainant. As needed, DCS staff involved with the case, in addition to the (CASA/GAL) and service providers, are interviewed. Case specific laws, rules and written policies are researched. Experts are consulted if needed. Complaints that result in an investigation tend to have multiple allegations with little indication that a resolution is likely. Upon the completion of an investigation, an investigation report is submitted describing in detail the
findings of fact regarding each allegation and a determination of the merit of each allegation in the complaint. The report is provided to DCS and the complainant if they are a parent, guardian, custodian, GAL/CASA, or Court. If the complainant is not one of the above, they are provided a summary of the findings in general terms.

**Refer Back to the Local DCS:** Pursuant to statute, the DCS Ombudsman Bureau requires that complainants attempt to resolve their issues with the local DCS office through the DCS internal complaint process prior to filing a complaint with the DCS Ombudsman Bureau. On occasion, it is discovered during the intake assessment that the complainant overlooked this step and failed to address his/her concerns with the local office before filing the complaint. These cases are referred back to the local office. Appropriate contact information is provided. The complainant may reactivate the complaint if a resolution is not reached.

**Close due to Complainant Withdrawal:** Some cases have been closed prior to completion because the complainant decides to withdraw the complaint during the process.

**Decline:** Cases that are not within the Ombudsman’s jurisdiction or otherwise meet the criteria established in the procedural manual for screening out will be declined.

**Refer to Child Protection Team:** The Ombudsman has the option of seeking assistance from the local Child Protection Team (CPT), and may refer cases to the team for review.

**File a Child Abuse Neglect (CA/N) Report:** In the event the information disclosed in the complaint to the Ombudsman contains unreported CA/N, a report is made to the child abuse hotline. This is not a frequent occurrence. The following graph illustrates the frequency of each type of response since 2013.

![2013-2015 Responses to Complaints](image)
**Complaint Validity**

The standard for determining the validity of the complaint is outlined in the statute. If it is determined DCS failed “to protect the physical or mental health or safety of any child or failed to follow specific, laws, rules, or written policies”, a complaint is considered valid. All investigations generate a validity finding, but all reviewed cases do not, depending on the specific case circumstances. When determining the merit of a complaint, the following designations are applied.

**Merit:** When the primary allegation in the complaint is determined to be valid following a review or an investigation, the complaint is said to have merit.

**Non-Merit:** When the primary allegation in the complaint is determined not to be valid following a review or investigation, the complaint is said not to have merit.

**Both Merit and Non-Merit:** When there are multiple allegations, each allegation is given a separate finding. This designation is applied when some allegations have merit and others do not.

**Not Applicable (NA):** Some cases that are opened for a review reach closure without receiving a validity determination. In these instances the findings fall into one of the categories below:

- NA/Complainant Withdrew
- NA/Case Declined
- NA/Reviewed & Referred
- NA/Reviewed & Resolved

**Unable to Determine:** Occasionally the information uncovered is so conflicting and/or the unavailability of significant documentation renders it impossible to determine a finding.

**Peer Review:** When the Ombudsman participates in a collaborative review with DCS a case is opened to reflect that a review is occurring. However, the peer reviews do not receive a validity determination, and the results of the review are internal and deliberative.

**Outcomes**

During 2015, validity designations were determined in 251 cases. Of these 251 cases, 9 were determined to have merit, 31 had allegations that were both merit and non-merit, and 151 were determined not to have merit. Thus 16% of the cases with validity designations by the end of 2015 involved an allegation that was determined to have merit, and 60% did not have merit. The remaining 24% fell into other categories.

Based on this information, it can be generalized that most of the cases that come to the attention of the DCS Ombudsman Bureau are most appropriately managed by completing a thorough review for the purpose of facilitating a resolution or providing a resolution strategy. For this reason it would be counterproductive to issue a finding. On the other hand, some reviews, and all investigations, involve the depth of analysis that result in detailed findings that
generate recommendations. This latter group comprises a smaller portion of the Ombudsman caseload, but is no less significant. There are valuable lessons to be learned from all Ombudsman intervention. The following graphs provide an illustration of the validity outcomes for 2015 as well as a comparison with prior years:

**2015 Complaint Validity**

(251 cases)

**2013-2015 Complaint Validity**
DCS Ombudsman Bureau Recommendations and DCS Responses

During 2015 the Ombudsman offered case specific recommendations on 34 cases following a review or an investigation and four general recommendations with systemic implications.

CASE SPECIFIC RECOMMENDATIONS
Pursuant to IC 4-13-19-5 (f), “If after reviewing a complaint or conducting an investigation and considering the response of an agency, facility, or program and any other pertinent material, the office of the Department of Child Services Ombudsman determines that the complaint has merit or the investigation reveals a problem, the Ombudsman may recommend that the agency, facility, or program:

(1) consider the matter further;
(2) modify or cancel its actions;
(3) alter a rule, order, or internal policy; or
(4) explain more fully the action in question.”

DCS is required to respond to the recommendations within a reasonable time, and the DCS Ombudsman Bureau has established 60 days for the response time frame. The following case examples include a sample of cases reviewed or investigated in 2015 in which the allegations were determined to have merit or both merit and non merit and recommendations were provided and responses received.

These examples are provided to depict the wide range of issues that are brought to the attention of the DCS Ombudsman Bureau and the types of recommendations offered. The DCS Ombudsman Bureau affirms the actions of DCS in the majority of cases reviewed and it is important to maintain this perspective when reviewing cases in which concerns are identified.

CASE EXAMPLE #1
In this case, the children had been placed in a foster home (Caregivers 1) and based on the progression of the case, the children would soon be in need of a pre-adoptive placement. The children were left at the home of the respite foster parents (Caregivers 2). Caregivers 2, who were fostering with the intent of adopting, had previously been visiting with the children, and were willing to adopt them. Once DCS became aware that the children had been left with Caregivers 2, DCS allowed the children to remain in the home despite concerns that the new home was in close proximity to the birth parents who had threatened the previous placement. Within a month of the children being placed in the home of Caregivers 2, the children were moved to another foster to adopt home. The DCS Ombudsman Bureau opened an investigation into the complainant’s concerns.
1. DCS failed to protect the physical or mental health or safety of the children by placing them in Caregivers 2’s home in close proximity to birth family and then abruptly removed them for the same reason.

2. DCS failed to follow specific laws, rules or written policies by failing to provide Caregivers 2 with the children’s medical and educational information in a timely manner.

**Investigative Findings:**
Allegation #1 was determined to have merit. A review of the case record revealed that Caregivers 1 decided not to pick the children up from Caregivers 2 at the end of a respite placement without the knowledge or approval of DCS. Though it is clear that DCS did not physically or technically place the children in the home of Caregivers 2, DCS’s failure to address concerns, communicate, and work as a team is as much to blame as Caregivers 1 making the decision not to accept the children back into their home. Thus, this allegation is determined to have merit. The investigation into the specifics of the plan for changing placements and the events that precipitated the children’s placement in the home of Caregivers 2 was convoluted and raised a host of other concerns related to clarity regarding the type of home needed; safety of the children due to the proximity of the home to birth family with significant violent history; and, communication between and among DCS staff and Caregivers 1 and 2.

Allegation #2 was determined to have merit based on documentation in the case file and discussions with all parties that supported concerns that DCS failed to provide Caregivers 2 with the children’s medical and educational information to support the children’s foster home placement pursuant to *Child Welfare Policy Chapter 8: Out of Home Services, and Chapter 9: Placing a Child in Out of Home Care.*

**Recommendations:**
To avoid such disconnect in expectations in the future, the DCS Ombudsman Bureau recommended that requests made to the Regional Foster Care Specialist (RCFS) to identity placement options be made and followed up with in writing. It was also recommended that DCS at all levels remind staff and clarify the roles of all DCS staff responsible for the placement of children, and that DCS staff be advised of the role of the DCS Ombudsman Bureau with specific attention to DCS’s charge to cooperate with the bureau pursuant to the statute (IC 4-13-19-5).

**DCS Response:**
The Local Office held meetings between Family Case Managers/Supervisors and Regional Foster Care Specialists/Supervisors for the purposes of clarifying roles, placement and removal of children in close proximity to birth family, communication between the units, and utilizing CFTM and staffings to support decision making and ensure clarity. The Local Office Director reviewed *Child Welfare Policies Chapter 8: Out of Home Services, and Chapter 9: Placing a Child in Out of Home Care* stressing providing the Medical Passport and relevant school information to Resource Parents. The Local Office provided copies of relevant laws governing the DCS Ombudsman Bureau to DCS staff including attorneys.
CASE EXAMPLE #2
The complainant alleged that DCS failed to protect the children in this case by failing to complete background checks and provide the appropriate level of supervision during a scheduled Christmas visit.

Findings:
A review of the case records indicate that the person providing transportation for the scheduled visit was not approved by DCS. While there is no DCS policy advising the necessity of background checks in this instance, there was concern that the plan developed for the visit in question did not meet the level of supervision that had been required for other visits as set forth in the Child and Family Team Meeting notes. The DCS Ombudsman Bureau found merit to the complaint pursuant to Child Welfare Policy 8.12 and 8.13 Developing and Implementing the Visitation Plan.

Recommendations:
Specific recommendations were provided during the course of the review.

DCS Response:
The Local Office acknowledged the concerns and discussed them with staff during the course of the DCS Ombudsman Bureau’s case review.

CASE EXAMPLE #3
The complainant alleged that DCS failed to follow laws, rules, or written policies during the course of an assessment. Specifically, the complainant reported that the birth father was not contacted before DCS obtained a court order to see the child; DCS misrepresented facts to the court for the purposes of obtaining the court order; and, another party continued to make false reports against the birth father with no legal action against the individual by DCS.

Findings:
Per the case record, DCS spoke with the birth mother regarding the complaint and the birth mother who was not the custodial parent gave permission for DCS to speak with the child. DCS attempted to visit the child at the birth father’s home the same day but was denied access by his girlfriend. DCS then obtained a court order to interview the child. Due to the court order, the girlfriend allowed DCS to interview the child. DCS left a message for the birth father four days later and the birth father met with DCS the following day. The DCS Ombudsman Bureau found merit to the complainant’s allegations that DCS failed to follow written policies in reference to contacting the custodial parent before seeking a court order and interviewing the child. The DCS Ombudsman Bureau does not have jurisdiction over matters concerning taking legal action against someone for false reporting. Therefore, no action was taken regarding this allegation.

Recommendations:
The DCS Ombudsman Bureau recommended Local Office staff be provided with additional education regarding Child Welfare Policies 4.5 - Consent to Interview and 4.6 – Exigent Circumstances

DCS Response:
The Local Office Director provided training with all staff regarding the policies.
CASE EXAMPLE #4

The complainant alleged that DCS failed to protect a foster child by moving the child into a new foster home, with no transition from one home to the next, based on false allegations made against the foster parents. The complainant also alleged that DCS failed to seek medical care as recommended by a therapist, and that the foster parents were not a part of the case plan process.

Findings:
A review of the case file indicated that the child was removed from the foster home due to the foster parent’s continued refusal to support the child’s permanency plan of reunification. The DCS decision to remove the child was appropriate pursuant to Child Welfare Policy 8.38: Placement Changes. The DCS Ombudsman Bureau found no merit to allegations regarding the removal of the child or transitioning the child to a new foster placement. The DCS Ombudsman Bureau found no merit to allegations that DCS failed to provide medical care for the child. The child was receiving consistent services from a therapist. The foster parent was not in agreement and the child was taken to a different service provider without the knowledge or approval of DCS.

The allegations that DCS failed to include the foster parents in the case plan was found to have merit. Case records and statements from Local Office staff affirm that the foster parents were not included in a Child and Family Team Meeting (CFTM) at the beginning of the case or a follow-up case conference pursuant to Child Welfare Policies 5.7: Child and Family Team Meetings, and 5.8: Developing a Case Plan. Inclusion in the processes would have provided an opportunity for discussion and clarification regarding reasonable efforts and permanency planning at an earlier point in the placement. The DCS Ombudsman Bureau’s case review identified missed opportunities for DCS to provide clarity and support to the foster parents. There is little in the case record to indicate how or if discussions between the foster parents and the previously assigned Family Case Manager (FCM) supported the child’s permanency plan of reunification and reasonable efforts. There also appeared to be a disconnect between the FCM and the licensing staff in their descriptions of the foster parents and responses to the foster parent’s actions.

Recommendations:
The DCS Ombudsman Bureau recommended that the Local Office provide education to appropriate staff regarding Child Welfare Policies: 5.7: Child and Family Team Meetings, 5.8: Developing a Case Plan, 5.10: Family Services (as referenced in 8.15), 8.15: Services for the Resource Family, 8.16 Resource Parent’s Role, 8.46 Resource Parent Complaint Resolution Process. It was also recommended that the foster parents be referred to the Foster Family Resource Guide for the purposes of reviewing the Bill of Rights for Foster Children, Bill of Rights for Foster Parents, Responsibilities of the Department of Child Services, and Child and Family Team Meetings.

DCS Response:
DCS provided staff training on the content specifically addressed in the DCS Ombudsman Bureau recommendations. Practice improvements were also discussed with the Regional Licensing Unit on the support of foster parents. The Local Office Director also held a face to face meeting with the foster parents to align DCS actions with policy.
CASE EXAMPLE #5
The complainant alleged that DCS failed to follow laws, rules, or written policies during the course of an assessment. Specifically, the complainant alleged that DCS refused to speak with witnesses to the case, and attempted to close the assessment without receiving important medical information.

Findings:
Based on a review of the case file and responses from the Local Office, the DCS Ombudsman Bureau determined there was no merit to the complainant’s allegations. DCS spoke to key witnesses and obtained medical records for the child. While contact with the report source and the birth father was not a part of the initial complaint, the DCS Ombudsman Bureau found that DCS failed to complete required interviews and notifications during the course of the assessment pursuant to Child Welfare Policies 4.4: Required Interviews, and 4.10: Interviewing the Parent, Guardian, or Custodian.

Recommendations:
The DCS Ombudsman Bureau recommended Local Office staff be provided with additional education on ensuring all required interviews are held during the assessment phase pursuant to the aforementioned Child Welfare Policies.

DCS Response:
Child Welfare Policies Chapter 4, Section 4: Required Interviews, and Chapter 4, Section 10: Interviewing the Parent, Guardian, or Custodian were both reviewed with assessment staff. Key components and implication for practice were discussed as well.

CASE EXAMPLE #6
The complainant in this case cited concerns regarding notification of child abuse/neglect and placement of the child with maternal relatives. The birth father was not notified that the child was removed, or that there was a Child In Need of Services (CHINS) case until 4 months after the case was opened. The complainant also voiced concerns that the child’s placement with maternal relatives put the child’s emotional well being at risk and that the child should be placed with the birth father.

Findings:
The DCS Ombudsman Bureau found no merit to placement concerns. Issues regarding placement were resolved through the court.

The DCS Ombudsman Bureau’s review revealed that there was merit to the allegation that DCS failed to follow policy by failing to notify the father of DCS involvement and the subsequent CHINS proceeding. Pursuant to Child Welfare Policies, using only MaGIK (DCS data system) to locate a parent does not constitute a diligent search. When the birth parent did not respond to the last known address in MaGIK, DCS failed to send a referral to the Investigator Unit pursuant to policy.

Recommendations:
The DCS Ombudsman Bureau recommended that the Local Office review the following policies with all staff. Additionally, the bureau recommended that when staffing new and current assessments and cases, supervisors ensure that a diligent search is conducted and all parents
are made aware of DCS involvement. *Child Welfare Policies 4.0: Diligent Search, 4.20: Good Faith Efforts, 5.4: Noncustodial Parents, and 5.6: Locating Absent Parents.*

**DCS Response:**
The Local Office provided training to Family Case Managers and Supervisors on the identified policies and collateral procedural material pursuant to the DCS Ombudsman Bureau’s recommendations.

**CASE EXAMPLE #7**
The complainant alleged that DCS failed to respond timely to a birth mother’s request to submit a letter to modify a No Contact Order (NCO) to the Prosecutor’s Office so that visits between the birth parent and the children could begin.

**Findings:**
The DCS Ombudsman Bureau found merit to the complainant’s allegations. Due to staff turnover and the lack of documentation, the DCS Ombudsman Bureau was unable to determine with clarity the reasons for the three month delay in actions taken by DCS to request the NCO modification to allow visitation between the birth mother and her children. Documentation of all DCS activities is the cornerstone of DCS best practice efforts. The charge to document events and activities are included throughout DCS policy and specifically in *Child Welfare Policy 5:2: Gathering Case Information* which advises that documentation begins at assessment and continues throughout the life of the case. Careful documentation becomes even more important in the face of staff turnover.

**Recommendations:**
The DCS Ombudsman Bureau recommended that the Local Office staff review the importance of documentation in the case management process.

**DCS Response:**
The Regional Manager (RM) advised that the staff and LOD involved in the case were no longer employed by DCS. The acting LOD reviewed policy on documentation and contacts in cases with staff. The RM planned to spend one day per week in the Local Office to assist with the many changes taking place in the Local Office.

**CASE EXAMPLE #8**
The complainant in this case review alleged that DCS failed to hold a Child and Family Team Meeting (CFTM) in a timely manner, and failed to provide timely and consistent visits between a child and the birth parent.

**Findings:**
Following the DCS Ombudsman Bureau case review, both complaints were found to have merit. DCS case records indicate that DCS held a CFTM six months after the child’s removal from the home. DCS failed to provide timely and consistent visits between the child and the birth parent. DCS acknowledged that visitation was stymied by a lack of visitation service providers in the area at the time. High caseloads in the Local Office made it difficult for Family Case Managers to provide services in the absence of service providers despite the availability of overtime.
**Recommendations:**
DCS failed to hold timely CFTM’s pursuant to *Child Welfare Policy 8.11: Parental Interaction and Involvement*, and *5.7: Child and Family Team Meetings* which provide guidelines for scheduling and holding CFTM’s. DCS also failed to follow written policies in reference to timely initiation of visitation between the child and parent pursuant to *Child Welfare Policy 8.12: Developing the Visitation Plan*.

**DCS Response:**
The Local DCS office worked with the Peer Coach to develop and present training specific to CFTM to DCS staff. The Local Office also implemented an office policy requiring the participation of the permanency worker’s supervisor in the first CFTM held with the family, and provided training for DCS staff specific to visitation. Concerns regarding staffing and caseloads were addressed at the state level as systemic issues during 2015. DCS was able to identify a provider to provide supervised visits to the family.

**CASE EXAMPLE #9**
The case review was initiated following the complainant’s allegations that DCS failed to follow policy by taking siblings (Child A and Child B) to the emergency room without their parent’s consent, or a court order. The complainant also alleged that DCS removed the children without a court order, failed to provide an explanation for the substantiation of neglect, and failed to place the children with relatives once they were removed.

**Findings:**
Based on a review of the case file and responses provided by DCS, the DCS Ombudsman Bureau determined there was no merit to the complainant’s allegations regarding the removal of the children without a court order, and DCS failure to consider relative placement at the time of the children’s removal. The DCS Ombudsman Bureau found merit to the complainant’s allegation that DCS failed to obtain consent from the parents prior to having the children evaluated at the hospital. While Child A sustained a head injury that DCS considered an emergency, Child B sustained no injuries and therefore no emergency existed for the child. Pursuant to *Child Welfare Policy 4.16: Medical Examinations, Psychological Testing, Drug Screens and Substance Abuse Evaluations*, DCS will secure written consent from the parent or a court order prior to having a child evaluated if no emergency exists. Merit was also found specific to the allegation that DCS failed to provide an explanation regarding the substantiation of neglect. DCS was able to provide this office with an explanation regarding the substantiation, but no explanation was provided in the conclusion of the Assessment Report (DCS Form 311) supporting the substantiation of neglect pursuant to *Child Welfare Policy 4.22: Making an Assessment (Investigation) Finding* which states that DCS will include a description of the evidence that supports that the allegation is true.

**Recommendations:**
The DCS Ombudsman Bureau recommended that the local office staff be provided with additional education regarding the aforementioned policies.

**DCS Response:**
Following a review of the DCS findings by the Local Office, Regional Manager and Staff Attorney, the Local Office Staff Attorney provided in-house training for assessment workers, supervisors, and the Local Office Director as recommended by the DCS Ombudsman Bureau.
CASE EXAMPLE #10
The DCS Ombudsman Bureau responded to a complaint that DCS failed to properly assess reports of sexual abuse of a child. The complainant stated that the child was left alone by the Family Case Manager during the forensic interview; DCS completed the report without obtaining service provider’s records; and, DCS failed to interview the report source to a subsequent child abuse/neglect report made several days after the first report was made to the DCS Child Abuse Hotline.

Findings:
The DCS Ombudsman Bureau found no merit to allegations that the child was left alone during the interview. Child Welfare Policy 4.9: Interviewing Children states that DCS must be present when a child is being interviewed during a forensic interview. The DCS Ombudsman Bureau’s review of the forensic interview DVD indicates that the child was never left alone with the interviewer during the interview process. The child was allowed to take frequent breaks during the process and returned to the room and sat quietly waiting until the interview resumed. At one point the interviewers left the child in the room alone while they discussed the case. The child can be seen sitting quietly waiting, and at one point someone is heard checking on the child. No merit was found to allegations that DCS failed to receive records from service providers. To the contrary, the case records indicate discussions with the service providers as well as updates regarding the child from the birth parent.

While there is no merit to allegations that DCS failed to interview all witnesses to the child’s disclosure, there is merit to the allegation that DCS failed to make contact with the Report Source for a subsequent duplicate report. Pursuant to Child Welfare Policy 4.4: Required Interviews, DCS must make contact with all Report Sources, even those in duplicate reports.

Recommendations:
During the course of the case review, DCS acknowledged that the Family Case Manager received correction specific to the policy. The DCS Ombudsman Bureau advised that all staff receive training specific to the policy in question.

DCS Response:
The Local Office Director provided training to the staff per the recommendations of the DCS Ombudsman Bureau.

CASE EXAMPLE #11
The case review involves DCS Local Office A (LOA) and DCS Local Office B (LOB). The complainant stated that LOA failed to maintain contact with or respond to numerous requests for services and visits made by the Birth Father and his Father Engagement Worker (FEW); LOA refused to consider the Birth Father’s request for relative placement for the child; and, DCS placed the child back in the Birth Mother’s home and closed the case which placed the child at further risk. A subsequent case was opened in LOB and the complainant alleges that LOB failed to consider the birth father’s relatives for placement, provide visitation, transportation to visits, or allow visits in the Birth Father’s home.

Findings:
The DCS Ombudsman Bureau found merit to all the complainant’s allegations that DCS actions during the life of the LOA case were not in alignment with the following agency policies:
• 5.2: Gathering Case Information – missing case documentation, most of the documentation in the case record came from service providers reports;

• 5.3: Engaging the Family – lack of consistent response to Birth Father and FEW;

• 5.4: Non-Custodial Parents – consistent failure to provide services to Birth Father;

• 5.5 Developing Case Plans – no indication that case plans were presented to Birth Parents during the life of the LOA case;

• 5.7: Child and Family Team Meetings (CFTM) – no CFTMs held for Birth Father during the life of the LOA case;

• 5.10: Family Services – services not initiated timely for Birth Father despite numerous requests;

• 8.1: Selecting a Placement Option – case records indicate that LOA failed to respond to requests for relative placement;

• 8.11: Parental Interaction and Involvement – lack of consistent response to Birth Father and FEW;

• 8.12: Developing a Visitation Plan and 8.13: Implementing a Visitation Plan – failure to respond to Birth Father and FEW requests for visits over an extended period of time;

LOA returned the child to the Birth Mother and closed the DCS case. The Birth Mother then moved to LOB. LOB removed the children from the home following allegations of neglect. A review of the LOB case records indicated that the complainant’s allegations against LOB were without merit. The case record indicates that identified relatives failed to follow through with actions necessary for placement consideration. Referrals for services and visitation were provided to the Birth Father by LOB.

The DCS Ombudsman Bureau voiced concerns regarding LOA’s failure to follow aforementioned policy during the life of the open case in County A. While the Birth Father did struggle with mental health concerns, The DCS Ombudsman Bureau surmised that his limited compliance in the LOB case may have also been complicated by DCS’ failure to ensure reasonable efforts to the Birth Father during the life of the previous LOA case.

**Recommendations:**
The DCS Ombudsman Bureau recommended training and in depth discussion for the LOA staff on the aforementioned policies.

**DCS Response:**
The Local Office Director (LOD) advised that discussions were held with the Family Case Managers and Family Case Manager Supervisors involved with the LOA case. The workers were then responsible for preparing summaries of the policies and presenting them to staff. The importance of documentation was shared with all staff by the LOD and efforts were put in place to ensure accurate documentation in the case record (MaGIK) and court reports.

**CASE EXAMPLE #12**
The DCS Ombudsman Bureau received a complaint alleging that:
1. DCS failed to follow policy by failing to consider relatives before placing the child with a family friend (kinship caregiver);
2. DCS allowed the kinship caregiver to place the child on medication without the parent’s consent; and,
3. DCS failed to initiate visitation in a timely manner.

Based on the written complaint, a follow up telephone conversation with the complainant, and the jurisdiction of the DCS Ombudsman Bureau, the ombudsman opened an investigation into the allegations.

**Investigative Findings:**

Allegation #1 was determined to have merit. DCS failed to rule out placement related by blood, marriage, or kinship before considering any other out-of-home placement with the first consideration being given to an appropriate noncustodial parent pursuant to *Child Welfare Policy 8.48: Relative Placements*. Additionally, DCS failed to hold a Child and Family Team Meeting (CFTM) to determine a placement option as required in *Child Welfare Policy 8.1: Selecting a Placement Option*.

**Recommendations:**

Review *Child Welfare Policies 8.1: Selecting a Placement Option* and *8.48: Relative Placements* with staff and discuss factors that make a placement suitable.

**DCS Response:**

The Local Office Director reviewed policies with DCS staff and led a detailed discussion using case examples of the policy and procedures. The policies were discussed in greater depth with the assessment units called upon to make placement decisions while in the field.

Allegation #2 was determined to be without merit. Documentation in the case records indicated that DCS was not made aware of the child being prescribed medication. DCS immediately addressed the concern once it became known to the agency.

Allegation #3 was determined to have some merit. DCS failed to provide a visit between the child and the birth parents within time frames defined in policy. However, DCS has to work under the presumption that child abuse/neglect has occurred, especially in cases where the child makes a positive disclosure. In such cases, a visit between the alleged victim and the alleged perpetrator could cause trauma to the child. For this reason it is common practice to consult with a therapist before implementing visitation. DCS assessed that due to substantiated sexual abuse, the child in question was adamantly against visiting the birth parents.

**Recommendations:**

Work with the DCS Attorney to ensure that any delay to the implementation or suspensions of visitation is brought to the court’s attention and made part of the court order.

**DCS Response:**

Local Office Director and Attorney developed a plan to address agency practice regarding any delays of suspensions of parent’s visitation with their children. The resulting plan was also shared with staff.

**CASE EXAMPLE #13**

The DCS Ombudsman Bureau received a complaint that DCS failed to follow policies in completing an assessment of physical abuse against a child by the foster parents.

**Findings:**
A review of the case file indicated that pursuant to Child Welfare Policy 4.4: Required Interviews, DCS failed to complete required interviews on three report sources and other children residing in the home. While it was unknown if completing the required interviews would have rendered substantiated finding, documentation in the foster parent’s case file from the private licensing agency, other report sources, and eye witnesses does question the foster parent’s ability to ensure the child’s safety at the least and at the most question the unsubstantiated findings. While the DCS Assessment FCM failed to interview one of the eye witnesses, the licensing agency did speak with the individual who provided a written statement regarding the foster parent’s abuse of the child. Due to the unsubstantiated DCS finding, the licensing agency was not able to revoke the foster parent’s license. However, the foster parent decided to voluntarily withdraw their foster care license.

Recommendations:
While the Family Case Manager and Family Case Manager Supervisor are no longer employed by the agency, the DCS Ombudsman Bureau recommended that the Local Office provide training to the DCS assessment staff concerning the aforementioned policy. The bureau also requested the Local Office provide an update to the DCS Ombudsman Bureau regarding the Local Office Director’s statement that the assessment would be re-opened for review.

DCS Response:
The Local Office Director indicated that the policy was reviewed by all assessment staff and their managers. DCS re-opened the assessment. Attempts to complete the required interviews were unsuccessful. The case was closed with the unsubstantiated findings.

CASE EXAMPLE #14
The complainant in this case alleged that DCS failed to provide the birth mother with consistent visits and failed to hold a Child and Family Team Meeting (CFTM).

Findings:
The children in question were removed from the birth mother’s home and placed in foster care. The court held a Detention Hearing and ordered DCS to ensure consistent visits for the birth mother, and to document the outcome of all offered parent visitation opportunities. The birth mother declined the first visit offered by DCS indicating that she would not be available for five days. The birth mother left the state and did not return for four weeks. DCS advised the court of the birth mother’s return and advised that visits would begin and referrals for visitation services were made. The DCS Ombudsman Bureau found no merit to allegations regarding visitation. Case records from the service provider indicate that the birth mother repeatedly cancelled scheduled visits after her return. Allegations specific to the CFTMs were found to have merit. According to Child Welfare Policy 8.11: Parental Interaction and Involvement, CFTM’s are to be initiated within 30 days of removal. Though the birth mother left the state after the removal, she did return a month later to attend the Detention Hearing. DCS held the first CFTM three months after the birth mother’s return. Additionally, Child Welfare Policy 5.7: Child and Family Team Meetings requires DCS to enter CFTM notes into the MaGIK data entry system and distribute them to all team members within seven days of the CFTM. In this case, CFTM notes were entered one month after the meeting. The DCS Ombudsman Bureau also noted missed opportunities for clearer documentation pursuant to Child Welfare Policy 5.2: Gathering Case Information. DCS is required to document case events throughout the life of the case.
**Recommendations:**
The DCS Ombudsman Bureau recommended additional education and discussion for DCS staff specific to CFTM’s and case record documentation.

**DCS Response:**
Staff training and discussion was provided to by the Local Office Director and the management team.

**CASE EXAMPLE #15**
The complainant alleged that DCS failed to initiate the Interstate Compact for the Placement of Children (ICPC) process for relative placement consideration when requested.

**Findings:**
Following a review of the case file and discussions with the complainant, the DCS Ombudsman Bureau found no merit to the allegations. There was no indication that DCS received a request for an ICPC from the relative. Rather, documentation indicated that the relative continually advised DCS of their intent to pursue guardianship of the children. However, the case review did reveal that background checks for other relative placements were not completed timely pursuant to policy. Additionally, one of the children was placed in a non-emergency relative placement prior to all background checks results being obtained. This resulted in the child being placed in a home with an individual who was later determined to be “disqualified”. The DCS Ombudsman Bureau found merit in DCS’s failure to follow child welfare policy regarding background checks and the placement of the child.

**Recommendations:**
The DCS Ombudsman Bureau recommended that the Local Office staff receive additional education on the background check process by reviewing Child Welfare Policies 13.5: Conducting Background Checks for Unlicensed Placements; 13.6: Evaluation of Background Checks for Unlicensed Placements and the Background Check Matrix for Unlicensed Placements and Foster Care Desk Guide.

**DCS Response:**
Local Office staff received education specific to the aforementioned policies and tools.

**GENERAL RECOMMENDATIONS TO SYSTEMIC ISSUES**

Pursuant to IC 4-13-19-5(b) (2), (4), and (6), the DCS Ombudsman Bureau may also review relevant policies and procedures with a view toward the safety and welfare of children, recommend changes in procedures for investigating reports of abuse and neglect, make recommendations concerning the welfare of children under the jurisdiction of a juvenile court, examine policies and procedures, and evaluate the effectiveness of the child protection system. DCS responds to systemic recommendations made by the DCS Ombudsman Bureau. During 2015, four recommendations were offered. The following is a summary of these recommendations and the DCS responses. The recommendations are based on information derived from the volumes of information reviewed in the course of case reviews and investigations with systemic implications, in addition to information gleaned from various reports and discussions with stakeholders.
Note: Concerns specific to systemic issues were identified in two investigations begun in the Third and Fourth Quarters of 2015 and completed in January 2016. Those recommendations were carried over to 2016 and will be addressed in the 2016 First Quarterly and Annual Reports.

**Recommendation #1 - Role of Foster Care Support Specialist**

Case reviews and investigations completed in 2015 indicated a lack of clarity in the role of the Foster Care Support Specialists at the Regional and Local Office level. While the licensing process is very clear, practice and decision making processes post licensing regarding foster homes appear to differ among counties and between Family Case Management staff and Foster Care Support staff. In late 2014, the DCS Ombudsman Bureau and DCS Leadership began to explore best practice approaches to supporting staff in the important role of developing, strengthening and retaining viable Resource Homes. The DCS Ombudsman Bureau is requesting information on current or planned activities in this area.

**DCS Response:**

Recognizing that each region has unique resources, geography and available placement supports, flexibility is promoted in the design to support resource families in each region. That design and quality is the charge of each regional manager to effectively support their regional resource homes through an intentional and monitored system of tasks and functions of all field staff. In April, templates for regional plans were given to the foster care managers to help provide conversation and role clarity in each region around tasks and functions of our work with resource homes.

A topic road map for 2015 has been designed to address role confusion and promote communication in the team for resource home support that includes the specialized positions and the Family Case Manager. Continued improvement of roles and function are the primary focus of monthly meetings with managers of the field foster care process.

**Recommendation #2 - Support to Resource Families to Prevent Placement Disruptions**

The DCS Ombudsman Bureau has reviewed a number of complaints from Resource (foster, kinship and adoptive) Parents. In most cases complaints have involved the removal of a child from a resource home for reasons other than abuse/neglect, or the DCS decision not to approve transfers of a foster home license from one agency to another. These usually involve instances of Resource Parent non-compliance with DCS expectations and/or the case plan. In most of the cases reviewed, DCS’s reasons for the placement change could be supported, but the process frequently involved conflict which in turn resulted in an abrupt removal and complaint to the DCS Ombudsman Bureau. While the bureau found the DCS actions to be warranted, initial and on-going development and support to Resource Families seemed to be an ongoing issue for many Local Offices. In the fall of 2014, the DCS Ombudsman Bureau and DCS initiated discussions regarding the roles of Foster Care Support Specialists and Supervisors at the Local and Regional levels and how these roles might be fine tuned to support the family development needs of Resource Families. The DCS Ombudsman Bureau recommends that DCS continue to take steps in the direction of providing staff development and opportunities to support the retention of Resource Families and decrease placement disruptions for children.
**DCS Response:**
In late September 2014, mandatory statewide meetings for foster care/relative supervisors and their managers were convened. These in service meetings are designed to support process improvement in resource homes and eliminate system barriers to achieving best practice in out of home care. Complaint resolution and respectful practice with resource homes continues to be a key theme of monthly in service training. Specific tasks are assigned to these managers to share in their region and with their partnering field staff to address practice errors and improvements systemically. Follow up to these tasks is given by the Regional Manager. In addition, concerns, system barriers, policy improvements and practice changes recognized and led by the executive staff are consistently and timely addressed in these meetings to offer the best understanding of how to effectively implement in each area of the state.

Note:
The DCS policy that pertains to transfers of licenses was amended effective 4/1/2015 ([http://www.in.gov/dcs/files/12_27_Transferring_a_Foster_Family_Home_License.pdf](http://www.in.gov/dcs/files/12_27_Transferring_a_Foster_Family_Home_License.pdf)) to reflect guidance for transfers that when followed, will prevent previous process errors noted in Ombudsmen findings. It was provided with discussion to the state managers of the foster care program for field operations.

**Recommendation #3 – Staffing and Caseload Size Barriers to Child Welfare Best Practice**
In 2015, the DCS Ombudsman Bureau continued to identify DCS staffing needs and caseload size as impediments to policies specific to the provision of child welfare services including but not limited to the completion of assessments, holding Child and Family Team Meetings and case plan conferences, family engagement (specifically fathers), case record documentation, development and implementation of visitation plans, support to relative/kinship caregivers, and services to resource parents. DCS Local Offices responded to recommendations to address these concerns while DCS leadership worked to identify solutions to remedy systemic challenges in these areas. In an effort to identify, develop and implement approaches to enhance existing child welfare practice, DCS also presented plans to address systemic concerns to the State Budget Committee in November 2014. One such effort included commissioning Deloitte Consulting “to identify process and practice improvements that DCS could implement to ultimately enhance child safety” (Bonaventure, March 18, 2015). The resulting *Casework and Workload Analysis – Final Recommendations* report was completed during the first quarter of 2015. The report acknowledged DCS’s continued efforts to better protect children and identified steps to improve agency operations. DCS prioritized the study recommendations into four priorities:

1. Hiring additional field staff
2. Improving organizational efficiencies
3. Enhancing staff training of use of technologies
4. Improving data driven decision making

The DCS Ombudsman Bureau is supportive of DCS efforts to address systemic challenges to the provision of quality services and support to families and children and requests an update on DCS activities in the four priority areas identified by DCS.

**DCS Response:**
Recommendation #4 – Documentation

Thorough and consistent documentation is the cornerstone of DCS best practice efforts. The charge to document events and activities are included throughout DCS policy and specifically in Child Welfare Policy 5.2: Gathering Case Information which advises that documentation begins at assessment and continues throughout the life of the case. According to the Child and Family Services Standards for the State of Idaho Department of Health and Welfare, the case record serves as the source for fiscal, legal, and clinical accountability, and the credibility of child welfare actions hinge on accurate documentation. Child welfare documentation is used:

1. To record decision-making and the basis for the decision;
2. To record progress on a case;
3. To allow others to understand the case if DCS staff is unavailable;
4. To serve as a basis for responding to complaints and lawsuits;
5. To become the primary source for quality assurance determinations; and,
6. To provide verification of the need for services.

The DCS Ombudsman Bureau case reviews completed in 2015 revealed a significant number of instances where the bureau had difficulty reviewing complainant concerns due to the lack of sufficient documentation in the case file. This became particularly challenging in situations where DCS staff was no longer employed by the agency. While the DCS Ombudsman Bureau acknowledges that case load size and staffing needs greatly impact DCS’s ability to consistently address practice issues, it is imperative that DCS actions align with DCS policy, laws and written rules. The DCS Ombudsman Bureau recommends DCS respond regarding agency efforts to address documentation concerns.

DCS Response
Pending
DCS Ombudsman Bureau Reflections and Future Initiatives

Agency Growth
In 2015, the DCS Ombudsman Bureau continued with its mission of responding to complaints concerning DCS actions or omissions by providing problem resolutions services, independent case reviews and recommendations to improve DCS service delivery thereby promoting public confidence. Constituents accessing the DCS Ombudsman Bureau have experienced services and support delivered in a timely, efficient and effective manner. The increase in the number of calls to the agency is attributed in part to outreach efforts developed and implemented by the DCS Ombudsman Bureau. Open communication between the DCS Ombudsman Bureau and DCS at the state and local level has supported the resolution of challenges and strengthening of best practice policies, procedures and programs.

DCS Ombudsman Bureau Initiatives

Staff retention is an important part of any workplace and the DCS Ombudsman Bureau is no different. Much time and effort has been spent recruiting, and training talent. The responsibilities of the DCS Ombudsman Bureau require experienced staff proficient in the areas of child welfare and criminal justice issues; problem resolution; research; and, the ability to understand public policy and law and apply the same to constituent concerns. Additionally, the individuals must have above average oral and written communication skills, provide excellent customer services while engaging stakeholders with diverse needs and expectations.

In an effort to address staff retention concerns, the DCS Ombudsman Bureau began discussions with the State Personnel Department to indentify strategies to better align the Assistant Ombudsman job description with the actual tasks performed. The current salary does not sufficiently support staff retention as indicated by staff turnover experienced in 2013 and 2014. An increase in salary would not only support retention efforts for current staff, it would support recruitment efforts in securing experienced talent.

Updates to Budgeting Requests:

The DCS Ombudsman Bureau currently employs two Assistants with the responsibility of responding to constituent concerns. In an effort to meet the increasing requests for services, the Director of the DCS Ombudsman Bureau initiated two strategies to support the staffing needs of the agency. First, a request to increase the DCS Ombudsman Bureau’s budget for additional staff and/or an increase in staff salaries was made during the 2014 budgeting process. An additional Assistant Ombudsman would not only support the response to the steadily increasing numbers of calls but it would allow for the opportunity to restructure the agency to support better work flow. A request for funding to increase outreach efforts and staff development was also made. While the DCS Ombudsman Bureau currently seeks to provide these activities at low to no cost, certain outreach and training efforts are stymied because of budgetary constraints.
Budget requests were pending at the end of 2014 and approved during the 2015 Legislative Session. The DCS Ombudsman Bureau was appropriated $313,807 in 2015, which is an increase of $98,132 from the previous fiscal year. This increase will allow the DCS Ombudsman Bureau to continue efforts to address staff retention and outreach efforts in 2016.

Acknowledgements

The DCS Ombudsman Bureau acknowledges the many individuals who submitted their concerns for resolution. The willingness of these stakeholders to align their efforts with the resources of the DCS Ombudsman Bureau to resolve concerns is greatly appreciated. Additionally, the efforts of the Department of Child Services at the state and local level do not go unnoticed. The agency’s commitment to address identified concerns and participate in intentional dialogue around program strengths and challenges with the DCS Ombudsman Bureau does much to further the goals of best practice services and support to vulnerable families and children in Indiana.

I am particularly grateful to Assistant Ombudsman Jessica Stier and Assistant Ombudsman Jamie Anderson. They are invaluable assets to the success of the DCS Ombudsman Bureau and the diligent efforts they bring to the agency are greatly appreciated.
ATTACHMENTS
Attachment A

DCS Ombudsman Bureau Staff

**Director**

Director **Alfreda Singleton-Smith** was appointed to the position of the DCS Ombudsman in June, 2013 by Governor Michael R. Pence. She brings over 30 years of child welfare experience in the public and private sector to her role. Director Singleton-Smith worked for DCS from 1986 – 1997 at the local level in Marion County, Indiana as a children services case worker, supervisor, trainer, assistant division manager and division manager. She was previously employed by The Villages of Indiana, Inc. where she served as Senior Director of Client Services, responsible for providing statewide support to agency stakeholders in the areas of program planning, foster care, adoption and kinship care. She holds a BS from Western Kentucky University and an MSW from Indiana University. Ms. Singleton–Smith has served on numerous local, state and national initiatives in support of children and families. She is a licensed social worker; a certified RAPT Trainer and Adoption Competency Trainer and a member of the United States Ombudsman Association.

**Assistant Ombudsman**

**Jessica Stier** is native to the Indianapolis area. She graduated from Bishop Chatard High School and went on to earn a Bachelor’s degree in Criminal Justice from IUPUI in 2011. She was hired as an Assistant Ombudsman in August 2011 and divided her time between the DCS Ombudsman and the DOC Ombudsman offices. She began working for the DCS Ombudsman full time in March 2012. In addition to conducting reviews and investigations, Jessica has taken on the role of managing the agency’s data system and coaching new staff members.

**Jamie Anderson** grew up in Indianapolis, IN. She graduated from Indianapolis Public Schools and holds a Bachelor’s degree in Psychology from Purdue University. Jamie worked as a Family Case Manager for the Department of Child Services from 2006 – 2009 where she enjoyed assisting children and families in reaching their goals. She has since completed ombudsman work for Indiana public assistance programs as well as served as a Care Coordinator in the mental health field. Jamie joined the DCS Ombudsman Bureau in January 2015.
Attachment B

Rules of Engagement
DCS Ombudsman Guidelines

Agency and Complainant Rights and Responsibilities in the DCS Ombudsman Bureau Complaint Process

Complainant Rights

Complainants are entitled to:

- A timely response acknowledging receipt of the complaint.
- Professional and respectful communication from agency staff.
- An impartial review.
- A credible review process.
- Contact by the Bureau if additional information is required.
- Communication regarding the outcome of the review.

Complainant Responsibilities

Complainants shall:

- Attempt to resolve problems with the local office prior to filing a complaint.
- Complete the complaint form as directed.
- Ensure that the allegations in the complaint are pertinent to the role of the ombudsman.
- Ensure the accuracy and timeliness of requested information.
- Communicate respectfully with agency staff.

DCS Ombudsman Bureau Rights

The Bureau may:

- Decline to accept a complaint that does not fall within the jurisdiction of the Bureau.
- Determine the level of review, the documentation and interviews necessary for gathering the information required to determine findings.
- Expect the complainant to provide any additional information requested.
- Determine when a case requires no further action.

DCS Ombudsman Bureau Responsibilities

The Bureau shall:

- Complete reviews in a timely manner.
- Complete a thorough and impartial review.
- Ensure professional and respectful communication.
- Provide the results of the review to the complainant in accordance with IC 4-13-19-5.
Attachment C
How We Work

Complaint Received

Has the complainant attempted to resolve this matter with the local DCS personnel? (i.e., Family Case Manager, Supervisor, Director...)

Yes

Intake: Gather necessary information

Can this issue be resolved?

Yes

Review/Refer/Resolve

Provide findings and feedback to parties

No

No

Investigate

Submit Investigation report with findings and recommendations, if appropriate

DCS responds to recommendations

Refer to local DCS contact
Attachment E
Contact Information

DCS Ombudsman Bureau

Office Hours
8:00 am to 4:30 pm

Telephone Numbers
Local: 317-234-7361
Toll Free: 877-682-0101
Fax: 317-232-3154

Ombudsman E-mail
DCSOmbudsman@idoa.in.gov

Ombudsman Website
www.in.gov/idoa/2610.htm

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